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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?

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?

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 \$ 1,862,800 including grants of \$ 1,831,550 ) (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 in Schedule O )


















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

4e

Total program service expenses ▶ 1,862,800

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

			Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.				
1a		17		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.				
1b		0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.				
2a		0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.			3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.			7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12.			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders.			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b	
c Enter the amount of reserves on hand.			13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	DC , AL , AK , AR , AZ , CT , FL , GA , IL , KS , KY , LA , ME , MD , MA , MI , MN , MS , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI , NV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	TREASURER 30 HUNTER LANE CAMP HILL, PA 17011 (717) 214-8867

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEN MARTINDALE PRESIDENT/DIRECTOR	2.00	X		X				0	3,777,461	166,016
(2) JOHN LEARISH VP/DIRECTOR	2.00	X		X				0	1,810,285	107,852
(3) BOB THOMPSON VP/DIRECTOR	2.00	X		X				0	2,576,915	321,062
(4) GAYLE RIFE FOUNDATION MANAGER/ASSISTA	30.00	X						0	65,213	0
(5) SCOTT BERNARD VP/DIRECTOR	2.00	X		X				0	1,712,767	87,173
(6) MARC STRASSLER SECRETARY/DIRECTOR	2.00	X		X				0	4,069,985	92,836
(7) MATT SCHROEDER TREASURER/DIRECTOR	2.00	X		X				0	836,272	83,285
(8) TONI MONTINI VP/DIRECTOR	2.00	X		X				0	2,823,796	112,015
(9) BRIAN FIALA VP/DIRECTOR	2.00	X		X				0	2,940,723	542,557
(10) SUSAN HENDERSON VP/DIRECTOR	2.00	X		X				0	741,437	40,175



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total . . . . .</b>										
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>										
<b>d Total (add lines 1b and 1c) . . . . .</b>								0	21,354,854	1,552,971

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 <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## **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

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

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c	2,341,965		
	d	Related organizations . . . . .	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,967,611		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .		8,309,576		
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	1		
4		Income from investment of tax-exempt bond proceeds . . . . .				
5		Royalties . . . . .				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss) . . . . .				
8a		Gross income from fundraising events (not including \$ 2,341,965 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	2,007,189		
b		Less direct expenses . . . . .	b	1,794,649		
c		Net income or (loss) from fundraising events . . . . .		212,540		212,540
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a			
b		Less direct expenses . . . . .	b			
c		Net income or (loss) from gaming activities . . . . .				
10a		Gross sales of inventory, less returns and allowances . . . . .	a			
b		Less cost of goods sold . . . . .	b			
c		Net income or (loss) from sales of inventory . . . . .				
		Miscellaneous Revenue	Business Code			
11a						
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .					
12	Total revenue. See Instructions . . . . .		8,522,117	0	0	212,541

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 governments and organizations in the United States. See Part IV, line 21.	1,794,050	1,794,050		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	37,500	37,500		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. 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 (non-employees):				
a	Management.	50,000	31,250	18,750	
b	Legal.				
c	Accounting.	32,250		32,250	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,579		2,579	
12	Advertising and promotion.	414,726			414,726
13	Office expenses.	1,875		1,875	
14	Information technology.				
15	Royalties.				
16	Occupancy.				
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.				
23	Insurance.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	STATE REGISTRATION FEES	4,768		4,768	
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	2,337,748	1,862,800	60,222	414,726
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			696,825	2	6,303,391
	3	Pledges and grants receivable, net . . . . .			1,275,668	3	1,519,736
	4	Accounts receivable, net . . . . .				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a				
	b	Less: accumulated depreciation . . . . .	10b			10c	
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			242,107	15	563,728
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			2,214,600	16	8,386,855
Liabilities	17	Accounts payable and accrued expenses . . . . .			30,720	17	130,930
	18	Grants payable . . . . .			50,000	18	0
	19	Deferred revenue . . . . .			198,334	19	136,010
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			279,054	26	266,940
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			461,544	27	444,745
	28	Temporarily restricted net assets . . . . .			1,474,002	28	7,675,170
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			1,935,546	33	8,119,915
	34	Total liabilities and net assets/fund balances . . . . .			2,214,600	34	8,386,855

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	8,522,117
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,337,748
3	Revenue less expenses Subtract line 2 from line 1	3	6,184,369
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,935,546
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,119,915

Part XII Financial Statements and Reporting

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

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

SCHEDULE A  
(Form 990 or 990EZ)

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. ▶ See separate instructions.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

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 11, 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 )

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 organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,054,134	1,576,183	1,466,049	2,209,300	8,309,576	14,615,242
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,054,134	1,576,183	1,466,049	2,209,300	8,309,576	14,615,242
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						14,615,242

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,054,134	1,576,183	1,466,049	2,209,300	8,309,576	14,615,242
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	869	5,316	1,165	405	1	7,756
9 Net income from unrelated business activities, whether or not the business is regularly carried on	164,724	410,973	279,948	501,234	212,540	1,569,419
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						16,192,417
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	90 260 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	84 000 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶	

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
------------------	-------------	--

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

2

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

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to 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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

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

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in 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 . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

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' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

Schedule D (Form 990) 2013



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	10,542,106
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	225,340
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	1,794,649
e	Add lines 2a through 2d . . . . .	2e	2,019,989
3	Subtract line 2e from line 1 . . . . .	3	8,522,117
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	8,522,117

Part XII

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

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

1	Total expenses and losses per audited financial statements . . . . .	1	4,357,737
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	225,340
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	1,794,649
e	Add lines 2a through 2d . . . . .	2e	2,019,989
3	Subtract line 2e from line 1 . . . . .	3	2,337,748
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	2,337,748

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION ADHERES TO THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES (ASC 740). ASC 740 ESTABLISHES RULES FOR RECOGNIZING AND MEASURING TAX POSITIONS TAKEN IN AN INCOME TAX RETURN, INCLUDING DISCLOSURES OF UNCERTAIN TAX POSITIONS (UTPS). ASC 740 MANDATES THAT COMPANIES EVALUATE ALL MATERIAL INCOME TAX POSITIONS FOR PERIODS THAT REMAIN OPEN UNDER APPLICABLE STATUTES OF LIMITATION, AS WELL AS POSITIONS EXPECTED TO BE TAKEN IN FUTURE RETURNS. THE UTP RULES THEN IMPOSE A RECOGNITION THRESHOLD ON EACH TAX POSITION. A COMPANY CAN RECOGNIZE AN INCOME TAX BENEFIT ONLY IF THE POSITION HAS A "MORE LIKELY THAN NOT" (I.E., MORE THAN 50 PERCENT) CHANCE OF BEING SUSTAINED ON THE TECHNICAL MERITS. FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012, 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 2010, 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	CHARITABLE GOLF CLASSIC EXPENSES NETTED ON FORM 990 AS FUNDRAISING EVENT
PART XII, LINE 2D - OTHER ADJUSTMENTS	CHARITABLE GOLF CLASSIC EXPENSES NETTED ON FORM 990 AS FUNDRAISING EVENT

[illegible]



Part II Fundraising Events. Complete if the organization answered "Yes" to 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
		<u>GOLF EVENT</u> (event type)	 (event type)	 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	4,349,154		4,349,154
	2	Less Contributions . . .	2,341,965		2,341,965
	3	Gross income (line 1 minus line 2) . . . .	2,007,189		2,007,189
Direct Expenses	4	Cash prizes . . . .			
	5	Noncash prizes . . .	49,796		49,796
	6	Rent/facility costs . . .	701,005		701,005
	7	Food and beverages .	349,347		349,347
	8	Entertainment . . . .	15,000		15,000
	9	Other direct expenses .	679,501		679,501
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶			
					212,540

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<div><div><div>Yes</div><div>No</div></div><div>%</div></div>	<div><div><div>Yes</div><div>No</div></div><div>%</div></div>	<div><div><div>Yes</div><div>No</div></div><div>%</div></div>	
	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 operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Does the organization operate 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

<b>13</b> Indicate the percentage of gaming activity operated in		
<b>a</b> The organization's facility . . . . .	<b>13a</b>	%
<b>b</b> An outside facility . . . . .	<b>13b</b>	%

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

Name ► .....

Address ► .....

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

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer                      ☐ Employee                      ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

Return Reference	Explanation
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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE RITE AID FOUNDATION

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Employer identification number  
25-1892843

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3

Enter total number of other organizations listed in the line 1 table . . . . .

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance
(1) DISASTER RELIEF TO INDIVIDUALS					

**Part IV**

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

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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 PLACE CALLED HOME 2630 SOUTH CENTRAL AVENUE LOS ANGELES,CA 90011	95-4427291	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON,DC 20006	53-0196605	501(C)(3)	50,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BIRMINGHAM EAR INSTITUTE 300 OFFICE PARK DRIVE SUITE 210 BIRMINGHAM,AL 35223	63-1025487	501(C)(3)	7,500				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
EMPIRE STATE RELIEF FUND PO BOX 3750 NEW YORK,NY 10163	46-1354571	501(C)(3)	50,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MISSISSIPPI LUNG ASSOCIATION PO BOX 2178 RIDGELAND,MS 39158	64-0330258	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
UNITED WAY OF THE CAPITAL REGION 2235 MILLENIUM WAY ENOLA,PA 17025	23-1352095	501(C)(3)	30,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HEUSER HEARING & LANGUAGE ACADEMY 111 E KENTUCKY STREET LOUISVILLE,KY 40203	61-0492369	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
UNITED WAY OF THE CAPITAL REGION 2235 MILLENIUM WAY ENOLA,PA 17025	23-1352095	501(C)(3)	30,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
UNITED WAY OF THE CAPITAL REGION 2235 MILLENIUM WAY ENOLA,PA 17025	23-1352095	501(C)(3)	30,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CRADLE BEACH 8038 LAKE SHORE ROAD ANGOLA,NY 14006	16-0743025	501(C)(3)	25,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CARE FOR THE HOMELESS 30 EAST 33RD STREET FIFTH FLOOR NEW YORK,NY 10016	13-3666994	501(C)(3)	15,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
EMMA PENDLETON BRADLEY HOSPITAL 139 POINT STREET PROVIDENCE,RI 02903	05-0258806	501(C)(3)	15,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
IMPACT ALABAMA 1901 6TH AVENUE N SUITE 2400 BIRMINGHAM,AL 35203	20-0850212	501(C)(3)	15,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
JACKIE ROBINSON FOUNDATION 75 VARICK STREET 2ND FLOOR NEW YORK,NY 10013	13-2896345	501(C)(3)	15,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KEYSTONE RESIDENCE INC 124 PINE STREET HARRISBURG,PA 17101	23-1405636	501(C)(3)	15,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NATIONAL SOCIETY TO PREVENT BLINDNESS - NC 4011 WESTCHASE BLVD SUITE 225 RALEIGH,NC 27607	56-6088141	501(C)(3)	15,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VOICES TOGETHER PO BOX 16721 CHAPEL HILL,NC 27516	20-4612388	501(C)(3)	15,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
EMPIRE STATE RELIEF FUND PO BOX 3750 NEW YORK,NY 10163	46-1354571	501(C)(3)	12,500				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MARATHON KIDS - BALTIMORE PO BOX 41317 AUSTIN,TX 78704	06-1722171	501(C)(3)	18,750				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MUSCULAR DYSTROPHY ASSOCIATION 2001 AIRPORT RD SUITE 205 JACKSON,MS 39232	13-1665552	501(C)(3)	9,600				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MUSCULAR DYSTROPHY ASSOCIATION 11 EAST 44TH STREET 17TH FLOOR NEW YORK,NY 10017	13-1665552	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MUSCULAR DYSTROPHY ASSOCIATION 700 CENTURY PARK SOUTH 129 BIRMINGHAM,AL 35226	13-1665552	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MUSCULAR DYSTROPHY ASSOCIATION 5638 HOLLISTER AVENUE 200 CGOLETA,CA 93117	13-1665552	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MUSCULAR DYSTROPHY ASSOCIATION 6485 WEST INTERCHANGE LANE 101 BOISE,ID 83709	13-1665552	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HURRICANE SANDY NEW JERSEY RELIEF FUND INC ONE GATEWAY CENTER NEWARK,NJ 07102	36-4745729	501(C)(3)	12,500				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHIP OF VIRGINIA 701 EAST FRANKLIN STREET SUITE 502 RICHMOND,VA 23219	54-1683042	501(C)(3)	12,300				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AUTISM FOUNDATION OF TENNESSEE INC 6515 HOLT ROAD NASHVILLE,TN 37211	42-1741568	501(C)(3)	11,960				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COVENANT HOUSE NEW YORK 460 WEST 41ST STREET NEW YORK,NY 10036	13-3076376	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ALS ASSOCIATION - SOUTH CAROLINA CHAPTER 1023 WAPPOO ROAD SUITE A19 CHARLESTON,SC 29407	13-3271855	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AMERICAN DIABETES ASSOCIATION 160 ALIENS CREEK ROAD ROCHESTER,NY 14618	13-1623888	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION OF THE NORTHEAST 1595 ELMWOOD AVENUE ROCHESTER,NY 14620	06-1646594	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MADISON SQUARE BOYS AND GIRLS CLUB INC 317 MADISON AVENUE SUITE 1110 NEWYORK,NY 10017	13-5596792	501(C)(3)	15,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ARTHRITIS FOUNDATION INC 115 NE 100TH STREET SUITE 350 SEATTLE,WA 98125	58-1341679	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED 422 SOUTH CLINTON AVENUE ROCHESTER,NY 14620	16-0743906	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BAYARD HOUSE PO BOX 2610 WILMINGTON,DE 19805	53-0196617	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF METROPOLITAN BALTIMORE 11 W MOUNT VERNON PLACE BALTIMORE,MD 21201	26-4371125	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF METRO ATLANTA 1275 PEACHTREE STREET SUITE 500 ATLANTA,GA 30309	58-0566123	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS AND GIRLS CLUB OF GREATER WATERBURY 1037 E MAIN STREET WATERBURY,CT 06705	06-0646551	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MARATHON KIDS - LOS ANGELES PO BOX 41317 AUSTIN,TX 78704	06-1722171	501(C)(3)	43,750				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AMERICAN RED CROSS 1450 NEWTOWN PIKE LEXINGTON,KY 40511	53-0196605	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF HOLLYWOOD 850 NORTH CAHUENGA BOULEVARD LOS ANGELES,CA 90038	95-1775142	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS CLUB OF WAKE COUNTY 701 N RALEIGH BOULEVARD RALEIGH,NC 27610	56-0863051	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BRETHREN HOUSING ASSOCIATION 219 HUMMEL STREET HARRISBURG,PA 17104	25-1636220	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF GREATER SALT LAKE 669 S 200 E SUITE 100 SALT LAKE CITY,UT 84111	87-0278627	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
UNITED WAY OF THE CAPITAL REGION 2235 MILLENIUM WAY ENOLA,PA 17025	21-1352095	501(C)(3)	30,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CENTRAL PENNSYLVANIA FOOD BANK 3098 COREY ROAD HARRISBURG,PA 17109	23-2202250	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN AND YOUTH SERVICES INC (WEST RIDGE ACADEMY) 5500 W BAGLEY PARK ROAD WEST JORDAN,UT 84081	87-0265761	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S FRIEND 153 SUMMER STREET PROVIDENCE,RI 02903	05-0258819	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SPECIAL OLYMPICS CONNECTICUT INC 2666 STATE STREET SUITE 1 HAMDEN,CT 06517	23-7099756	501(C)(3)	8,500				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S INSTITUTE FOR LEARNING DIFFERENCES 4030 86TH AVENUE MERCER ISLAND,WA 98040	91-1055331	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM



**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CANCER COMMUNITY CENTER 778 MAIN STREET SOUTH PORTLAND,ME 04106	01-0513301	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S THERAPY CLINIC 113 LAKEVIEW DRIVE CHARLESTON,WV 25313	55-0376118	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
DEBORAH HOSPITAL FOUNDATION 212 TRENTON ROAD BROWN MILLS,NJ 08015	22-2049500	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
EISNER PEDIATRIC & FAMILY MEDICAL CENTER 1530 S OLIVE STREET LOS ANGELES,CA 90015	95-1690966	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
EMBRACE KIDS FOUNDATION 121 SOMERSET STREET NEW BRUNSWICK,NJ 08901	22-3092432	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FRIENDS WAY 765 WEST SHORE ROAD WARWICK,RI 02889	05-0504841	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS INCORPORATED OF GREATER ATLANTA 1401 PEACHTREE STREET SUITE 500 ATLANTA,GA 30309	58-1276804	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HEALTHY LEARNERS 2749 LAUREL STREET COLUMBIA,SC 29204	53-0196617	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HOSPARUS INC 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE,KY 40205	61-0921718	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
INTER-ACTIONS ADAPTED ACTIVITIES 6 CHENELL DRIVE SUITE 205 CONCORD,NH 03301	02-0502184	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FAMILIES FIRST OF THE GREATER SEACOAST 100 CAMPUS DRIVE SUITE 12 PORTSMOUTH,NH 03801	22-2757341	501(C)(3)	7,500				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
JDRF INTERNATIONAL 717 MARKET STREET SUITE 108 LEMOYNE,PA 17043	23-1907729	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
JOHN HOPKINS BAYVIEW MEDICAL CENTER PO BOX 96 MARYLAND LINE,MD 21105	52-1341890	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GREENWICH HOUSE 224 WEST 30TH STREET SUITE 302 NEW YORK,NY 10001	13-5562204	501(C)(3)	15,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HAND-IN-PAW INC 1912 14TH AVENUE SOUTH BIRMINGHAM,AL 35205	63-1190375	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
JOSHUA GROUP 1442 MARKET STREET HARRISBURG,PA 17103	31-1672530	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHARLESTON CATHOLIC - HOPE 1033 VIRGINIA STREET EAST CHARLESTON,WV 25301	55-0630688	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KIDPOWER PO BOX 1212 SANTA CRUZ,CA 95061	77-0226712	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS INCORPORATED OF CENTRAL ALABAMA PO BOX 130729 BIRMINGHAM,AL 35213	63-0328643	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NACDS FOUNDATION 1776 WILSON BLVD SUITE 200 ARLINGTON,VA 22209	51-0144922	501(C)(3)	50,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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KINGSBRIDGE HEIGHTS COMMUNITY CENTER 3101 KINGSBRIDGE TERRACE BRONX,NY 10463	13-2813809	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KIDS IN CRISIS INC ONE SALEM STREET COS COB,CT 06807	06-1027885	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LAURA'S HOUSE 999 CORPORATE DRIVE SUITE 225 LADERA RANCH,CA 92694	33-0621826	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LEG UP FARM 4800 NORTH SHERMAN STREET MT WOLF,PA 17347	23-2931834	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ASSOCIATED CATHOLIC CHARITIES 320 CATHEDRAL STREET BALTIMORE,MD 21201	53-0196617	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND,ME 04102	62-1781969	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MATERNITY CARE COALITION 2000 HAMILTON STREET SUITE 205 PHILADELPHIA,PA 19130	23-2200410	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION 1400 N JOHNSON AVENUE SUITE 101 EL CAJON,CA 92020	95-3140767	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK,NY 10017	13-5661935	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NEW ENGLAND KURN HATTIN HOMES PO BOX 127 WESTMINSTER,VT 05158	03-0179306	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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NORTH CAROLINA HEALTHY START FOUNDATION 3725 NATIONAL DR STE 105 NORTHAMPTO BUILDING RALEIGH, NC 27612	56-1690714	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PALMETTO HEALTH FOUNDATION PO BOX 247 COLUMBIA, SC 29202	57-0725699	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SECOND STEP PO BOX 600213 NEWTONVILLE, MA 02460	22-2868513	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PLAY-PLACE FOR AUTISTIC CHILDREN 48900 VILA DIORO CIRCLE SHELBY TWP, MI 48315	27-5374352	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PRACTICE WITHOUT PRESSURE 2470 SUNSET LAKE ROAD NEWARK, DE 19702	04-3627646	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
RHODE ISLAND FREE CLINIC 655 BROAD STREET PROVIDENCE, RI 02907	05-0501276	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ROBBIE FOUNDATION PO BOX 1534 SCARBOROUGH, ME 04074	27-2636823	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
RONALD MCDONALD HOUSE OF WESTERN NY 780 WEST FERRY STREET BUFFALO, NY 14222	22-2438932	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON STREETS BUFFALO, NY 14263	16-1391608	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SPECIAL OLYMPICS PENNSYLVANIA 2570 BLVD OF THE GENERALS SUITE 124 124 NORRISTOWN, PA 19403	23-2078543	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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SPECTRUM YOUTH & FAMILY SERVICES 31 ELMWOOD AVENUE BURLINGTON,VT 05401	03-0253232	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
STARS NASHVILLE 1704 CHARLOTTE AVENUE SUITE 200 NASHVILLE,TN 37203	62-1285699	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CAMP KESEM NATIONAL 28 WESTHAMPTON WAY RICHMOND,VA 23173	51-0454157	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VILLA ESPERANZA SERVICES 2060 EAST VILLA STREET PASADENA,CA 91107	95-2148860	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
WENTWORTH-DOUGLASS HOSPITAL 789 CENTRAL AVENUE DOVER,NH 03820	02-0260334	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
UNIVERSITY OF MASSACHUSETTS FOUNDATION 100 MORRISSEY BOULEVARD BOSTON,MA 02125	04-0613152	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
YOUTH SERVICE INC 410 N 34TH STREET PHILADELPHIA,PA 19104	23-1365076	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SEVEN COUNTIES SERVICES INC 101 W MUHAMMAD ALI BLVD LOUISVILLE,KY 40202	31-0939757	501(C)(3)	8,750				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NASHVILLE CARES INC 633 THOMPSON LANE NASHVILLE,TN 37204	62-1274532	501(C)(3)	7,500				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE CENTER FOR GRIEVING CHILDREN 3300 HENRY AVENUE SUITE 110 PHILADELPHIA,PA 19129	23-3026275	501(C)(3)	7,500				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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WESTERN STARK FREE CLINIC 820 AMHERST ROAD NE MASSILLON,OH 44646	34-1887206	501(C)(3)	7,500				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
YMCA OF GREATER LOUISVILLE 2400 CRITTENDON DRIVE LOUISVILLE,KY 40217	61-0444843	501(C)(3)	7,500				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MONTGOMERY AREA NONTRADITIONAL EQUESTRIANS 3699 WALLAHATCHIE ROAD PIKE ROAD,AL 36064	58-2213532	501(C)(3)	5,100				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AMERICAN LUNG ASSOCIATION OF THE MID-ATLANTIC 630 CHURCHMANS ROAD SUITE 202 NEWARK,DE 19702	25-1825116	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BAY COVE HUMAN SERVICES INC 66 CANAL STREET BOSTON,MA 02114	04-2518575	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LA CLINICA TEPEYAC INC 5075 LINCOLN STREET DENVER,CO 80216	84-1285505	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BELLEVUE BOYS & GIRLS CLUB 209 100TH AVENUE NE BELLEVUE,WA 98044	91-0776451	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM 780 ALBANY STREET BOSTON,MA 02118	04-3160480	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF TRENTONMERCER COUNTY 212 CENTRE STREET TRENTON,NJ 08611	21-0634556	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS AND GIRLS CLUB OF MIDDLE TENNESSEE 1704 CHARLOTTE AVENUE SUITE 200 NASHVILLE,TN 37203	62-0540402	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS AND GIRLS CLUBS OF PERTH AMBOY 149 KEARNY AVENUE PERTH AMBOY,NJ 08861	56-2677208	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS CLUB OF WEBSTER DUDLEY 55 OXFORD AVENUE DUDLEY,MA 01571	04-2238069	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VERMONT ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED 60 KIMBALL AVENUE SO BURLINGTON,VT 05403	03-6000834	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CAMP POSSIBILITIES FOUNDATION PO BOX 4411 WILMINGTON,DE 19807	51-0412903	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CASCADE AIDS PROJECT 208 SW FIFTH AVENUE SUITE 800 PORTLAND,OR 97204	93-0903383	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN IN CRISIS IN DORCHESTER COUNTY 303 E RICHARDSON AVENUE SUMMERVILLE,SC 29483	57-1078099	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S DENTAL CENTER 300 EAST BUCKTHORN STREET INGLEWOOD,CA 90301	95-4533883	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FOUNDATION FOR REHABILITATION EQUIPMENT & ENDOWMENT PO BOX 8873 ROANOKE,VA 24014	54-1934695	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COMMUNITY HEALTH CENTERS OF GREATER DAYTON 1323 WEST THIRD STREET DAYTON,OH 45402	26-1253235	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COMMUNITY OF HOPE INC 1717 MASSACHUSETTS AVENUE NW SUITE 805 WASHINGTON,DC 20036	52-1184749	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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DEBRA OF AMERICA 16 EAST 41ST STREET 3RD FLOOR NEWYORK,NY 10017	11-2519726	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
DEIRDRE'S HOUSE 8 COURT STREET MORRISTOWN,NJ 07960	22-3308574	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
DOUG FLUTIE JR FOUNDATION FOR AUTISM INC PO BOX 767 FRAMINGHAM,MA 01701	04-3543134	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FAMILY AND COMMUNITY RESOURCES INC 18 NEWTON STREET BROCKTON,MA 02301	04-2616114	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FAMILY GUIDANCE CENTER 1931 NOTTINGHAM WAY TRENTON,NJ 08619	22-3237254	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO,CA 92102	95-2833205	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FAMILY SUPPORT OF CENTRAL PA 3700 VARTAN WAY HARRISBURG,PA 17110	23-2140849	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FOUNDATION FOR OWENSBORO-DAVIESS COUNTY HOSPITAL PO BOX 22505 OWENSBORO,KY 42304	61-1251763	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GILDAS CLUB SEATTLE 1400 BROADWAY SEATTLE,WA 98122	91-1742315	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MARYLAND SOCIETY FOR SIGHT INC 1313 WEST OLD COLD SPRING LANE BALTIMORE,MD 21209	52-0591662	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM



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GILDAS CLUB OF WESTCHESTER INC 80 MAPLE AVENUE WHITE PLAINS,NY 10601	13-3939823	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS INCORPORATED OF METRO DRIVE 1499 JULIAN STREET DENVER,CO 80204	74-2277668	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CONCORD HOSPITAL INC 250 PLEASANT STREET CONCORD,NH 03301	22-2594672	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GREATER PROVIDENCE YMCA 371 PINE STREET PROVIDENCE,RI 02903	05-0258878	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GREATER RICHMOND SCAN 103 E GRACE STREET RICHMOND,VA 23219	54-1584969	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AMERICAN LUNG ASSOCIATION OF THE MIDATLANTIC 1950 ARLINGATE LAND COLUMBUS,OH 43228	31-4379531	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HEALING THE CHILDREN NEW JERSEY 112 FIFTH AVENUE HAWTHORNE,NJ 08033	22-2667053	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HEARING AND SPEECH AGENCY OF METRO BALTIMORE 5900 METRO DRIVE BALTIMORE,MD 21215	52-0591577	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HOPE COMMUNITY RESOURCE CENTER 5630 CROWDER BOULEVARD SUITE 203 NEW ORLEANS,LA 70127	27-2391054	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HOSPICE CARE PLUS 208 KIDD DRIVE BEREA,KY 40403	31-1038258	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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HOSPICE CARING INC 518 SOUTH FREDERICK AVENUE GAITHERSBURG,MD 20877	52-1591455	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDHAVEN 316 BROADWAY SEATTLE,WA 98122	91-0402430	501(C)(3)	10,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KEEN GREATER DC PO BOX 341590 BETHESDA,MD 20827	52-1767631	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KERSHAW AREA RESOURCE EXCHANGE (KARE) PO BOX 364 KERSHAW,SC 29067	57-0789419	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KIDS UNDERSTANDING DIABETES WITH OUR SUPPORT PO BOX 1112 MATTHEWS,NC 28106	56-2183933	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LITTLE BIT THERAPEUTIC RIDING CENTER 19802 NE 148TH STREET WOODINVILLE,WA 98077	91-1012131	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MENTAL HEALTH ASSOCIATION OF DELAWARE 100 W 10TH STREET SUITE 600 WILMINGTON,DE 19801	51-0069000	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MERCY CHILDREN'S CLINIC 1113 MURFREESBORO ROAD SUITE 319 FRANKLIN,TN 37064	62-1781969	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MONTGOMERY HOSPICE INC 1365 PICCARD DRIVE SUITE 100 ROCKVILLE,MD 20850	52-1114719	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MUSCULAR DYSTROPHY ASSOCIATION 720 S COLORADO BLVD 380-S DENVER,CO 80246	13-1665552	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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MUSCULAR DYSTROPHY ASSOCIATION 301 E KALISTE SALOOM ROAD SUITE 101 101 LAFAYETTE,LA 70508	13-1665552	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MUSCULAR DYSTROPHY ASSOCIATION 7010 ENGLE ROAD 100 MIDDLEBURG HEIGHTS,OH 44130	13-1665552	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NATIONAL SOCIETY TO PREVENT BLINDNESS - OH 1500 WEST THIRD AVENUE SUITE 200 COLUMBUS,OH 43212	31-6063433	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NORTHERN NEVADA CHILDREN'S CANCER FOUNDATION 3550 BARRON WAY 5A RENO,NV 89511	20-8623503	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PARROT CREEK CHILD AND FAMILY SERVICES 1001 MOLALLA AVENUE SUITE 209 OREGON CITY,OR 97045	93-0591772	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PLAQUERMINES COMMUNITY CARE CENTERS FOUNDATION 115 KEATING DRIVE BELLE CHASSE,LA 70037	20-3884973	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ONE WAY FARM OF FAIRFIELD INC PO BOX 18637 FAIRFIELD,OH 45018	31-0926233	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
RIDE TO WALK INC 700 SUNRISE AVE SUITE O ROSENVILLE,CA 95661	68-0058893	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ROSE OF SHARON EQUESTRIAN SCHOOL PO BOX 156 GLEN ARM,MD 21057	31-1596944	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SAFE ALLIANCE 952 COPPERFIELD BLVD CONCORD,NH 28025	56-0529967	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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SALEM BOYS & GIRLS CLUB INC 3 GEREMONTY DRIVE SALEM,NH 03079	02-6017326	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SPECIAL OLYMPICS MICHIGAN INC 6624 TIMBER RIDGE DRIVE BLOOMFIELD,MI 48301	39-1964643	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SPORTS 4 ALL FOUNDATION 5827 CHARLOTTE PIKE NASHVILLE,TN 37209	20-2827993	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE CHILDREN'S ADVOCACY CENTER OF BRISTOL COUNTY PO BOX 16231 BRISTOL,VA 24209	04-3135548	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE FOUNDATION FOR MEDICALLY FRAGILE CHILDREN 3350 RIVERWOOD PARKWAY SUITE 1400 ATLANTA,GA 30339	58-1915583	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
TUCKER-MAXON ORAL SCHOOL 2860 SE HOLGATE BOULEVARD PORTLAND,OR 97202	93-0391592	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
UNITED CEREBRAL PALSY ASSOCIATION 10011 EUCLID AVENUE CLEVELAND,OH 44106	34-0753561	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
UNITED CEREBRAL PALSY OF NE MAINE PO BOX 311 MACHIAS,ME 04654	23-7193853	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE,CA 90291	95-2769432	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VISITING HOMEMAKER SERVICE OF HUNTERDON COUNTY 2100 WESTCOTT DRIVE FLEMINGTON,NJ 08822	22-1636709	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WOMEN'S HOSPITAL FOUNDATION 100 WOMANS WAY BATON ROUGE,LA 70817	72-0652905	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
YWCA OF SAN DIEGO COUNTY 1012 C STEET SAN DIEGO,CA 92101	95-1661119	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ZEBRA CROSSINGS 61 LOCUST STREET DOVER,NH 03820	80-0456257	501(C)(3)	5,000				SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COLUMBUS HOUSE 586 ELLA T GRASSO BLVD NEW HAVEN,CT 06519	22-2511873	501(C)(3)		10,000	COST	PRODUCT	SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COVENANT TO CARE FOR CHILDREN 120 MOUNTAIN AVENUE SUITE 212 BLOOMFIELD,CT 06002	06-1241044	501(C)(3)		6,000	COST	PRODUCT	SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PINNACLE HEALTH FOUNDATION 409 SOUTH 2ND STREET SUITE 2A HARRISBURG,PA 17105	25-1778644	501(C)(3)		10,000	COST	PRODUCT	SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HMMP FOUNDATION GRANT 250 DEBARTOLO PLACE SUITE 2560 BOARDMAN,OH 44512	34-1826978	501(C)(3)		5,008	COST	PRODUCT	SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CYSTIC FIBROSIS FOUNDATION 2408 PARK DRIVE SUITE A HARRISBURG,PA 17110	13-1930701	501(C)(3)	10,000		COST	PRODUCT	SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
1199 SEIU CHILD CARE FOUNDATION 1500 PELHAM PARKWAY SOUTH BRONX,NY 10461	13-4063281	501(C)(3)		14,999	COST	PRODUCT	SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE,NC 28233	56-0571223	501(C)(3)		13,016	COST	PRODUCT	SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 HIDING PLACE 1607 CROMWELL BRIDGE ROAD BALTIMORE, MD 21234	52-1940412	501(C)(3)		10,004	COST	PRODUCT	SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
THE RITE AID FOUNDATION

Employer identification number  
25-1892843

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	Yes
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in 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</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)KEN MARTINDALE PRESIDENT/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	858,188	2,258,022	661,251	159,001	7,015	3,943,477	0
(2)JOHN LEARISH VP/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	326,232	377,583	1,106,470	88,799	19,053	1,918,137	0
(3)BOB THOMPSON VP/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	474,731	643,422	1,458,762	301,752	19,310	2,897,977	0
(4)SCOTT BERNARD VP/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	298,844	353,276	1,060,647	74,797	12,376	1,799,940	0
(5)MARC STRASSLER SECRETARY/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	453,996	645,617	2,970,372	91,478	1,358	4,162,821	0
(6)MATT SCHROEDER TREASURER/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	239,917	162,141	434,214	64,424	18,861	919,557	0
(7)TONI MONTINI VP/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	424,032	562,333	1,837,431	99,443	12,572	2,935,811	0
(8)BRIAN FIALA VP/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	247,769	718,952	1,974,002	529,662	12,895	3,483,280	0
(9)SUSAN HENDERSON VP/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	339,533	331,500	70,404	21,100	19,075	781,612	0



**Part III**   **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
KEN MARTINDALE PRESIDENT/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	858,188	2,258,022	661,251	159,001	7,015	3,943,477	0
JOHN LEARISH VP/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	326,232	377,583	1,106,470	88,799	19,053	1,918,137	0
BOB THOMPSON VP/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	474,731	643,422	1,458,762	301,752	19,310	2,897,977	0
SCOTT BERNARD VP/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	298,844	353,276	1,060,647	74,797	12,376	1,799,940	0
MARC STRASSLER SECRETARY/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	453,996	645,617	2,970,372	91,478	1,358	4,162,821	0
MATT SCHROEDER TREASURER/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	239,917	162,141	434,214	64,424	18,861	919,557	0
TONI MONTINI VP/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	424,032	562,333	1,837,431	99,443	12,572	2,935,811	0
BRIAN FIALA VP/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	247,769	718,952	1,974,002	529,662	12,895	3,483,280	0
SUSAN HENDERSON VP/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	339,533	331,500	70,404	21,100	19,075	781,612	0

**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 to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

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

**2013**

**Open to Public  
Inspection**

Name of the organization  
THE RITE AID FOUNDATION

**Employer identification number**

25-1892843

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ALL OF THE OFFICERS OF THE FOUNDATION HAVE A BUSINESS RELATIONSHIP THROUGH RITE AID CORPORATION WITH EACH OTHER
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 11	A COPY OF THE COMPLETED FORM 990 AND RELATED SCHEDULES IS REVIEWED BY THE FOUNDATION TREASURER, MANAGER, AND INTERNAL ACCOUNTING TEAM THE FOUNDATION MANAGER ALSO MEETS WITH A REPRESENTATIVE OF THE ACCOUNTING FIRM THAT PREPARED THE FORM 990 AND RELATED SCHEDULES TO DISCUSS THE CONTENT AND ANSWER ANY QUESTIONS OF THE REVIEW TEAM FINAL CHANGES, IF ANY, ARE THEN MADE TO THE FORM 990 AND RELATED SCHEDULES THE REVIEW TEAM APPROVES THE FINAL COPY OF THE IRS FORM 990 AND RELATED SCHEDULES AND THE FINAL COPY IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY EVERY RITE AID ASSOCIATE REVIEWS AND SIGNS THE CONFLICT OF INTEREST POLICY ALL MEMBERS OF THE RITE AID FOUNDATION BOARD OF DIRECTORS AND MANAGEMENT TEAM ARE RITE AID ASSOCIATES
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

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
THE RITE AID FOUNDATION

Employer identification number  
25-1892843

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

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

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)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

No

Yes

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RITE AID CORPORATION	P	173,881	COST INCURRED
(2) RITE AID CORPORATION	O	50,000	MANAGEMENT AGREEMENT
(3) RITE AID CORPORATION	M	5,967,611	CASH RECEIVED

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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