

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

# 2020

Name of exempt organization or person subject to tax

Taxpayer identification number

**THE RITE AID FOUNDATION**

**25-1892843**

Name and title of officer or person subject to tax

**BYRON PURCELL**

**TREASURER**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	13,693,834.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return, I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **MCKONLY & ASBURY, LLP** to enter my PIN **27430**  
ERO firm name \_\_\_\_\_ Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

## Part III Certification and Authentication

Date **9/2/21**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**23582309723**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MCKONLY & ASBURY, LLP**

Date **09/02/21**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning and ending

**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**

**F** Name and address of principal officer: **BYRON PURCELL**  
**SAME AS C ABOVE**

**D** Employer identification number: **25-1892843**

**E** Telephone number: **(717)972-3940**

**G** Gross receipts \$: **14,408,227.**

**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

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

**J** Website: **WWW.RITEAID.COM/COMPANY/COMMUNITY/FOUNDATIO**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2001** **M** State of legal domicile: **PA**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE FOUNDATION RAISES FUNDS TO SUPPORT CHARITABLE ACTIVITIES IN THE VARIOUS COMMUNITIES THAT RITE</b>			
	2 Check this box <input type="checkbox"/> 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)	6	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0	
	5	Total number of individuals employed in calendar year 2020 (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, Part I, line 11	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	14,551,581.	10,235,106.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,905,551.	4,173,121.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	123,298.	-714,393.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,580,430.	13,693,834.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,141,872.
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.	0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	450,488.	1,581,554.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,592,360.	29,497,278.
19	Revenue less expenses. Subtract line 18 from line 12	-12,011,930.	-15,803,444.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	43,289,440.	30,682,995.
	21	Total liabilities (Part X, line 26)	13,342,929.	16,539,928.
22	Net assets or fund balances. Subtract line 21 from line 20	29,946,511.	14,143,067.	

**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: **BYRON PURCELL, TREASURER** Date

Type or print name and title

**Paid** Print/Type preparer's name: **GARY J. DUBAS** Preparer's signature: *Gary J. Dubas* Date: **9/3/21** Check if self-employed:  PTIN: **P00252339**

**Preparer Use Only** 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**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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 \$ 28,277,229. including grants of \$ 27,915,724. ) (Revenue \$ )

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.

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 28,277,229.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 detailing various organizational requirements and their status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (6); 1b Enter the number of voting members included on 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 on Schedule O (X).

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? (X); 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? (X); 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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 (X); b Other officers or key employees of the organization (X); 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? (X); 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
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
19 Describe on 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 - (717)975-5809
30 HUNTER LANE, CAMP HILL, PA 17011

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... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees... List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Matthew Decamara, Jessica Kazmaier, Byron Purcell, Emily Edwards, Jocelyn Conrad, Bill Renz, Matt Schroeder, Scott Bernard, and Dan Robson.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
<b>1b Subtotal</b>							0.	138,790.	9,161.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							0.	138,790.	9,161.	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,631,898.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,603,208.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	<b>h Total. Add lines 1a-1f</b>			<b>10,235,106.</b>			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
<b>g Total. Add lines 2a-2f</b>							
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	4,163,855.			4,163,855.
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d			Net rental income or (loss)			
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	9,266.			
			(ii) Other				
			7a				
	b	Less: cost or other basis and sales expenses	7b	0.			
	c	Gain or (loss)	7c	9,266.			
	d			Net gain or (loss)	9,266.		9,266.
8 a	Gross income from fundraising events (not including \$ 1,631,898. of contributions reported on line 1c). See Part IV, line 18	8a	0.				
		b	Less: direct expenses	8b	714,393.		
		c			Net income or (loss) from fundraising events	-714,393.	
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		b	Less: direct expenses	9b			
		c			Net income or (loss) from gaming activities		
10 a	Gross sales of inventory, less returns and allowances	10a					
		b	Less: cost of goods sold	10b			
		c			Net income or (loss) from sales of inventory		
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d	All other revenue					
<b>e Total. Add lines 11a-11d</b>							
<b>12 Total revenue. See instructions</b>			<b>13,693,834.</b>	<b>0.</b>	<b>0.</b>	<b>3,458,728.</b>	

**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	24,384,724.	24,384,724.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,531,000.	3,531,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 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 (nonemployees):				
a Management	471,505.	361,505.	110,000.	
b Legal				
c Accounting	43,700.		43,700.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	183,932.		183,932.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,750.		2,750.	
12 Advertising and promotion				
13 Office expenses	39,227.		39,227.	
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 on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>BAD DEBT EXPENSE</b>	833,134.		833,134.	
b <b>STATE REGISTRATION FEES</b>	4,806.		4,806.	
c <b>BANK FEES</b>	2,500.		2,500.	
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>29,497,278.</b>	<b>28,277,229.</b>	<b>1,220,049.</b>	<b>0.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  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 X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	3,893,677.	1	2,416,545.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,154,735.	3	0.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		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	37,905,718.	11	27,922,754.
	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	335,310.	15	343,696.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	43,289,440.	16	30,682,995.	
Liabilities	17	Accounts payable and accrued expenses	42,000.	17	45,200.
	18	Grants payable	12,948,485.	18	16,494,728.
	19	Deferred revenue	352,444.	19	0.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	<b>Total liabilities.</b> Add lines 17 through 25	13,342,929.	26	16,539,928.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	11,248,978.	27	10,030,881.
	28	Net assets with donor restrictions	18,697,533.	28	4,112,186.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	29,946,511.	32	14,143,067.
33	<b>Total liabilities and net assets/fund balances</b>	43,289,440.	33	30,682,995.	

**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	13,693,834.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,497,278.
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,803,444.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,946,511.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,143,067.

**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 on 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 on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

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

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**THE RITE AID FOUNDATION**

Employer identification number

**25-1892843**

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

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

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

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12920618.	13771654.	14172573.	14551581.	10235106.	65651532.
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 <b>Total.</b> Add lines 1 through 3	12920618.	13771654.	14172573.	14551581.	10235106.	65651532.
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 1, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						65651532.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	12920618.	13771654.	14172573.	14551581.	10235106.	65651532.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	125,120.	221,113.	429,867.	1682012.	4163855.	6621967.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	145,569.	210,828.	142,167.	123,298.	0.	621,862.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						72895361.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	90.06 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	95.10 %
16a <b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
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>		
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>		
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>		
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>		
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>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 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... Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. a The organization satisfied the Activities Test. b The organization is the parent of each of its supported organizations. c The organization supported a governmental entity. Row 2: Activities Test. Answer lines 2a and 2b 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? b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? Row 3: Parent of Supported Organizations. Answer lines 3a and 3b 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? b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

**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.)

Lined area for supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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.

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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 Tax 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
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 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
- Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 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
- 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.

- If the organization elected, as permitted under FASB 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.
- If the organization elected, as permitted under FASB 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	▶ \$ _____
- 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 FASB 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 make 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 program, 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:

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f 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 on Part XIII

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g balance and expenditure items

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 Term 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, (ii) Related organizations

Small table for 3a(i), 3a(ii), 3b with Yes/No columns

b If "Yes" on line 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.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 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 10c.) 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) .....		
<b>Total.</b> (Col. (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) .....		
<b>Total.</b> (Col. (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) .....	
<b>Total.</b> (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) .....	
<b>Total.</b> (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 FASB 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	14,454,383.
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	46,156.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	714,393.	
e	Add lines 2a through 2d	2e		760,549.
3	Subtract line 2e from line 1		3	13,693,834.
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	13,693,834.

**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	30,257,827.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	46,156.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	714,393.	
e	Add lines 2a through 2d	2e		760,549.
3	Subtract line 2e from line 1		3	29,497,278.
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	29,497,278.

**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.

**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

**Part XIII** Supplemental Information *(continued)*

DECEMBER 31, 2020 AND 2019, 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 2017, 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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES NETTED WITH FUNDRAISING EVENT REVENUES.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES NETTED WITH FUNDRAISING EVENT REVENUES.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**THE RITE AID FOUNDATION**

Employer identification number  
**25-1892843**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |   |  |
|---|--|---|--|
| a | <input checked="" type="checkbox"/> Mail solicitations               | e | <input type="checkbox"/> Solicitation of non-government grants |
| b | <input checked="" type="checkbox"/> Internet and email solicitations | f | <input type="checkbox"/> Solicitation of government grants     |
| c | <input checked="" type="checkbox"/> Phone solicitations              | g | <input type="checkbox"/> Special fundraising events            |
| d | <input type="checkbox"/> In-person solicitations                     |   |  |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

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

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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) Total events (add col. (a) through col. (c))
		<b>GOLF EVENT</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	1	Gross receipts	1,631,898.		1,631,898.
	2	Less: Contributions	1,631,898.		1,631,898.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	-70,228.		-70,228.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	784,621.		784,621.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			714,393.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-714,393.

**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))
Revenue	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:
 

13a		%
13b		%

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 to be 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 (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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?  
**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A FREE BIRD 539 ATLANTIC AVENUE BROOKLYN, NY 11217	26-2963000	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
A GIFT FOR SPECIAL CHILDREN P. O. BOX 193 MATLOCK, WA 98560	91-1523278	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
A PLACE CALLED HOME 2830 S. CENTRAL AVENUE LOS ANGELES, CA 90011	95-4427291	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AARON'S ACRES 1861 CHARTER LANE LANCASTER, PA 17601	11-3820295	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ABC HOUSE 228 SW 5TH AVENUE ALBANY, OR 97321	93-1163555	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ACDS 4 FERN PLACE PLAINVIEW, NY 11803	23-7175975	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

**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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT CENTERS FOR CHILDREN 4255 NORTHFIELD RD HIGHLAND HILLS, OH 44128	34-0714766	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ADAPTIVE SPORTS PROGRAM OF OHIO 100 KURZEN ROAD N SUITE B DALTON, OH 44618	24-1144442	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AEVIDUM P. O. BOX 64 LITITZ, PA 17543	27-3668412	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AFTER-SCHOOL ALL-STARS PHILADELPHIA & CAMDEN - 1501 CHERRY STREET - PHILADELPHIA, PA 19102	95-4441208	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AGAPE VILLAGES FOSTER FAMILY AGENCY - 3160 CROW CANYON PLACE. SUITE 120 - SAN RAMON, CA 94583	68-0226944	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AKRON CHILDREN'S HOSPITAL 1 PERKINS SQUARE NEW YORK, OH 44308	23-7114013	501C3	52,617.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ALL THE DIFFERENCE, INC P. O. BOX 5704 WILMINGTON, DE 19808	72-1617470	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ALONG COMES HOPE CORPORATION 3940-7 BROAD STREET #344 SN LUIS OBISPO, CA 93401	46-1005173	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AMERICA SCORES CLEVELAND 3631 PERKINS AVENUE, SUITE 2CE CLEVELAND, OH 44114	20-0500153	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
AMERICA SCORES NEW ENGLAND 29 GERMANIA STREET BOSTON, MA 02130	04-3482756	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AMERICAN CHILDHOOD CANCER ORGANIZATION INLAND NORTHWEST - P. O. BOX 8031 - SPOKANE, WA 99203	91-1890353	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AMERICAN CHILDRENS SOCIETY INC 44 NORTH MAIN STREET MARLBORO, NJ 07746	22-3705909	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AMERICAN SECURITY CABINETS 6321 BURY DRIVE, SUITE 19 EDEN PRAIRIE, MN 55346	46-4954209	501C3	390,824.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ANCHOR HOUSE, INC. 482 CENTRE STREET TRENTON, NJ 08611	22-2229995	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ANGELS' PLACE 2615 NORWOOD AVENUE PITTSBURGH, PA 15214	25-1450489	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ANTELOPE VALLEY BOYS & GIRLS CLUB PO BOX 10047 LANCASTER, CA 93584	95-4290055	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ARNOT OGDEN MEDICAL CENTER 600 ROE AVENUE CLEVELAND, NY 14905	16-0743905	501C3	6,633.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ART WITH HEART 316 BROADWAY SEATTLE, WA 98122	16-1633279	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
ARTS & EDUCATION CENTER 501 E MINER STREET WEST CHESTER, PA 19382	23-1381458	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ARTSPARKS P. O. BOX 1061 CUYAHOGA FALLS, OH 44223	45-5629269	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ASANTE ASHLAND COMMUNITY HOSPITAL 2650 SISKIYOU BOULEVARD VALHALLA, OR 97504	93-6087366	501C3	5,327.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ASSOCIATION TO BENEFIT CHILDREN 419 E 86TH STREET NEW YORK, NY 10028	13-3303089	501C3	17,500.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ASTOR SERVICES FOR CHILDREN & FAMILIES - 6339 MILL STREET - RHINEBECK, NY 12572	14-1397918	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BABIES SO SPECIAL 720 FRANCES DRIVE BARSTOW, CA 92311	26-1129006	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BAGS4KIDS P. O. BOX 2234 CALIFORNIA CITY, CA 93504	42-1567374	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BALTIMORE CHILD ABUSE CENTER, INC. 2300 N. CHARLES STREET, SUITE 400 BALTIMORE, MD 21218	52-1681279	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BARBARA SINATRA CHILDREN'S CENTER 39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270	33-0136550	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
BAY AREA CRISIS NURSERY 1506 MENDOCINO DRIVE CONCORD, CA 94521	94-2681676	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BE PROUD FOUNDATION 600 N JACKSON STREET, BASEMENT 9 MEDIA, PA 19063	23-2712821	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BEAUMONT CHILDREN'S 3711 WEST 13 MILE ROAD CINCINNATI, MI 48073	36-4852171	501C3	156,668.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BELIEVE IN TOMORROW CHILDREN'S FOUNDATION - 6601 FREDERICK ROAD - BALTIMORE, MD 21228	52-1332737	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BERNARD & MILLIE DUKER CHILDREN'S HOSPITAL - 43 NEW SCOTLAND AVENUE, MCC 119 - SPORANE, NY 12208	15-6023119	501C3	10,248.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BEYOND BASICS 18000 WEST NINE MILE, SUITE 450 SOUTHFIELD, MI 48075	75-2993015	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BIG BROTHERS BIG SISTERS OF BEAVER COUNTY - 1475 3RD AVENUE - NEW BRIGHTON, PA 15066	25-1643665	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BIG BROTHERS BIG SISTERS OF CUMBERLAND & SALEM COUNTIES - 1944 EAST LANDIS AVENUE - VINELAND, NJ 08361	22-2506724	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BIG BROTHERS BIG SISTERS OF EAST CENTRAL OHIO - 1260 MONROE STREET NW, SUITE 100D - NEW PHILADELPHIA, OH 44663	34-1544215	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BIG BROTHERS BIG SISTERS OF MAHONING VALLEY - 325 NORTH STATE STREET - GIRARD, OH 44420	34-1139677	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BIG BROTHERS BIG SISTERS OF MIDLAND COUNTY, INC - 2200 N. SAGINAW ROAD - MIDLAND, MI 48640	38-1553323	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BIG BROTHERS BIG SISTERS OF NORTHERN SIERRA - 3461 ROBIN LANE, SUITE 2 - CAMERON PARK, CA 95682	94-2768855	501C3	10,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BIG BROTHERS BIG SISTERS OF OCEAN COUNTY, INC. - 20 HALEY AVENUE - TOMS RIVER, NJ 08753	31-1596917	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BIG BROTHERS BIG SISTERS OF ORANGE COUNTY, NY INC. - P. O. BOX 426 - VAILS GATE, NY 12584	14-1597893	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION - 1698 CENTRAL AVENUE - ALBANY, NY 12205	14-6035512	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BIG BROTHERS BIG SISTERS OF THE DESERT, INC. - 42600 COOK STREET, #110 - PALM DESERT, CA 92211	33-0683335	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BIG BROTHERS BIG SISTERS OF ZANESVILLE, INC - 4 N. 7TH STRBET - ZANESVILLE, OH 43701	31-0805375	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BIRTH TO THREE DEVELOPMENT CENTER 35535 6TH PLACE SOUTHWEST FEDERAL WAY, WA 98023	91-0889019	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BLIND CHILDREN'S CENTER 4120 MARATHON STREET LOS ANGELES, CA 90029	95-1656369	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BLIND CHILDREN'S LEARNING CENTER 18542 B VANDERLIP AVENUE SANTA ANA, CA 92705	95-6097023	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BLOCKS P. O. BOX 1778 SILVERDALE, WA 98383	36-4799899	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BLUE SKIES FOR CHILDREN 2505 CEDARWOOD AVENUE BELLINGHAM, WA 98225	91-2061794	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOSTON CHILDREN'S HOSPITAL 401 PARK DRIVE, SUITE 602 AKRON, MA 02215	04-2774441	501C3	94,323.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB BREA PLACENTIA YORBA LINDA - 502 SIEVERS AVENUE - BREA, CA 92821	95-2428410	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF CAMDEN COUNTY 2 S. DUDLEY STREET CAMDEN, NJ 08105	22-3670025	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF CATHEDRAL CITY - 32141 WHISPERING PALMS TRL - CATHEDRAL CTY, CA 92234	95-3507225	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF CHEHALIS 2071 JACKSON HIGHWAY CHEHALIS, WA 98532	26-3482643	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUB OF CYPRESS 10161 MOODY STREET CYPRESS, CA 90630	95-2920990	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF ERIE, INC. 1515 E LAKE RD ERIE, PA 16511	25-1265501	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF FONTANA P. O. BOX 3712 FONTANA, CA 92234	33-0443344	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF GREATER HAVERHILL - 55 EMERSON STREET - HAVERHILL, MA 01830	04-2111215	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF GREATER LOWELL - 657 MIDDLESEX STREET - LOWELL, MA 01851	04-2104396	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF GREATER NASHUA - ONE POSITIVE PLACE - NASHUA, NH 03060	95-2248919	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF GREATER VENTURA - 6020 NICOLLE ST STE D - VENTURA, CA 93003	23-1352043	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF GREATER WATERBURY CT - 1037 E. MAIN STREET - WATERBURY, CT 06705	06-0646551	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF GREENWICH 4 HORSENECK LANE GREENWICH, CT 06830	06-0646655	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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		BOYS & GIRLS CLUB OF HOLLYWOOD 850 N. CAHUENGA BOULEVARD LOS ANGELES, CA 90038	95-1775142	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS & GIRLS CLUB OF MANCHESTER 555 UNION STREET MANCHESTER, NH 03104	02-0226033	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS & GIRLS CLUB OF NORTH KITSAP 26159 NE DULAY ROAD KINGSTON, WA 98346	91-0549511	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS & GIRLS CLUB OF SAN MARCOS 1 POSITIVE PLACE SAN MARCOS, CA 92069	95-3330218	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS & GIRLS CLUB OF SOUTHWESTERN OREGON - P. O. BOX 1082 - COOS BAY, OR 97420	93-0816161	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS & GIRLS CLUB OF THE SISKIYOU S P. O. BOX 223 MOUNT SHASTA, CA 96067	94-2184464	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS & GIRLS CLUB OF TROY 3670 JOHN R ROAD TROY, MI 48083	23-7390931	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS & GIRLS CLUB OF TULARE COUNTY 215 W. TULARE AVE. VISALIA, CA 93277	77-0469369	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS & GIRLS CLUBS OF AMERICA 27 BLACKS CABIN WAY DALLAS, GA 30132	13-5562976	501C3	500,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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		BOYS & GIRLS CLUBS OF ANAHEIM 1260 NORTH RIVIERA STREET ANAHEIM, CA 92801	33-0356284	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS & GIRLS CLUBS OF BUFFALO 282 BABCOCK STREET BUFFALO, NY 14210	16-0849516	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS & GIRLS CLUBS OF CAPISTRANO VALLEY - 1 POSITIVIA - SAN JUAN CAPISTRANO, CA 92675	33-0529575	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS & GIRLS CLUBS OF CUMBERLAND COUNTY - 560 CRYSTAL AVENUE - VINELAND, NJ 08360	22-3604451	501C3	10,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS & GIRLS CLUBS OF DELAWARE 669 S. UNION STREET WILMINGTON, DE 19805	51-0068712	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS & GIRLS CLUBS OF EMERALD VALLEY - 1545 W 22ND AVENUE - EUGENE, OR 97405	93-1264722	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS & GIRLS CLUBS OF FRESNO COUNTY - 540 N AUGUSTA ST - FRESNO, CA 93701	94-1149171	501C3	15,000.	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	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS & GIRLS CLUBS OF GREATER FLINT - 3701 N AVERILL AVE - FLINT, MI 48506	38-3381808	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM



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BOYS & GIRLS CLUBS OF GREATER REDLANDS-RIVERSIDE - 1251 CLAY ST. - REDLANDS, CA 92374	95-6187083	501C3	15,000.	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	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF KERN COUNTY 801 NILES STREET BAKERSFIELD, CA 93385	95-2462246	501C3	25,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF KING COUNTY 603 STEWART STREET, SUITE 300 SEATTLE, WA 98101	91-0532600	501C3	10,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF LA HABRA 1211 FAHRINGER WAY LA HABRA, CA 90631	95-1922180	501C3	15,000.	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	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF METROWEST, INC. - 169 PLEASANT STREET - MARLBOROUGH, MA 01752	04-2387225	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF NORTHEASTERN PENNSYLVANIA - 609 ASH STREET - SCRANTON, PA 18510	24-0796420	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF PORTLAND METROPOLITAN AREA - 8203 SE 7TH AVE STE 100 - PORTLAND, OR 97202	93-0474800	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF SANTA MONICA 1220 LINCOLN BOULEVARD SANTA MONICA, CA 90401	95-1890706	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF SCHENECTADY P. O. BOX 466 SCHENECTADY, NY 12301	14-1364595	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF SILICON VALLEY - 518 VALLEY WAY - MILPITAS, CA 95035	94-1294898	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF SRAGIT COUNTY - P. O. BOX 947 - MOUNT VERNON, WA 98273	91-1670669	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF THE NORTH VALLEY - 601 WALL STREET - CHICO, CA 95928	68-0294846	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF THE VIRGINIA PENINSULA - 11825 ROCK LANDING DRIVE, CHESAPEAKE BUILDING - NEWPORT NEWS, VA 23606	54-0538202	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVE - AKRON, OH 44306	34-1351557	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF VENICE 2232 LINCOLN BOULEVARD VENICE, CA 90291	95-6209203	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF WHITTIER 7905 GREENLEAF AVE WHITTIER, CA 90602	95-6151763	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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		BOYS AND GIRLS CLUB OF GREATER SALEM - 3 GEREMONTY DRIVE - SALEM, NH 03079	02-6017326	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS AND GIRLS CLUB OF LENAWEE 340 EAST CHURCH STREET, SUITE A ADRIAN, MI 49221	38-3558470	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BOYS AND GIRLS CLUB OF NORTH VALLEY - 445 E IVY STREET - FALLBROOK, CA 92028	95-2241614	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BROOKLYN AUTISM CENTER 57 WILLOUGHBY STREET, 3RD FLOOR BROOKLYN, NY 11201	26-0496167	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		BURNED CHILDREN RECOVERY FOUNDATION - 409 WOOD PLACE - EVERETT, WA 98203	91-1538856	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		CADY, INC. 94 HIGHLAND STREET PLYMOUTH, NH 03264	57-1212859	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		CAITLIN'S SMILES 3303 NORTH 6TH STREET HARRISBURG, PA 17110	56-2615399	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		CALAVERAS MENTORING FOUNDATION, INC. - P. O. BOX 853 - MURPHYS, CA 95247	80-0512251	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET, SUITE 400 NEW YORK, CA 90012	95-3510055	501C3	100,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CAMELOT FOR CHILDREN 2354 W. EMMAUS AVENUE ALLENTOWN, PA 18103	23-2565740	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CAMERON COMMUNITY MINISTRIES 48 CAMERON STREET ROCHESTER, NY 14606	16-1257507	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CAMP CASEY 25882 ORCHARD LAKE ROAD, SUITE 207 FARMINGTON HILLS, MI 48336	43-2058251	501C3	16,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CAMP DREAMCATCHER 148 WEST STATE STREET KENNETT SQUARE, PA 19348	23-2980323	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CAMP GOOD DAYS & SPECIAL TIMES P O BOX 665 MENDON, NY 14506	22-2329654	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CAMP HORSEABILITY, INC. P. O. BOX 410-1 OLD WESTBURY, NY 11568	11-3571392	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CAMP QUALITY MICHIGAN P. O. BOX 345 BOYNE CITY, MI 49712	38-2208796	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CAMP RAINBOW GOLD, INC. 216 W. JEFFERSON STREET BOISE, ID 83702	90-0961926	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CAMP SUREFIRE FOUNDATION 290 HOPE STREET BRISTOL, RI 02809	26-4816130	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CAN COUNCIL GREAT LAKES BAY REGION BAY COUNTY - 715 N EUCLID AVENUE - BAY CITY, MI 48706	38-2520774	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CAPITAL AREA THERAPEUTIC RIDING ASSOCIATION - P. O. BOX 339 - GRANTVILLE, PA 17028	23-2381558	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CARE HOUSE OF OAKLAND COUNTY 44765 WOODWARD AVENUE PONTIAC, MI 48341	38-2305297	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CASA OF KINGS COUNTY, INC. 101 N. IRWIN STREET, SUITE 110-B HANFORD, CA 93230	46-2896299	501C3	25,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CASA OF LUZERNE COUNTY 667 S. RIVER STREET WILKES BARRE, PA 18705	46-2279058	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES - 1722 S. LEWIS ROAD - CAMARILLO, CA 93012	77-0195022	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CENTER FOR YOUTH AND COMMUNITY DEVELOPMENT - P. O. BOX 3575 - GETTYSBURG, PA 17325	64-0952164	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CENTRAL PA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501C3	50,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHARITY FOR CHILDREN P. O. BOX 204 SYRACUSE, NY 13206	57-1192974	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
CHEFF THERAPEUTIC RIDING CENTER 8450 N 43RD STREET AUGUSTA, MI 49012	38-6061238	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHELSEA HICKS FOUNDATION P. O. BOX 755 TUALATIN, OR 97062	27-0869273	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHESAPEAKE THERAPEUTIC RIDING, INC. - P. O. BOX 475 - ABINGDON, MD 21009	26-0068227	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILD & FAMILY SERVICES OF MICHIGAN - 3785 VETERANS DRIVE - TRAVERSE CITY, MI 49684	38-2534222	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILD ABUSE AND NEGLECT COUNCIL GREAT LAKES BAY REGION - 1311 N MICHIGAN AVENUE - SAGINAW, MI 48602	38-2480726	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILD ABUSE COUNCIL OF MUSKEGON COUNTY - 1781 PECK STREET - MUSKEGON, MI 49441	38-2195091	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILD ABUSE PREVENTION COUNCIL 2120 DIAMOND BOULEVARD, SUITE 120 CONCORD, CA 94520	68-0046163	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILD ADVOCATES OF SAN BERNARDINO COUNTY - 851 S. MT. VERNON AVENUE - COLTON, CA 92324	33-0362613	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILD AND FAMILY CHARITIES 4287 FIVE OAKS DRIVE LANSING, MI 48911	38-2118108	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CHILD DEVELOPMENT CENTERS, INC. 702 LIBERTY STREET FRANKLIN, PA 16323	25-1198158	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILD DEVELOPMENT, INC. 2880 POTTSVILLE MINERSVILLE HIGHWAY MINERSVILLE, PA 17954	23-2212539	501C3	16,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILD GUIDANCE CENTER OF SOUTHERN CONNECTICUT - 103 W BROAD STREET - STAMFORD, CT 06902	06-0712058	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILD SAFE MICHIGAN C/O JUDSON CENTER, 30301 NORTHWESTERN HIGHWAY, SUITE 100 - FARMINGTON HILLS,	47-2481416	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDHOOD LEUKEMIA FOUNDATION 807 MANTOLOKING ROAD, SUITE 202 BRICK, NJ 08723	52-1825483	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN AND FAMILIES FIRST OF DELAWARE, INC. - 809 N. WASHINGTON STREET - WILMINGTON, DE 19801	51-0065731	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN TODAY 2951 LONG BEACH BOULEVARD LONG BEACH, CA 90806	95-4635295	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN WITH HAIR LOSS 12776 DIXIE HIGHWAY SOUTH ROCKWOOD, MI 48179	38-3537982	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S ADVOCACY CENTER OF BRISTOL COUNTY - 58 ARCH STREET - FALL RIVER, MA 02724	04-2526357	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CHILDREN'S AID SOCIETY IN CLEARFIELD COUNTY - 1008 S 2ND STREET - CLEARFIELD, PA 16830	25-0984598	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S BEACH HOUSE 1800 BAY AVENUE LEWES, DE 19958	51-0070966	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S BRAIN TUMOR FOUNDATION 1460 BROADWAY NEW YORK, NY 10036	13-3512123	501C3	19,500.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S BURN FOUNDATION 5000 VAN NUYS BOULEVARD, SUITE 210 SHERMAN OAKS, CA 91403	95-3954352	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDRENS CANCER ASSOCIATION 1200 NW NAITO PARKWAY, SUITE 140 OREGON CITY, OR 97209	93-1181662	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S CENTER 1713 PENN LANE OREGON CITY, OR 97045	75-3027143	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDRENS CENTER OF WAYNE COUNTY, INC. - 79 W ALEXANDRINE STREET - DETROIT, MI 48201	38-1359505	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S CRISIS TREATMENT CENTER 1080 N DELAWARE AVENUE PHILADELPHIA, PA 19125	23-2065617	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S DEVELOPMENTAL CENTER 1549 GEORGIA AVENUE SE RICHLAND, WA 99352	91-0876634	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM



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CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903	05-0258819	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S FUND, INC. 348 W HOSPITALITY LANE, SUITE 110 SAN BERNARDINO, CA 92408	33-0193286	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S HEALTH INVESTMENT PROGRAM - 1302 JEFFERSON STREET - CHESAPEAKE, VA 23324	54-1893166	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S HOME OF STOCKTON 430 N. PILGRIM STREET STOCKTON, CA 95205	94-0382320	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S HOME SOCIETY OF CALIFORNIA - 7200 BANCROFT AVENUE, SUITE 134 - OAKLAND, CA 94605	95-1690976	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S HOME SOCIETY OF WASHINGTON - 2611 N.E. 125TH STREET - SEATTLE, WA 98125	91-0575955	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S HOSPITAL OAKLAND 747 52ND OAKLAND, CA 94609	94-0382330	501C3	50,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BOULEVARD, MS #29 LOS ANGELES, CA 90027	95-1690977	501C3	406,528.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION - 3401 CIVIC CENTER BOULEVARD - PHILADELPHIA, PA 19104	23-2237932	501C3	346,721.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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		CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS - 601 CHILDREN'S LANE - NORFOLK, VA 23507	54-0506321	501C3	60,906.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		CHILDREN'S MIRACLE NETWORK 205 WEST 700 SOUTH TOLEDO, UT 84101	87-0387205	501C3	255,601.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		CHILDREN'S MUSEUM OF TACOMA 1501 PACIFIC AVENUE TACOMA, WA 98402	94-3036465	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		CHILDREN'S RECEIVING HOME OF SACRAMENTO - 3555 AUBURN BLVD - SACRAMENTO, CA 95821	94-1322166	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		CHILDREN'S RIGHTS COLLABORATIVE OF NW OHIO, INC. - 4069 W SYLVANIA AVENUE - TOLEDO, OH 43623	52-2094990	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		CHILDREN'S SERVICE CENTER OF WYOMING VALLEY, INC. - 335 S FRANKLIN STREET - WILKES BARRE, PA 18702	24-0795404	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		CHILDREN'S SPECIALIZED HOSPITAL FOUNDATION, INC. - 150 NEW PROVIDENCE ROAD - MOUNTAINSIDE, NJ 07092	13-6844298	501C3	54,214.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		CHOC FOUNDATION 1201 W. LA VETA AVENUE ORANGE, CA 92868	95-6097416	501C3	166,120.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		CLARKE PENNSYLVANIA, INC. 2 PENN BOULEVARD PHILADELPHIA, PA 19144	23-3065167	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CLEARLAKE YOUTH CENTER 4750 GOLF AVENUE CLEARLAKE, CA 95422	46-1461488	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CLEVELAND SIGHT CENTER 1909 E 101ST STREET CLEVELAND, OH 44106	34-0714652	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COACHELLA VALLEY AUTISM SOCIETY 41550 ECLECTIC STREET PALM DESERT, CA 92260	52-1020149	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COASTAL PERFORMING ARTS FOUNDATION 950 WADSWORTH AVENUE PISMO BEACH, CA 93449	27-3505139	501C3	20,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COHEN CHILDREN'S MEDICAL CENTER OF NEW YORK - 972 BRUSH HOLLOW ROAD, 5TH FLOOR - WESTBURY, NY 11590	11-2965575	501C3	402,840.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COMFORT ZONE CAMP 6606 WEST BROAD STREET, SUITE 401 RICHMOND, VA 23230	54-1916517	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY - 131-A STONY CIRCLE, SUITE 300 - SANTA ROSA, CA 95401	94-2274620	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COMMUNITY FOUNDATION OF NEW JERSEY 35 KNOX HILL ROAD MORRISTOWN, NJ 07963	22-2281783	501C3	250,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COMMUNITY HOPE 199 POMEROY RD #2 PARSIPPANY, NJ 07054	22-2647038	501C3	25,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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COMMUNITY TRANSITIONAL SCHOOL 6601 N.E. KILLINGSWORTH STREET PORTLAND, OR 97218	93-1246605	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM	
COMMUNITY TREATMENT SOLUTIONS 236 WEST ROUTE 38, SUITE 201 MOORESTOWN, NJ 08057	22-3042664	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM	
CONDUCTIVE EDUCATION AND REHABILITATION CENTER OF MICHIGAN - 2401 CAMELOT COURT SE - GRAND RAPIDS, MI 49546	38-3601587	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM	
CONNECTICUT CHILDREN'S 282 WASHINGTON STREET EUGENE, CT 06106	22-2619869	501C3	9,608.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM	
CONNECTING KIDS TO MEALS 1501 MONROE STREET TOLEDO, OH 43604	34-1969461	501C3	16,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM	
CORA SERVICES INC. 8540 VERREE ROAD PHILADELPHIA, PA 19111	23-2323488	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM	
COTTAGE CHILDREN'S MEDICAL CENTER P O BOX 689 SANTA BARBARA, CA 93102	95-3802238	501C3	21,917.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM	
COURT APPOINTED SPECIAL ADVOCATES OF MONMOUTH COUNTY - 400 ROUTE 34, 2ND FLOOR - COLTS NECK, NJ 07722	83-0410778	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM	
COURT APPOINTED SPECIAL ADVOCATES OF NEW JERSEY - 77 CHURCH STREET - NEW BRUNSWICK, NJ 08901	22-3679194	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM	

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COURT APPOINTED SPECIAL ADVOCATES OF SONOMA COUNTY - 365 CASA MANANA ROAD, BUILDING K ROOM L - SANTA ROSA, CA 95409	68-0404770	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COVENANT HOUSE NEW YORK 5 PENN PLAZA, 3RD FLOOR NEW YORK, NY 10001	13-3076376	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COVENANT TO CARE FOR CHILDREN 1477 PARK STREET, SUITE 2A HARTFORD, CT 06106	06-1241044	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COZY CRITTERS AFTER SCHOOL PROGRAM 33874 COLLINS ROAD FRANKFORD, DE 19945	46-5100951	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CRADLES TO CRAYONS 4700 WISSAHICKON AVENUE, #142 PHILADELPHIA, PA 19144	04-3584367	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CROSSROADS CENTER FOR CHILDREN 1136 NORTH WESCOTT ROAD, SUITE 100 ROTTERDAM, NY 12306	14-1809027	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CROSSROADS FOR YOUTH 930 E. DRAHNER ROAD OXFORD, MI 48371	38-1443363	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CURE CHILDHOOD CANCER ASSOCIATION 200 WESTFALL ROAD ROCHESTER, NY 14620	51-0215037	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
DAYSTAR FOR MEDICALLY FRAGILE CHILDREN - 700 LAC DE VILLE BOULEVARD - ROCHESTER, NY 14618	26-3275794	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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		DAYTON CHILDREN'S HOSPITAL, ONE CHILDREN'S PLAZA BURLINGTON, OH 45404	31-0672132	501C3	5,318.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		DEIRDRES HOUSE 8 COURT STREET MORRISTOWN, NJ 07960	22-3308574	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		DOUBLE H RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		DOWN SYNDROME ASSOCIATION OF GREATER TOLEDO - PO BOX 298 - SYLVANIA, OH 43560	34-1354191	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		DOWN SYNDROME ASSOCIATION OF LOS ANGELES - 16461 SHERMAN WAY, SUITE 180 - VAN NUYS, CA 91406	51-0198569	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		DOWN SYNDROME ASSOCIATION OF THE VALLEY - 945 BOARDMAN CANFIELD RD STE 12 - BOARDMAN, OH 44512	26-0574548	501C3	17,500.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		DOWN SYNDROME CONNECTION OF THE BAY AREA - 101 TOWN AND COUNTRY DRIVE, SUITE J - DANVILLE, CA 94526	91-1904304	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		DOWNTOWN BOXING GYM YOUTH PROGRAM 6445 E VERNOR HWY DETROIT, MI 48207	27-5106242	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		DREAMSGOON, INC. 1401 TURKEY VALLEY ROAD HOLLIDAYSBURG, PA 16648	20-5329315	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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		EARLY LEARNING NEIGHBORHOOD COLLABORATIVE - 908 BRIDGE STREET - GRAND RAPIDS, MI 49504	27-3763547	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		EDMARC, INC. 516 LONDON STREET RICHMOND, VA 23704	54-1092904	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		EDUCATION THROUGH MUSIC 122 E 42ND STREET, ROOM 1501 NEW YORK, NY 10168	13-3613210	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		ELEMENTARY INSTITUTE OF SCIENCE 608 51ST STREET SAN DIEGO, CA 92114	94-1669545	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		ELE'S PLACE 1145 WEST OAKLAND LANSING, MI 48915	38-2976751	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		ELEVATE METRO KANSAS CITY P. O. BOX 4477 BAKERSFIELD, KS 66204	46-3637392	501C3	50,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		ELWYN 111 ELWYN ROAD ELWYN, PA 19063	23-1352117	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		EMILIO NARES FOUNDATION 2650 TRUXTON ROAD SAN DIEGO, CA 92106	13-4229276	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		EMMANUEL CANCER FOUNDATION 77 BRANT AVENUE, SUITE 304 CLARK, NJ 07066	22-2459774	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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EN GEDI 5849 HERMOSO COURT NE ROCKFORD, MI 49341	80-0366568	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ENNIS CENTER FOR CHILDREN, INC. 129 E 3RD STREET FLINT, MI 48502	38-2222428	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
EPIC - EVERY PERSON INFLUENCES CHILDREN - 1000 MAIN STREET - BUFFALO, NY 14202	16-1160182	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
EQUI-KIDS THERAPEUTIC RIDING PROGRAM - 2626 HERITAGE PARK DRIVE - VIRGINIA BEACH, VA 23456	54-1693046	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
EQUI-LIBRIUM, INC. 524 PEHR ROAD NAZARETH, PA 18064	23-3088228	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
EVERPI, INC. 3299 K STREET NW, 4TH FLOOR WASHINGTON, DC 20007	26-1818856	501C3	1,016,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
EXPLORE & MORE CHILDREN'S MUSEUM 130 MAIN STREET BUFFALO, NY 14202	16-1441078	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FAMILIES FORWARD VIRGINIA 8100 THREE CHOPT ROAD, ROOM 212 RICHMOND, VA 23229	54-1149882	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FAMILIES OF AUTISTIC CHILDREN IN TIDEWATER - 120 S LYNNHAVEN ROAD - VIRGINIA BEACH, VA 23452	54-1824385	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM



Schedule I (Form 990) **THE RITE AID FOUNDATION**

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FAMILY & CHILDREN'S AID, INC. 75 WEST STREET DANBURY, CT 06810	06-0888719	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FAMILY AND CHILD ABUSE PREVENTION CENTER - 2460 CHERRY STREET - TOLEDO, OH 43608	34-1375936	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FAMILY AND KIDS FOUNDATION 115 WEST LA CADENA DRIVE RIVERSIDE, CA 92501	41-2102950	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FAMILY SOLUTIONS 201 W MAIN STREET, SUITE 4B PORTLAND, OR 97501	93-0605594	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FAMILY SUPPORT CIRCLE, INC 2059 E. CHELTEN AVE, PHILADELPHIA, PA 19138	23-3077910	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FAMILY SUPPORT NETWORK 1894 N. MAIN STREET ORANGE, CA 92865	33-0248195	501C3	10,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FAR THERAPEUTIC ARTS AND RECREATION - 1669 WEST MAPLE ROAD - BIRMINGHAM, MI 48009	38-1689200	501C3	25,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FEEDING AMERICA 35 E. WACKER DRIVE, SUITE 2000 NEW YORK, IL 60601	36-3673599	501C3	500,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FILLING IN THE BLANKS 346 MAIN AVENUE NORWALK, CT 06851	46-4980002	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
FIRST RESPONDERS CHILDREN'S FOUNDATION - 38 EAST 32ND STREET, SUITE 602 - FARMINGTON HILLS, NY 10016	05-0536854	501C3	500,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FIRST TEE OF GREATER WASHINGTON 2020 PENNSYLVANIA AVENUE, NW #106 YAKIMA, DC 20006	52-2195691	501C3	7,500.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FIVE ACRES- THE BOYS & GIRLS AID SOCIETY OF LOS ANGELES - 760 W. MOUNTAIN VIEW STREET - ALTADENA, CA 91001	APPLIED FOR	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FLOC- FOR THE LOVE OF CHILDREN 131 NORTH LUDLOW STREET, NO 128 DAYTON, OH 45402	31-1239327	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FOCUS: HOPE 1200 OAKMAN BOULEVARD DETROIT, MI 48238	38-1948285	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FOLDS OF HONOR 8551 N. 125TH E. AVENUE, SUITE 100 OWASSO, OK 74055	75-3250683	501C3	1,852,160.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FOLDS OF HONOR FOUNDATION 5309 MISSION WOODS ROAD DETROIT, KS 66205	45-2803323	501C3	65,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FOOD FOR KIDS 30 GOSHEN AVENUE WASHINGTONVILLE, NY 10992	82-3650190	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FORGOTTEN HARVEST 21800 GREENFIELD ROAD OAK PARK, MI 48237	38-2926476	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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FORKIDS, INC. 4200 COLLEY AVE NORFOLK, VA 23508	54-1477799	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FRANKLIN COUNTY DIAL/SELF, INC. 196 FEDERAL STREET GREENFIELD, MA 01301	04-2619617	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FRED ROGERS COMPANY 2100 WHARTON STREET, SUITE 700 EDEN PRAIRIE, PA 15203	25-1215087	501C3	500,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FREE ARTS 11099 S LA CIENEGA BOULEVARD, SUITE LOS ANGELES, CA 90045	95-3252001	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FRESH YOUTH INITIATIVES, INC. 505 WEST 171ST STREET NEW YORK, NY 10032	13-3723207	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FRIENDS OF WESTERN PA CARES FOR KIDS, INC. - 3262 ROUTE 322 - BROOKVILLE, PA 15825	30-0521104	501C3	17,500.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GATEWAY LONGVIEW 6350 MAIN STREET WILLIAMSVILLE, NY 14221	16-0743081	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GEISINGER JANET WEIS CHILDREN'S HOSPITAL - 100 N. ACADEMY AVENUE - SPRINGFIELD, PA 17822	23-1995911	501C3	59,135.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GEORGE JUNIOR REPUBLIC 233 GEORGE JUNIOR ROAD, BOX 1058 GROVE CITY, PA 16127	25-1536204	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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GIFT OF A HELPING HAND CHARITABLE TRUST - P. O. BOX 36686 - GROSSE POINTE FARMS, MI 48236	38-3640111	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIGI'S PLAYHOUSE WESTCHESTER 720 SAW MILL RIVER ROAD ARDSLEY, NY 10502	20-0058563	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS EMPOWERED INC P. O. BOX 201 DOYLESTOWN, PA 18901	47-3692190	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS HOPE OF PITTSBURGH, INC. 1005 BEAVER GRADE ROAD, SUITE 103 CORAOPOLIS, PA 15108	25-1625524	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS INC. OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	16-1736254	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS INC. OF THE GREATER CAPITAL REGION - 962 ALBANY STREET - SCHENECTADY, NY 12307	14-1434157	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS INC. OF WASHINGTON COUNTY 626 WASHINGTON AVENUE HAGERSTOWN, MD 21740	23-7052207	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN 801 EAST MOREHEAD STREET, SUITE 201 CHARLOTTE, NC 28202	81-4226024	501C3	500,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN DAYTON PO BOX 752105 DAYTON, OH 45475	27-2528377	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRLS ON THE RUN EAST CENTRAL OHIO 237 TUSCARAWAS STREET W CANTON, OH 44702	27-1618018	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN OF GREATER SUSQUEHANNA VALLEY - 484 ALEXIS DRIVE - WILLIAMSPORT, PA 17701	46-4149210	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN OF SOUTHEAST WASHINGTON - 1177 JADWIN AVENUE, SUITE 101 - RICHLAND, WA 99352	46-3677125	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN OF THE BAY AREA 3543 18TH STREET SAN FRANCISCO, CA 94110	71-0890558	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN OF THE GREATER CHESAPEAKE - 129 LUBRANO DRIVE, L-102 - ANNAPOLIS, MD 21401	20-3391180	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN SAN DIEGO P. O. BOX 230544 ENCINITAS, CA 92023	20-3588183	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GOOD GRIEF, INC. 38 ELM STREET MORRISTOWN, NJ 07960	20-0514996	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GRACEFUL ACRES INC. P. O. BOX 403 HALIFAX, PA 17032	46-1009241	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GRADY'S DECISION P. O. BOX 9343 ERIE, PA 16507	27-0617329	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GRATIOT COUNTY CHILD ADVOCACY ASSOCIATION - 525 N. STATE STREET - ALMA, MI 48801	38-2179785	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HAND IN HAND 9502 19TH AVE SE, STE F EVERETT, WA 98208	01-0962762	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HANDS IN 4 YOUTH 256 MACOPIN ROAD WEST MILFORD, NJ 07480	13-5641852	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HANNAH'S HOUSE 9455 FARNHAM STREET, SUITE 100 SAN DIEGO, CA 92123	33-0591445	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HAPPY TRAILS CHILDREN'S FOUNDATION 10755 APPLE VALLEY ROAD APPLE VALLEY, CA 92308	95-3872257	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HARK-ALS, INC. PO BOX 6627 HILLSBOROUGH, NJ 08844	45-2768674	501C3	20,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HARLEM LACROSSE-PHILADELPHIA 750 N. TAYLOR STREET PHILADELPHIA, PA 19130	45-1634118	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HARMONY PROGRAM 1700 BROADWAY NEW YORK, NY 10019	05-0606695	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HEALTHIER KIDS FOUNDATION 4040 MOORPARK AVENUE, SUITE 100 SAN JOSE, CA 95117	77-0545774	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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HEALTHY SMILES FOR KIDS OF ORANGE COUNTY - 2101 E. FOURTH STREET - SANTA ANA, CA 92840	38-3675065	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HELEN DEVOS CHILDREN'S HOSPITAL 100 MICHIGAN STREET, N.E., MC04 ELMIRA, MI 49503	38-2752328	501C3	12,901.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HENRICO EDUCATION FOUNDATION P.O. BOX 31413 HENRICO, VA 23229	54-1893274	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HILLSIDE CHILDREN'S CENTER 1183 MONROE AVENUE ROCHESTER, NY 14620	16-0743039	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HMS SCHOOL FOR CHILDREN WITH CEREBRAL PALSY - 4400 BALTIMORE AVENUE - PHILADELPHIA, PA 19104	23-1352327	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HOFFMAN HOMES, INC. 815 ORPHANAGE ROAD LITTLESTOWN, PA 17340	23-2732296	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HOLDING HOPE 325 WOODBRIDGE DRIVE ETTERS, PA 17319	46-1108847	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HOME START, INC. 5005 TEXAS STREET SAN DIEGO, CA 92108	95-3138268	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HOMELESS CHILDREN'S EDUCATION FUND 1901 CENTRE AVENUE, SUITE 301 PITTSBURGH, PA 15219	25-1820564	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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		HOPE 29 PLEASANT STREET GARDNER, MA 01440	04-3300490	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		HOESPARKS 6424 N 9TH STREET TACOMA, WA 98406	91-0598103	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		HORIZONS FOR HOMELESS CHILDREN, INC. - 1705 COLUMBUS AVENUE - ROXBURY, MA 02119	22-2915188	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		HORSES WITH HOPE, INC. 6235 BRUSH RUN ROAD BETHEL PARK, PA 15102	38-3867921	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		HUNTS POINT ALLIANCE FOR CHILDREN 1231 LAFAYETTE AVENUE, SB BRONX, NY 10474	20-8503907	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		HURLEY CHILDREN'S HOSPITAL ONE HURLEY PLAZA AURORA, MI 48503	38-3085047	501C3	13,788.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		ICAN - INTEGRATED COMMUNITY ALTERNATIVES NETWORK - 310 MAIN STREET - UTICA, NY 13502	16-1541078	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		ICONS 21251 CHARDON ROAD EUCLID, OH 44117	27-0290937	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		IMAGINE, A CENTER FOR COPING WITH LOSS - 244 SHEFFIELD STREET - MOUNTAINSIDE, NJ 07092	45-3606502	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM



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INCLUDENYC 116 EAST 15TH STREET, 5TH FLOOR NEW YORK, NY 10003	11-2594790	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
INNER CITY YOUTH 5555 CONNER STREET, SUITE 3237 DETROIT, MI 48213	26-4720264	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
INNER CITY YOUTH GROUP 5555 CONNER ST STE 3237 DETROIT, MI 48213	26-4720264	501C3	10,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
INNER COUNTY OUTREACH, INC. 529 EDMUND ST ABERDEEN, MD 21001	31-1578102	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
INSIGHTFUL STRIDES, INC. 1136 CREEK ROAD ATTICA, NY 14011	82-1275912	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
INSPIRING MINDS 837 WOODLAND ST NE WARREN, OH 44483	26-1429323	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
IVY HILL FOUNDATION, INC. 1811 MILL ROAD PERKASIE, PA 18944	23-3003460	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
JACOBS CHANCE 1365 OVERBROOK ROAD RICHMOND, VA 23220	46-2106307	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
JACOB'S HEART CHILDREN'S CANCER SUPPORT SERVICES - 680 W BEACH STREET - WATSONVILLE, CA 95076	68-0413822	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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		JAMES L. MCKEOWN BOYS & GIRLS CLUB OF WOBURN - CHARLES GARDNER LANE - WOBURN, MA 01801	04-2301953	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		JASPER RIDGE FARM P.O. BOX 620924 WOODSIDE, CA 94062	27-2304675	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		JEREMIAH'S PLACE 6435 FRANKSTOWN AVENUE PITTSBURGH, PA 15206	45-18666754	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		JOHN R. OISHAI CHILDREN'S HOSPITAL 1028 MAIN STREET, FLOOR 4 ALBANY, NY 14202	16-1332044	501C3	115,758.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		JOHNS HOPKINS CHILDREN'S CENTER 750 E. PRATT STREET BALTIMORE, MA 21202	59-0683252	501C3	53,906.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		JOSHUA GROUP 1442 MARKET ST HARRISBURG, PA 17103	31-1672530	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		JOSHUA HOUSE 926 LOGAN AVENUE TYRONE, PA 16686	25-1823731	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		JUNIOR ACHIEVEMENT OF OREGON AND SW WASHINGTON - 7830 SE FOSTER ROAD - PORTLAND, OR 97206	84-1267604	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		JUNIOR ACHIEVEMENT OF SACRAMENTO P. O. BOX 255602 SACRAMENTO, CA 95865	94-6080866	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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JUVENILE JUSTICE CENTER OF PHILADELPHIA - 100 W COULTER STREET - PHILADELPHIA, PA 19144	23-2097840	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KAELY'S KINDNESS FOUNDATION P. O. BOX 341 ORCHARD PARK, NY 14127	90-0868739	501C3	16,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KALAMAZOO COUNTY CHILD ABUSE & NEGLECT PREVENTION COUNCIL - 420 E. ALCOTT STREET - KALAMAZOO, MI 49001	38-2221084	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KENNEDY KRIEGER INSTITUTE 707 N BROADWAY BALTIMORE, MD 21205	52-1734695	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KEYSTONE HUMAN SERVICES 4391 STURBRIDGE DRIVE PHILADELPHIA, PA 17110	25-1847902	501C3	10,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KIDPOWER TEENPOWER FULLPOWER P. O. BOX 1212 SANTA CRUZ, CA 95061	77-0226712	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KIDS CENTER 1375 NW KINGSTON AVENUE BEND, OR 97703	94-3169200	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KIDS CLUBHOUSE OF SUFFOLK INC 324 JAYNE BOULEVARD PORT JEFFERSON STATION, NY 11776	11-2437849	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KIDS CURES FOUNDATION 906 BEAUMONT AVENUE BEAUMONT, CA 92223	26-3909923	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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KIDSFIRST 124 MAIN STREET ROSEVILLE, CA 95678	68-0195225	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KIND TO KIDS FOUNDATION 100 W 10TH STREET, SUITE 606 WILMINGTON, DE 19801	80-0641000	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KINDERSMILE FOUNDATION 10 BROAD STREET BLOOMFIELD, NJ 07003	56-2635166	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KINSHIP HOUSE 1823 NE 8TH AVENUE PORTLAND, OR 97212	93-1180331	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LAURA'S HOUSE 999 CORPORATE DRIVE, SUITE 225 LADERA RANCH, CA 92694	33-0621826	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LAUREN SMALL CHILDREN'S CENTER P O BOX 2401 BOARDMAN, CA 93303	95-3444043	501C3	49,628.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LEARNING ENRICHMENT AFTERSCHOOL PROGRAM - 1310 N. LA BREA AVENUE - INGLEWOOD, CA 90302	20-1734414	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LEG UP FARM 4880 NORTH SHERMAN STREET MOUNT WOLF, PA 17347	23-2931834	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LITTLE BIT THERAPEUTIC RIDING CENTER - 18675 NE 106TH STREET - REDMOND, WA 98052	91-1012131	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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LITTLE ESSENTIALS 74 GRAND AVENUE, UNIT 1-C BROOKLYN, NY 11205	27-5281758	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LITTLE FLOWER CHILDREN AND FAMILY SERVICES OF NEW YORK - 2450 NORTH WADING RIVER ROAD - WADING RIVER, NY 11792	11-1633572	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LONG BEACH BLAST - BETTER LEARNING FOR ALL STUDENTS TODAY - 4201 LONG BEACH BOULEVARD, SUITE 201 - LONG BEACH, CA 90807	33-0967215	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LOVE OF LEARNING INC 8404 MARY MUNDIE LANE MECHANICSVILLE, VA 23111	82-1866743	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LUZERNE COUNTY CHILD ADVOCACY CENTER - 187 HANOVER STREET - WILKES BARRE, PA 18702	46-4517112	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MADISON SQUARE BOYS & GIRLS CLUB, INC. - 250 BRADHURST AVENUE - NEW YORK, NY 10017	13-5596792	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MANCHESTER BIDWELL 1815 METROPOLITAN STREET PITTSBURGH, PA 15233	25-1842945	501C3	133,333.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MARIA FARERI CHILDREN'S HOSPITAL 100 WOODS ROAD, TAYLOR PAVILION, SU FLINT, NY 10595	APPLIED FOR	501C3	21,810.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MARLEY'S MISSION 2150 PORT ROYAL ROAD CLARKS SUMMIT, PA 18411	27-1458718	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
MARY NELSON'S YOUTH CENTER 2849 S SALINA STREET SYRACUSE, NY 13205	25-1916320	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MARYVALE 7600 E. GRAVES AVENUE ROSEMEAD, CA 91770	95-3889412	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MCMAHON/RAYN CHD ADVOCACY SITE, INC. - 601 EAST GENESSEE STREET - SYRACUSE, NY 13202	16-1563195	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MECHANICSBURG LEARNING CENTERS 601 EAST SIMPSON STREET MECHANICSBURG, PA 17050	23-1982624	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MEDARDS HOUSE 1120 DREXEL HILLS BLVD NEW CUMBERLAND, PA 17070	47-4386986	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MERCY CHILDREN'S HOSPITAL 2213 CHERRY STREET, SUITE 307 AC TOLEDO, OH 43608	20-1072726	501C3	11,640.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MICHAEL'S PLACE 1212 VETERANS DRIVE TRAVERSE CITY, MI 49684	APPLIED FOR	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MIGHTY WRITERS 1501 CHRISTIAN ST PHILADELPHIA, PA 19146	01-0920922	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MINDING YOUR MIND 124 SIBLEY AVENUE ARDMORE, PA 19003	20-8448707	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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MIRACLE BABIES 8745 AERO DRIVE, SUITE 308 SAN DIEGO, CA 92123	71-1001702	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MIRACLE FOR MATEO 225 E. PITTSFIELD STREET PENNSVILLE, NJ 08070	27-1899838	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MOM'S HOUSE OF TOLEDO 2505 FRANKLIN AVENUE TOLEDO, OH 43610	34-1710362	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MOTIVATIONAL RECOVERY ENVIRONMENTS 70 NORTH DRIVE COPIGAUE, NY 11726	46-2975228	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NASHUA CHILDRENS HOME 125 AMHERST STREET NASHUA, NH 03064	02-0222162	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NATIVITY SCHOOL OF HARRISBURG 2102 N. 5TH STREET HARRISBURG, PA 17110	25-1886666	501C3	65,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NAVOS 2600 SW HOLDEN STREET SEATTLE, WA 98126	91-0848698	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NEIGHBORHOOD HOMEWORK HOUSE PO BOX 993 AZUSA, CA 91702	95-4713600	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NEVER DOWN FOR THE COUNT YOUTH SERVICES - 414 S SIMON STREET - CADILLAC, MI 49601	47-3029297	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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NEW ENGLAND KURN HATTIN HOMES P. O. BOX 127 WESTMINSTER, VT 05158	03-0179306	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NEW YORK SCORES 520 8TH AVE, SUITE 201C NEW YORK, NY 10018	13-4189653	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN - 161 WILLIAM STREET - NEW YORK, NY 10038	13-1624134	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NIAGARA FALLS BOYS & GIRLS CLUB 725 17TH ST NIAGARA FALLS, NY 14301	16-0743093	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NO LIMITS FOR DEAF CHILDREN 9801 WASHINGTON BOULEVARD, 2ND FLOOR CULVER CITY, CA 90232	95-4603048	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NOAH'S HOPE CHILD ADVOCACY CENTER OF TUSCARAWAS CO - P. O. BOX 982 - NEW PHILADELPHIA, OH 44663	27-3125616	501C3	16,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NORTHEAST TREATMENT CENTERS, INC. 499 N FIFTH STREET, SUITE A PHILADELPHIA, PA 19123	23-1728478	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NORTHWEST ASSOCIATION FOR BLIND ATHLETES - P. O. BOX 65265 - VANCOUVER, WA 98665	26-0244283	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
OASIS - A HAVEN FOR WOMEN AND CHILDREN - 59 MILL STREET - PATERSON, NJ 07501	22-3491573	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM



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OCEAN OF LOVE 1709 HIGHWAY 37 EAST TOMS RIVER, NJ 08753	22-2940034	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
OCEANS HARBOR HOUSE INC 808 CONIFER STREET TOMS RIVER, NJ 08753	22-2672209	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
OFFERING ALTERNATIVE THERAPY WITH SMILES, INC. - 4920 GROVELAND ROAD - ORTONVILLE, MI 48462	38-3380357	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
OHIO DOERNBECHER CHILDREN'S HOSPITAL - 1121 S.W. SALMON, SUITE 100 - NORFOLK, OR 97205	93-0579589	501C3	101,073.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
OLIVET BOYS & GIRLS CLUB OF READING AND BERKS COUNTY, INC. - 1161 PERSHING BLVD - READING, PA 19611	23-1365380	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
OLIVEWOOD GARDENS AND LEARNING CENTER - 2525 N AVENUE - NATIONAL CITY, CA 91950	26-1640148	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ONCE UPON A DECEMBER CORP. 2006 ECHO PARK AVENUE LOS ANGELES, CA 90026	37-1849013	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ONE CHILD CENTER FOR AUTISM 3925 MIDLANDS ROAD WILLIAMSBURG, VA 23188	46-3311567	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
OPERATION SAFE HOUSE, INC. 9685 HAYES STREET RIVERSIDE, CA 92503	33-0326090	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

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ORANGE COUNTY CHILD ABUSE PREVENTION CENTER - 2390 E ORANGEWOOD AVENUE, SUITE 300 - ANAHEIM, CA 92806	33-0013237	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ORRVILLE AREA BOYS AND GIRLS CLUB P. O. BOX 17 ORRVILLE, OH 44667	34-1003436	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
OZONE HOUSE 1705 WASHTEENAW AVENUE ANN ARBOR, MI 48104	38-1916505	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PAGE AHEAD 1130 NW 85TH ST SEATTLE, WA 98117	91-1600084	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PARTNERS FOR YOUTH WITH DISABILITIES - 5 MIDDLESEX AVENUE, SUITE 307 - SOMERVILLE, MA 02145	22-2627798	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PARTNERSHIP FOR AFTER SCHOOL EDUCATION - 120 BROADWAY - NEW YORK, NY 10271	13-3976066	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PASSION 4 KIDS 1345 ENCINITAS BOULEVARD ENCINITAS, CA 92024	20-3393605	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PATHWAYS, INC. 33 DENISON PARKWAY W CORNING, NY 14830	16-1089007	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PEACHEALTH SACRED HEART MEDICAL CENTER - P O BOX 10905 - DAYTON, OR 97440	93-6026548	501C3	6,343.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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PEDIATRIC-ADOLESCENT DIABETES RESEARCH AND EDUCATION FOUNDATION - 1201 WEST LA VETA AVENUE - ORANGE, CA 92868	33-0099451	501C3	17,500.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PENN STATE CHILDREN'S HOSPITAL 1249 COCOA AVENUE, SUITE 115 ERIE, PA 17033	24-6000376	501C3	695,457.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PETER'S PLACE 336 KING OF PRUSSIA ROAD RADNOR, PA 19087	23-3062819	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PHILABUNDANCE 3616 S GALLOWAY ST PHILADELPHIA, PA 19148	23-2290505	501C3	25,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PHILADELPHIA CHILDREN'S ALLIANCE 300 EAST HUNTING PARK AVENUE PHILADELPHIA, PA 19124	23-2526605	501C3	22,500.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PHILADELPHIA FOUNDATION P O BOX 326728 MORRISTOWN, PA 19182	23-1581832	501C3	100,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PHILLY GIRLS IN MOTION 40 W. TURNBULL AVENUE HAVERTOWN, PA 19083	27-2888491	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PINNACLE COMMUNITY SERVICES 1522 MAIN STREET NIAGARA FALLS, NY 14305	16-6052152	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PINWHEEL PLACE 328 CRAWFORD STREET. EATONTOWN, NJ 07724	47-5186070	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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		PITTSBURGH FOUNDATION 301 S. DALLAS AVENUE SALT LAKE CITY, PA 15208	25-0965466	501C3	100,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		PITTSFORD YOUTH SERVICES, INC. 4 S MAIN STREET PITTSFORD, NY 14534	16-1299684	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		PREVENT CHILD ABUSE-NEW JERSEY CHAPTER INC. - 103 CHURCH STREET, SUITE 201 - NEW BRUNSWICK, NJ 08901	22-2314861	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		PROJECT HOPE ALLIANCE 1954 PLACENTIA AVENUE, SUITE 202 COSTA MESA, CA 92627	75-3099628	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		PROJECT MKC 6961 SOUTHERN BOULEVARD YOUNGSTOWN, OH 44512	27-3159463	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		PROMISE2KIDS FOUNDATION 9400 RUFFIN COURT, SUITE A SAN DIEGO, CA 92123	95-3655288	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		PROTEUS FUND (EMBRACERACE) 15 RESEARCH DRIVE, SUITE B SALT LAKE CITY, MA 01002	04-3243004	501C3	200,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		PROVIDENCE THERAPEUTIC EQUESTRIAN CENTER - 5133 STAUFFER ROAD - MORRAL, OH 43337	45-5245356	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		QSAC, INC. 253 W 35TH STREET NEW YORK, NY 10001	11-2482974	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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		QUEST YOUTH ORGANIZATION, INC. P. O. BOX 26724 BROOKLYN, NY 11202	55-0858436	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		RADY CHILDREN'S HOSPITAL 3020 CHILDREN'S WAY MC5001 SAN DIEGO, CA 92123	95-1691313	501C3	244,307.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		RAEMELTON THERAPEUTIC EQUESTRIAN CENTER - 569 S TRIMBLE ROAD - MANSFIELD, OH 44906	34-1780155	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		RAMAPO FOR CHILDREN P. O. BOX 266 RHINEBECK, NY 12572	13-5600422	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		REACHING OUR COMMUNITY KIDS 2205 JEFFERSON AVENUE MIDLAND, MI 48640	38-3541096	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		READ ASSOCIATION OF SAGINAW COUNTY 100 S JEFFERSON, SUITE 203 SAGINAW, MI 48607	38-1987542	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		READ WITH ME VOLUNTEER PROGRAMS P. O. BOX 1016 RANCHO MIRAGE, CA 92270	47-1406641	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		REFLECTIONS OF GRACE FOUNDATION 11811 QUARTER HORSE DRIVE NORTH HUNTINGDON, PA 15642	26-3943927	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		RELIABLE ENTERPRISES P. O. BOX 870 CENTRALIA, WA 98531	91-1040643	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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RENAISSANCE YOUTH CENTER 3485 THIRD AVENUE BRONX, NY 10456	13-4122438	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
RICHSTONE CENTER, INC. 13634 CORDARY AVE HAWTHORNE, CA 90250	23-7373745	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
RIDERS UNLIMITED, INCORPORATED 3140 BEHLMAN ROAD OAK HARBOR, OH 43449	31-1556902	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
RIVER OAK CENTER FOR CHILDREN 5445 LAUREL HILLS DRIVE SACRAMENTO, CA 95841	94-2519001	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
RKIDS INC. 45 DIXWELL AVENUE NEW HAVEN, CT 06511	06-1453694	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ROCHESTER CHILDFIRST NETWORK 941 SOUTH AVENUE ROCHESTER, NY 14620	16-0743129	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ROYAL FAMILY KIDS MARION 1550 RICHLAND ROAD MARION, OH 43302	31-0985898	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
S.T.R.O.N.G. YOUTH, INC. 599 JERUSALEM AVENUE UNIONDALE, NY 11553	11-3590740	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SACRAMENTO CHILDREN'S HOME 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820	94-1156588	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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SACRED HEART COMMUNITY SERVICE 1381 S 1ST ST SAN JOSE, CA 95110	23-7179787	501C3	9,822.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SAFE AND SOUND CHILD PROTECTION AND ADVOCACY - 2716 JEFFERSON AVENUE - MIDLAND, MI 48640	38-2272953	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SAFE INC. OF SCHENECTADY 1344 ALBANY STREET SCHENECTADY, NY 12304	14-1794075	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SAFE PLACE CHILD ADVOCACY CENTER 112 HARDWOOD WAY BRATTLEBORO, VT 05301	27-2468249	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SALINAS VALLEY MEMORIAL HOSPITAL P O BOX 4760 INDIANAPOLIS, CA 93912	94-2641137	501C3	5,102.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SAMARITAN HOUSE 4031 PACIFIC BOULEVARD SAN MATEO, CA 94403	23-7416272	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SARAH A REED CHILDREN'S CENTER 2445 W 34TH STREET ERIE, PA 16506	25-0965486	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SARAH HEINZ HOUSE ASSOCIATION 1 HEINZ ST PITTSBURGH, PA 15212	25-0965390	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SCHOOL FOR CHILDREN WITH HIDDEN INTELLIGENCE - 345 OAK STREET - LAKEWOOD, NJ 08701	22-3301312	501C3	25,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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SEATTLE CHILDREN'S HOSPITAL P O BOX 537 S-200 SEATTLE, WA 98145	91-1156519	501C3	103,893.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SEATTLE FOUNDATION 1601 FIFTH AVENUE, SUITE 1900 SEATTLE, WA 98101	91-6013536	501C3	100,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SERIOUSFUN CHILDREN'S NETWORK 228 SAUGATUCK AVENUE BROOKVILLE, CT 06880	31-1794455	501C3	634,286.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SHOES THAT FIT 1420 N CLAREMONT BOULEVARD, SUITE 2 CLAREMONT, CA 91711	95-4425565	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SO LOVE PROJECT, INC. 433 BURMONT ROAD DREXEL HILL, PA 19026	45-1636238	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SOMEONES DAUGHTER INC 838 REBECCA PLACE ELIZABETH, NJ 07201	45-5587185	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SOUTH BRONX UNITED INC. P. O. BOX 1267 BRONX, NY 10451	26-4064041	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SOUTHSIDE YOUTH OUTREACH, INC 2065 SE DEBORD STREET CORVALLIS, OR 97333	26-0226994	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SPARROW CLUBS 906 NE GREENWOOD AVENUE, SUITE 2 BEND, OR 97701	91-1672700	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM



Schedule I (Form 990) THE RITE AID FOUNDATION

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

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SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SPECIAL OLYMPICS SOUTHERN CALIFORNIA - 10977 SAN DIEGO MISSION ROAD - SAN DIEGO, CA 92108	95-4538450	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SPECIAL OLYMPICS VIRGINIA, INC., 3212 SKIPWITH RD RICHMOND, VA 23294	54-1013637	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SPECIAL OLYMPICS WASHINGTON 2815 2ND AVENUE SEATTLE, WA 98121	91-0962383	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SPECIAL PEOPLE IN NORTHEAST INC 10521 DRUMMOND ROAD PHILADELPHIA, PA 19154	23-1742920	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SPECIAL PEOPLE UNITED TO RIDE, INC. - 805 NEWMAN SPRINGS ROAD - LINCROFT, NJ 07738	22-2389766	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SPEECH AND LANGUAGE DEVELOPMENT CENTER - 8699 HOLDER ST - BUENA PARK, CA 90620	95-2162129	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ST. LUKE'S CHILDREN'S 190 EAST BANNOCK STREET WESTPORT, ID 83712	81-0600973	501C3	6,390.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN - 2901 216TH ST - BAYSIDE, NY 11360	11-3574493	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Schedule I (Form 990)

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
ST. PETER'S ORPHANAGE 170 DIAMOND SPRING ROAD DENVER, NJ 07834	22-2045125	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
STARLIGHT CHILDREN'S FOUNDATION 400 CORPORATE POINTE, SUITE 590 CULVER CITY, CA 90230	95-3802159	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
START MAKING A READER TODAY 101 SW MARKET STREET PORTLAND, OR 97201	93-1051724	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
STUDENTS RUN PHILLY STYLE 1760 MARKET ST STE 1111 PHILADELPHIA, PA 19103	81-4223573	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SUMMIT SPEECH SCHOOL 705 CENTRAL AVENUE NEW PROVIDENCE, NJ 07974	22-1829502	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SUNSHINE FOUNDATION 101 LAKESIDE PARK SOUTHAMPTON, PA 18966	23-2044056	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SUPPORT CENTER FOR CHILD ADVOCATES 1617 JOHN F. KENNEDY BOULEVARD PHILADELPHIA, PA 19103	23-2048664	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SYRACUSE SILVER KNIGHT FOUNDATION 7201 JONES ROAD SYRACUSE, NY 13209	46-1848361	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE ALCOVE CENTER FOR GRIEVING CHILDREN AND FAMILIES, INC. - 376 TILTON ROAD - REAR - NORTFIELD, NJ 08225	22-3808649	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 ATTIC YOUTH CENTER 255 S 16TH STREET PHILADELPHIA, PA 19102	23-3020071	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE AUTISM COUNCIL OF ROCHESTER 1025 COMMONS WAY ROCHESTER, NY 14623	26-1430358	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE BOYS & GIRLS CLUBS OF GREATER KALAMAZOO - 915 LAKE STREET - KALAMAZOO, MI 49001	38-1627080	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE BOYS AND GIRLS CLUB OF CHAMBERSBURG AND SHIPPENSBURG - 440 W WASHINGTON ST - CHAMBERSBURG, PA 17201	27-1658752	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE BRIGHTEST STAR, INC. 229 S RIVERSIDE AVENUE RIALTO, CA 92376	20-2761697	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE BRIGHTSIDE PROJECT P. O. BOX 314 SALEM, OH 44460	81-3794909	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE CAROLYN E. WYLIE CENTER FOR CHILDREN, YOUTH & FAMILIES - 4164 BROCKTON STREET - RIVERSIDE, CA 92501	93-0670286	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE CENTER FOR YOUTH SERVICES, INC. - 905 MONROE AVENUE - ROCHESTER, NY 14620	16-0992259	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE CHASE HOME 698 MIDDLE ROAD PORTSMOUTH, NH 03801	02-2229190	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 CHILD ADVOCACY CENTER OF LAPEER COUNTY - 15 EAST GENESEE STREET - LAPEER, MI 48446	32-0262892	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE CHILD CENTER OF NY 118-35 QUEENS BOULEVARD FOREST HILLS, NY 11375	11-1733454	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE CHILDREN'S AID SOCIETY 711 3RD AVENUE, SUITE 700 NEW YORK, NY 10017	13-5562191	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE CHILDREN'S CENTER 700 CAMPBELL AVENUE FRANKLIN, VA 23851	52-1317062	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE CHILDRENS CENTER OF THE ANTELOPE VALLEY - 45111 FERN AVENUE - LANCASTER, CA 93534	95-4212759	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE CHILDREN'S HOME OF PITTSBURGH 5324 PENN AVENUE PITTSBURGH, PA 15224	25-0965292	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE CHILDREN'S HOUSE CHILD ADVOCACY CENTER - 5 HOSPITAL DRIVE - TOWANDA, PA 18848	23-2523670	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE CHILDREN'S LIFESAVING FOUNDATION - 1112 MONTANA AVENUE - #534 - SANTA MONICA, CA 90403	95-4371286	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE CHILDREN'S REHABILITATION FOUNDATION OF THE VARIETY CLUB OF BUFFALO - 6114 BROADWAY ST - LANCASTER, NY 14086	16-6059517	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

(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 CHILDREN'S VILLAGE 1 ECHO HILLS DOBBS FERRY, NY 10522	13-1739945	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE FIT KIDS FOUNDATION 2682 MIDDLEFIELD RD STE P REDWOOD CITY, CA 94063	27-4987709	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE FRIENDSHIP CLUB 200 LITTON DR STE 308 GRASS VALLEY, CA 95945	68-0262000	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE GOOFY GATORS 37 VINE LANE LEVITTOWN, PA 19054	47-4304330	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE GUILD FOR EXCEPTIONAL CHILDREN 260 68TH STREET BROOKLYN, NY 11220	11-6037766	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE HAGEDORN LITTLE VILLAGE SCHOOL 750 HICKSVILLE ROAD SEAFORD, NY 11783	11-2222807	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE HEARING AND SPEECH AGENCY OF METROPOLITAN BALTIMORE, INC. 5900 METRO DRIVE - BALTIMORE, MD 21215	52-0591577	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE HOME FOR LITTLE WANDERERS 10 GUEST STREET, SUITE 3 BOSTON, MA 02135	04-2104764	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE HOUSE OF THE GOOD SHEPHERD 100 LOMOND PLACE UTICA, NY 13502	15-0532199	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(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 LET IT BE FOUNDATION 14720 CENTRAL AVENUE CHINO, CA 91710	20-4677230	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE LITTLEST HEROES 32000 AURORA ROAD OLON, OH 44139	34-1902565	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE NEW YORK CENTER FOR CHILDREN 333 EAST 70TH STREET NEW YORK, NY 10021	95-4502444	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE NEW YORK COMMUNITY TRUST 909 THIRD AVENUE EDEN PRAIRIE, NY 10022	13-3062214	501C3	250,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE RAISE FOUNDATION 2900 BRISTOL STREET, SUITE J-201 COSTA MESA, CA 92626	33-0240178	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE SHEPHERD'S HOME, INC P. O. BOX 2011 MCCALL, ID 83638	82-0490618	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE SUMMIT CENTER 150 STAHL RD GETZVILLE, NY 14068	16-1095750	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE UNIVERSITY OF VERMONT CHILDREN'S HOSPITAL - 111 COLCHESTER AVENUE - BAKERSFIELD, VT 05401	03-0225105	501C3	10,595.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE VISTA FOUNDATION 1021 SPRINGBOARD DRIVE HERSHEY, PA 17033	80-0113235	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 VOICE FOR CLINTON COUNTY'S CHILDREN - 1207 N US 27 - SAINT JOHNS, MI 48879	46-4768200	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE WOODLANDS FOUNDATION, INC., 134 SHENOT ROAD WEXFORD, PA 15090	25-1818538	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE YOUTH GROUP, INC., P. O. BOX 124 BOYKINS, VA 23827	81-1938919	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
TIOGA COUNTY BOYS & GIRLS CLUB, INC. - 201 ERIE STREET - OWEGO, NY 13827	15-0610883	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
TLC FAMILY RESOURCE CENTER P. O. BOX 1098 CLAREMONT, NH 03743	52-2439830	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
TOMORROWS CHILDREN'S FUND 30 PROSPECT AVENUE HACKENSACK, NJ 07601	13-3155199	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
TOMORROW'S LEADERS NYC 735 LINCOLN AVENUE, APARTMENT 13E BROOKLYN, NY 11208	45-3943245	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
TRAVERSE BAY CHILDREN'S ADVOCACY CENTER - 2000 CHARTWELL DRIVE, SUITE 3 - TRAVERSE CITY, MI 49696	38-3090530	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
TREEHOUSE 2100 24TH AVENUE S, SUITE 200 SEATTLE, WA 98144	91-1425676	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)		(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
		TULARE YOUTH SERVICE BUREAU, INC. 327 S K STREET TULARE, CA 93274	94-1748204	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		TURNING POINTS FOR CHILDREN 415 S 15TH STREET PHILADELPHIA, PA 19146	23-1352272	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		UC DAVIS CHILDREN'S HOSPITAL 2315 STOCKTON BOULEVARD SACRAMENTO, CA 95817	94-6036494	501C3	46,283.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		UCSF BENIOFF CHILDREN'S HOSPITAL 2201 BROADWAY, SUITE 600 OAKLAND, CA 94612	94-1657474	501C3	53,974.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		UNITED WAY OF SOUTHEASTERN MI P O BOX 77398 DETROIT, MI 77398	20-3099071	501C3	150,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		UNITED WAY OF THE CAPITAL REGION 2234 MILLENNIUM WAY PHILADELPHIA, PA 17025	23-1352095	501C3	130,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		UNIVERSITY HOSPITALS RAINBOW BABIES & CHILDREN'S HOSPITAL - 11100 EUCLID AVENUE - CLEVELAND, OH 44106	34-1567805	501C3	9,373.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		UPLIFT CENTER FOR GRIEVING CHILDREN - 3300 HENRY AVENUE 102 - PHILADELPHIA, PA 19129	23-3026275	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
		UPMC CHILDREN'S HOSPITAL OF PITTSBURGH - 4401 PENN AVENUE, CENTRAL PLANT, FLOOR 3 - MOUNTAINSIDE, PA 15224	25-1865744	501C3	64,165.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM



## Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(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
UPSTATE GOLISANO CHILDREN'S HOSPITAL - 750 EAST ADAMS STREET - SYRACUSE, NY 13210	16-1068101	501C3	5,978.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
UPTOWN SOCCER, INC 5030 BROADWAY, SUITE 652 NEW YORK, NY 10034	APPLIED FOR	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VALLEY ACHIEVEMENT CENTER 1721 WESTWIND DRIVE BAKERSFIELD, CA 93301	95-4638631	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VALLEY CHILDREN'S HOSPITAL 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636	94-2797447	501C3	89,397.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VALLEY YOUTH HOUSE COMMITTEE, INC. 3400 HIGHPOINT BOULEVARD BETHLEHEM, PA 18017	23-7178820	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VANESSA BEHAN CRISIS NURSERY 1004 E 8TH AVENUE SPOKANE, WA 99202	91-1196575	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VARIETY - THE CHILDREN'S CHARITY OF THE DESERT - 42-600 COOK STREET, SUITE 131 - PALM DESERT, CA 92211	33-0278817	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VARIETY BOYS & GIRLS CLUB 2530 CINCINNATI STREET LOS ANGELES, CA 90033	95-1919219	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VILLAGE OF FPC 408 LIBERTY STREET CALIFORNIA, PA 15419	20-5630886	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

(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 BEACH CASA 2425 NIMMO PARKWAY VIRGINIA BEACH, VA 23456	54-1708340	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VIRGINIA MASON MEMORIAL HOSPITAL 2701 TIETON DRIVE YAKIMA, WA 98902	91-1022358	501C3	9,182.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VISIONS AND PATHWAYS 49 BRAHMA AVENUE BRIDGEWATER, NJ 08807	23-7061564	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VISTA DEL MAR CHILD AND FAMILY SERVICES - 3200 MOTOR AVENUE - LOS ANGELES, CA 90034	95-1647832	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VISTA MARIA 20651 WEST WARREN AVENUE DEARBORN HEIGHTS, MI 48127	38-1359262	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VOICES FOR CHILDREN 515 EAST STREET FLINT, MI 48503	43-2031361	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VOICES FOR CHILDREN 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	95-3786047	501C3	10,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
WASHINGTON STATE SMILE PARTNERS 33919 NINTH AVENUE SOUTH, SUITE 1 FEDERAL WAY, WA 98003	20-0381039	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
WASHTEANAW AREA COUNCIL FOR CHILDREN - 3075 W CLARK ROAD, SUITE 110 - YPSILANTI, MI 48197	38-2245181	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
WAYFINDER FAMILY SERVICES (DBA JUNIOR BLIND OF AMERICA) - 5300 ANGELES VISTA BOULEVARD - LOS ANGELES, CA 90043	95-1977659	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
WELLSPRING FAMILY SERVICES 1900 RAINIER AVENUE S SEATTLE, WA 98144	91-0567261	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
WESTERN PENNSYLVANIA SCHOOL FOR BLIND CHILDREN - 201 N BELLEFIELD AVENUE - PITTSBURGH, PA 15213	25-1095385	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
WESTMORELAND CHILDREN FIRST P. O. BOX 273 GREENSBURG, PA 15601	47-1983203	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
WHALEY CHILDREN'S CENTER 1201 N. GRAND TRAVERSE STREET DETROIT, MI 48503	38-1358235	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
WINIFRED CRAWFORD DIBERT BOYS & GIRLS OF JAMESTOWN - 62 ALLEN STREET - JAMESTOWN, NY 14701	16-0743055	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
WYOMING VALLEY CHILDREN'S ASSOC. 1133 WYOMING AVENUE FORTY FORT, PA 18704	24-0795510	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
YATOCOMA'S FOUNDATION FOR THE KIDS 2207 ORCHARD LAKE ROAD SYLVAN LAKE, MI 48320	38-3514998	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
YORK DAY NURSERY 450 E PHILADELPHIA STREET YORK, PA 17403	23-1649205	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH CHALLENGE 800 SHARON DR WESTLAKE, OH 44145	34-1396825	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
YOUTH OPTIONS SHASTA 1700 PINE STREET, SUITE 250 REDDING, CA 96001	68-0381728	501C3	10,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
YOUTH SERVICE, INC 410 N 34TH STREET PHILADELPHIA, PA 19104	23-1365076	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
YOUTH CARE 2500 NE 54TH STREET SEATTLE, WA 98105	91-0917079	501C3	15,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ZEBRA CROSSINGS 61 LOCUST STREET DOVER, NH 03820	80-0456257	501C3	16,000.	0.			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

**THE RITE AID FOUNDATION**

25-1892843

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DISASTER RELIEF TO INDIVIDUALS	3975	3,531,000.	0.		

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

**PART I, LINE 2:**

THE FOUNDATION CONDUCTS DUE DILIGENCE IN AREAS SUCH AS FINANCIAL DATA, LIST OF DONORS, COPY OF 501C3 IRS LETTER OF DETERMINATION, LIST OF BOARD MEMBERS, PROGRAM BUDGET, ETC. TO VALIDATE GOOD FINANCIAL STANDING. FOUNDATION STAFF REVIEWS ALL REQUESTS TO DETERMINE ELIGIBILITY, PROVIDES SYNOPSIS TO EACH BOARD MEMBER WHO VOTES ON GRANT DURING QUARTERLY BOARD MEETING.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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](http://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 Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <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 (such as maid, chauffeur, chef) |

**b** If any of the boxes on 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the 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.

- |  |  |
|--|--|
| <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 |

**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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c	X	
5a		X
5b		X
6a		X
6b		X
7		X
8		X
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.

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. BOARD MEMBERS IN THIER CAPACITY AS MANAGEMENT OF RITE AID CORPORATION MAY HAVE RECEIVED SEVERANCE PAYMENTS.



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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

THE RITE AID FOUNDATION

Employer identification number  
25-1892843

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AID CORPORATION SERVES.

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.

FORM 990, PART VI, SECTION A, LINE 3:

RITE AID CORPORATION EMPLOYEES PROVIDE SELECT MANAGEMENT SERVICES TO THE  
FOUNDATION.

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.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE COMPLETED FORM 990 AND RELATED SCHEDULES IS REVIEWED BY THE  
FOUNDATION TREASURER AND KEY FOUNDATION STAFF (THE REVIEW TEAM). THE  
EXECUTIVE DIRECTOR 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.

Name of the organization

THE RITE AID FOUNDATION

Employer identification number  
25-1892843

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 FOUNDATION STAFF SIGNS THE RITE AID CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AND MAILED TO REQUESTOR.

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.





**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.

- 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
  - b Gift, grant, or capital contribution to related organization(s)
  - c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
  - e Loans or loan guarantees by related organization(s)
  - f Dividends from related organization(s)
  - g Sale of assets to related organization(s)
  - h Purchase of assets from related organization(s)
  - i Exchange of assets with related organization(s)
  - j Lease of facilities, equipment, or other assets to related organization(s)
  - k Lease of facilities, equipment, or other assets from related organization(s)
  - l Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
  - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
  - o Sharing of paid employees with related organization(s)
  - p Reimbursement paid to related organization(s) for expenses
  - q Reimbursement paid by related organization(s) for expenses
  - r Other transfer of cash or property to related organization(s)
  - s Other transfer of cash or property from related organization(s)

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	Yes	No
(1)						X
(2)					X	
(3)					X	
(4)					X	
(5)					X	
(6)					X	

