

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

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**

▶ **Do not enter social security numbers on this form as it may be made public.**  
 ▶ **Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).**

OMB No 1545-0052  
**2017**  
**Open to Public Inspection**

**For calendar year 2017, or tax year beginning 07-01-2017, and ending 06-30-2018**

|   |  |  |  |
|---|--|--|--|
| Name of foundation<br>GIANT EAGLE FOUNDATION<br>C/O DAVID S SHAPIRA   |  | A Employer identification number<br>32-0384487   |  |
| Number and street (or P O box number if mail is not delivered to street address)<br>101 KAPPA DRIVE   |  | Room/suite   |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>PITTSBURGH, PA 152382809  |  | B Telephone number (see instructions)<br>(412) 963-6200  |  |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |  | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>                   |  |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation   |  | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>  |  |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 10,795,539   |  | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis) |  |
|   |  | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>   |  |

| <b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) |  | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--|------------------------------------|---------------------------|-------------------------|---|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, etc., received (attach schedule)                          | 3,600,000                          |                           |                         |   |
|   | <b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B |                                    |                           |                         |   |
|   | <b>3</b> Interest on savings and temporary cash investments                                      |                                    |                           |                         |   |
|   | <b>4</b> Dividends and interest from securities  | 176,633                            | 176,633                   |                         |   |
|   | <b>5a</b> Gross rents  |                                    |                           |                         |   |
|   | <b>b</b> Net rental income or (loss)   |                                    |                           |                         |   |
|   | <b>6a</b> Net gain or (loss) from sale of assets not on line 10                                  | 34,773                             |                           |                         |   |
|   | <b>b</b> Gross sales price for all assets on line 6a   |                                    |                           |                         |   |
|   | <b>7</b> Capital gain net income (from Part IV, line 2)  |                                    | 34,773                    |                         |   |
|   | <b>8</b> Net short-term capital gain   |                                    |                           |                         |   |
|   | <b>9</b> Income modifications  |                                    |                           |                         |   |
|   | <b>10a</b> Gross sales less returns and allowances   |                                    |                           |                         |   |
| <b>b</b> Less Cost of goods sold  |  |                                    |                           |                         |   |
| <b>c</b> Gross profit or (loss) (attach schedule)   |  |                                    |                           |                         |   |
| <b>11</b> Other income (attach schedule)  | 4  | 0                                  |                           |                         |   |
| <b>12 Total.</b> Add lines 1 through 11   | 3,811,410  | 211,406                            |                           |                         |   |
| <b>Operating and Administrative Expenses</b>  | <b>13</b> Compensation of officers, directors, trustees, etc                                     | 0                                  | 0                         |                         | 0   |
|   | <b>14</b> Other employee salaries and wages  |                                    |                           |                         |   |
|   | <b>15</b> Pension plans, employee benefits   |                                    |                           |                         |   |
|   | <b>16a</b> Legal fees (attach schedule)  | 2,000                              | 2,000                     |                         | 0   |
|   | <b>b</b> Accounting fees (attach schedule)   | 32,165                             | 32,165                    |                         | 0   |
|   | <b>c</b> Other professional fees (attach schedule)   | 29,171                             | 29,171                    |                         | 0   |
|   | <b>17</b> Interest   |                                    |                           |                         |   |
|   | <b>18</b> Taxes (attach schedule) (see instructions)   | 1,968                              | 0                         |                         | 0   |
|   | <b>19</b> Depreciation (attach schedule) and depletion   |                                    |                           |                         |   |
|   | <b>20</b> Occupancy  |                                    |                           |                         |   |
|   | <b>21</b> Travel, conferences, and meetings  |                                    |                           |                         |   |
|   | <b>22</b> Printing and publications  |                                    |                           |                         |   |
|   | <b>23</b> Other expenses (attach schedule)   | 15                                 | 0                         |                         | 0   |
|   | <b>24 Total operating and administrative expenses.</b> Add lines 13 through 23                   | 65,319                             | 63,336                    |                         | 0   |
|   | <b>25</b> Contributions, gifts, grants paid  | 3,057,527                          |                           |                         | 3,057,527   |
| <b>26 Total expenses and disbursements.</b> Add lines 24 and 25   | 3,122,846  | 63,336                             |                           | 3,057,527               |   |
| <b>27</b> Subtract line 26 from line 12   |  |                                    |                           |                         |   |
| <b>a Excess of revenue over expenses and disbursements</b>  | 688,564  |                                    |                           |                         |   |
| <b>b Net investment income</b> (if negative, enter -0-)   |  | 148,070                            |                           |                         |   |
| <b>c Adjusted net income</b> (if negative, enter -0-)   |  |                                    |                           |                         |   |

| <b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) |  | Beginning of year | End of year    |                       |
|--|--|-------------------|----------------|-----------------------|
|  |  | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .   |                   |                |                       |
|  | <b>2</b> Savings and temporary cash investments . . . . .  | 7,820             | 7,807          | 7,807                 |
|  | <b>3</b> Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____   |                   |                |                       |
|  | <b>4</b> Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____  |                   |                |                       |
|  | <b>5</b> Grants receivable . . . . .   | 3,600,000         | 3,600,000      | 3,600,000             |
|  | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .     |                   |                |                       |
|  | <b>7</b> Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                            |                   |                |                       |
|  | <b>8</b> Inventories for sale or use . . . . .   |                   |                |                       |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 11,035            | 9,067          | 9,067                 |
|  | <b>10a</b> Investments—U S and state government obligations (attach schedule)  |                   |                |                       |
|  | <b>b</b> Investments—corporate stock (attach schedule) . . . . .   |                   |                |                       |
|  | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .   |                   |                |                       |
|  | <b>11</b> Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                  |                   |                |                       |
|  | <b>12</b> Investments—mortgage loans . . . . .   |                   |                |                       |
|  | <b>13</b> Investments—other (attach schedule) . . . . .  | 6,095,389         | 6,785,934      | 7,178,665             |
|  | <b>14</b> Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                              |                   |                |                       |
| <b>15</b> Other assets (describe ▶ _____)  |  |                   |                |                       |
| <b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)   | 9,714,244  | 10,402,808        | 10,795,539     |                       |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  |                   |                |                       |
|  | <b>18</b> Grants payable . . . . .   |                   |                |                       |
|  | <b>19</b> Deferred revenue . . . . .   |                   |                |                       |
|  | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons   |                   |                |                       |
|  | <b>21</b> Mortgages and other notes payable (attach schedule) . . . . .  |                   |                |                       |
|  | <b>22</b> Other liabilities (describe ▶ _____)   |                   |                |                       |
|  | <b>23 Total liabilities</b> (add lines 17 through 22) . . . . .  | 0                 | 0              |                       |
| <b>Net Assets or Fund Balances</b>   | <b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |                   |                |                       |
|  | <b>24</b> Unrestricted . . . . .   |                   |                |                       |
|  | <b>25</b> Temporarily restricted . . . . .   |                   |                |                       |
|  | <b>26</b> Permanently restricted . . . . .   |                   |                |                       |
|  | <b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/><br><b>and complete lines 27 through 31.</b>   |                   |                |                       |
|  | <b>27</b> Capital stock, trust principal, or current funds . . . . .   | 0                 | 0              |                       |
|  | <b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund   | 0                 | 0              |                       |
| <b>29</b> Retained earnings, accumulated income, endowment, or other funds   | 9,714,244  | 10,402,808        |                |                       |
| <b>30 Total net assets or fund balances</b> (see instructions) . . . . .   | 9,714,244  | 10,402,808        |                |                       |
| <b>31 Total liabilities and net assets/fund balances</b> (see instructions) .  | 9,714,244  | 10,402,808        |                |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|   |          |            |
|---|----------|------------|
| <b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | <b>1</b> | 9,714,244  |
| <b>2</b> Enter amount from Part I, line 27a . . . . .   | <b>2</b> | 688,564    |
| <b>3</b> Other increases not included in line 2 (itemize) ▶ _____   | <b>3</b> | 0          |
| <b>4</b> Add lines 1, 2, and 3 . . . . .  | <b>4</b> | 10,402,808 |
| <b>5</b> Decreases not included in line 2 (itemize) ▶ _____   | <b>5</b> | 0          |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .  | <b>6</b> | 10,402,808 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a)<br>List and describe the kind(s) of property sold (e.g., real estate,<br>2-story brick warehouse, or common stock, 200 shs MLC Co) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo, day, yr) | (d)<br>Date sold<br>(mo, day, yr) |
|--|---|---------------------------------------|-----------------------------------|
| <b>1 a</b> PNC INVESTMENTS   | P   |                                       |                                   |
| <b>b</b> GAIN (LOSS) ON REDEMPTION   | P   |                                       |                                   |
| <b>c</b> UNREALIZED GAIN (LOSS)  | P   |                                       |                                   |
| <b>d</b>   |   |                                       |                                   |
| <b>e</b>   |   |                                       |                                   |

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|---|--|---|
| <b>a</b>                 |   |  | -14,292   |
| <b>b</b>                 |   |  | 49,172  |
| <b>c</b>                 |   |  | -107  |
| <b>d</b>                 |   |  |   |
| <b>e</b>                 |   |  |   |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |   |  | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---|---|--|---|
| (i)<br>F M V as of 12/31/69   | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any |   |
| <b>a</b>  |   |  | -14,292   |
| <b>b</b>  |   |  | 49,172  |
| <b>c</b>  |   |  | -107  |
| <b>d</b>  |   |  |   |
| <b>e</b>  |   |  |   |

|   |   |        |
|---|---|--------|
| <b>2</b> Capital gain net income or (net capital loss)  | 2 | 34,773 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 | 3 |        |

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

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

| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|--|--|--|---|
| 2016   | 3,092,352                                | 5,814,148                                    | 0.531867  |
| 2015   | 3,537,349                                | 5,252,117                                    | 0.673509  |
| 2014   | 3,266,073                                | 5,410,992                                    | 0.603600  |
| 2013   | 4,337,247                                | 5,266,259                                    | 0.823592  |
| 2012   | 4,478,129                                | 3,938,794                                    | 1.136929  |

|   |   |           |
|---|---|-----------|
| <b>2</b> Total of line 1, column (d)  | 2 | 3.769497  |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the<br>number of years the foundation has been in existence if less than 5 years  | 3 | 0.753899  |
| <b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5   | 4 | 6,401,255 |
| <b>5</b> Multiply line 4 by line 3  | 5 | 4,825,900 |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)   | 6 | 1,481     |
| <b>7</b> Add lines 5 and 6  | 7 | 4,827,381 |
| <b>8</b> Enter qualifying distributions from Part XII, line 4<br>If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI<br>instructions | 8 | 3,057,527 |

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

Table with 11 rows for excise tax calculations. Includes categories like 'Exempt operating foundations', 'Domestic foundations', and 'Tax based on investment income'. Total amount owed is 6,106.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Columns for 'Yes' and 'No' are provided for each question.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

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15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year. 15

16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? Includes instructions for FinCEN Form 114.

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

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

Main table for Part VII-B with 3 columns: Question, Yes, No. Rows 1a-4b covering various Form 4720 exceptions and requirements.

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (Continued)

|           |  |                              |  |              |
|-----------|--|------------------------------|--|--------------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to  |                              |  |              |
|           | <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |              |
|           | <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |              |
|           | <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |              |
|           | <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . .  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |              |
|           | <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |              |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ |                              |  | <b>5b</b> No |
| <b>c</b>  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .<br><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |              |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |              |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .<br><i>If "Yes" to 6b, file Form 8870</i>  |                              |  | <b>6b</b> No |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |              |
| <b>b</b>  | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .  |                              |  | <b>7b</b>    |

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

Part VIII

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (If not paid, enter -0-), (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances.

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances.

Total number of other employees paid over \$50,000. . . . . 0

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

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation.

Total number of others receiving over \$50,000 for professional services. . . . . 0

Part IX-A Summary of Direct Charitable Activities

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

Table with 2 columns: Description of activities (lines 1-4) and Expenses.

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Table with 2 columns: Description of investments (lines 1-3) and Amount.

Total. Add lines 1 through 3 . . . . . 0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |  |           |           |
|----------|--|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   |           |           |
| <b>a</b> | Average monthly fair market value of securities.   | <b>1a</b> | 6,490,928 |
| <b>b</b> | Average of monthly cash balances.  | <b>1b</b> | 7,808     |
| <b>c</b> | Fair market value of all other assets (see instructions).  | <b>1c</b> | 0         |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).   | <b>1d</b> | 6,498,736 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).   | <b>1e</b> | 0         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.  | <b>2</b>  | 0         |
| <b>3</b> | Subtract line 2 from line 1d.  | <b>3</b>  | 6,498,736 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 97,481    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. | <b>5</b>  | 6,401,255 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.  | <b>6</b>  | 320,063   |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6.   | <b>1</b>  | 320,063 |
| <b>2a</b> | Tax on investment income for 2017 from Part VI, line 5.  | <b>2a</b> | 2,961   |
| <b>b</b>  | Income tax for 2017 (This does not include the tax from Part VI).  | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b.   | <b>2c</b> | 2,961   |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 317,102 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions.   | <b>4</b>  | 0       |
| <b>5</b>  | Add lines 3 and 4.   | <b>5</b>  | 317,102 |
| <b>6</b>  | Deduction from distributable amount (see instructions).  | <b>6</b>  | 0       |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 317,102 |

**Part XII Qualifying Distributions** (see instructions)

|          |   |           |           |
|----------|---|-----------|-----------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes   |           |           |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.  | <b>1a</b> | 3,057,527 |
| <b>b</b> | Program-related investments—total from Part IX-B.   | <b>1b</b> | 0         |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.  | <b>2</b>  |           |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the   |           |           |
| <b>a</b> | Suitability test (prior IRS approval required).   | <b>3a</b> |           |
| <b>b</b> | Cash distribution test (attach the required schedule).  | <b>3b</b> |           |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                                    | <b>4</b>  | 3,057,527 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions). | <b>5</b>  | 0         |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.  | <b>6</b>  | 3,057,527 |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2016 | (c)<br>2016 | (d)<br>2017 |
|--|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2017 from Part XI, line 7  |               |                            |             | 317,102     |
| <b>2</b> Undistributed income, if any, as of the end of 2017   |               |                            |             |             |
| <b>a</b> Enter amount for 2016 only. . . . .   |               |                            | 0           |             |
| <b>b</b> Total for prior years 20___, 20___, 20___   |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2017   |               |                            |             |             |
| <b>a</b> From 2012. . . . .  | 4,282,417     |                            |             |             |
| <b>b</b> From 2013. . . . .  | 4,090,840     |                            |             |             |
| <b>c</b> From 2014. . . . .  | 2,995,523     |                            |             |             |
| <b>d</b> From 2015. . . . .  | 3,275,991     |                            |             |             |
| <b>e</b> From 2016. . . . .  | 2,803,613     |                            |             |             |
| <b>f</b> Total of lines 3a through e. . . . .  | 17,448,384    |                            |             |             |
| <b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>3,057,527</u>   |               |                            |             |             |
| <b>a</b> Applied to 2016, but not more than line 2a  |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .  |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .  | 0             |                            |             |             |
| <b>d</b> Applied to 2017 distributable amount. . . . .   |               |                            |             | 317,102     |
| <b>e</b> Remaining amount distributed out of corpus  | 2,740,425     |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )   |               |                            |             | 0           |
| <b>6</b> Enter the net total of each column as indicated below:  |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5   | 20,188,809    |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .   |               | 0                          |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . |               | 0                          |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .   |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .   |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .   |               |                            |             | 0           |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .       |               | 0                          |             |             |
| <b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .  | 4,282,417     |                            |             |             |
| <b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a . . . . .   | 15,906,392    |                            |             |             |
| <b>10</b> Analysis of line 9   |               |                            |             |             |
| <b>a</b> Excess from 2013. . . . .   | 4,090,840     |                            |             |             |
| <b>b</b> Excess from 2014. . . . .   | 2,995,523     |                            |             |             |
| <b>c</b> Excess from 2015. . . . .   | 3,275,991     |                            |             |             |
| <b>d</b> Excess from 2016. . . . .   | 2,803,613     |                            |             |             |
| <b>e</b> Excess from 2017. . . . .   | 2,740,425     |                            |             |             |

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

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

|  | Tax year | Prior 3 years |          |          | (e) Total |
|--|----------|---------------|----------|----------|-----------|
|  | (a) 2017 | (b) 2016      | (c) 2015 | (d) 2014 |           |
| <b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                      |          |               |          |          |           |
| <b>b</b> 85% of line 2a . . . . .  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .   |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .   |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .                                    |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon   |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter   |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .   |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)   |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .                                |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter  |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                       |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization   |          |               |          |          |           |
| <b>(4)</b> Gross investment income   |          |               |          |          |           |

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

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed  
 DAVID SHAPIRA - GIANT EAGLE FOUNDAT  
 C/O GIANT EAGLE INC 101 KAPPA DRIVE  
 PITTSBURGH, PA 15238  
 (412) 963-6200

**b** The form in which applications should be submitted and information and materials they should include  
 LETTER OF REQUEST FROM EXEMPT ORGANIZATION

**c** Any submission deadlines  
 NO

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
 NO

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                               |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |   |                                |                                  |           |
| <b>Total . . . . .</b> ▶ <b>3a</b>                                |   |                                |                                  | 3,057,527 |
| <b>b</b> <i>Approved for future payment</i>                       |   |                                |                                  |           |
| <b>Total . . . . .</b> ▶ <b>3b</b>                                |   |                                |                                  | 0         |



Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include 1a(1) Cash, 1a(2) Other assets, 1b(1) Sales of assets, 1b(2) Purchases of assets, 1b(3) Rental of facilities, 1b(4) Reimbursement arrangements, 1b(5) Loans or loan guarantees, 1b(6) Performance of services, and 1c Sharing of facilities.

a Transfers from the reporting foundation to a noncharitable exempt organization of

- (1) Cash
(2) Other assets

b Other transactions

- (1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Schedule table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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

Sign Here

Signature of officer or trustee: \*\*\*\*\* Date: 2019-05-15 Title: \*\*\*\*\*

May the IRS discuss this return with the preparer shown below (see instr)? Yes No

Paid Preparer Use Only

Table for Paid Preparer Use Only with columns: Print/Type preparer's name, Preparer's Signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

| <b>(a)</b> Name and address  | Title, and average hours per week<br><b>(b)</b> devoted to position | <b>(c)</b> Compensation (If not paid, enter -0-) | <b>(d)</b> Contributions to employee benefit plans and deferred compensation | Expense account,<br><b>(e)</b> other allowances |
|--|---|--|--|---|
| DAVID SHAPIRA<br>101 KAPPA DRIVE<br>PITTSBURGH, PA 15238             | CHAIRMAN<br>0 00  | 0  | 0  | 0   |
| CHARLES PORTER<br>101 KAPPA DRIVE<br>PITTSBURGH, PA 15238            | DIRECTOR<br>0 00  | 0  | 0  | 0   |
| GERALD CHAIT<br>101 KAPPA DRIVE<br>PITTSBURGH, PA 15238              | DIRECTOR<br>0 00  | 0  | 0  | 0   |
| EDWARD MORAVITZ<br>101 KAPPA DRIVE<br>PITTSBURGH, PA 15238           | DIRECTOR<br>0 00  | 0  | 0  | 0   |
| NORMAN WEIZENBAUM<br>101 KAPPA DRIVE<br>PITTSBURGH, PA 15238         | DIRECTOR<br>0 00  | 0  | 0  | 0   |
| LAURA KARET<br>101 KAPPA DRIVE<br>PITTSBURGH, PA 15238               | DIRECTOR<br>0 00  | 0  | 0  | 0   |
| LOUIS PLUNG<br>420 FT DUQUESNE BLVD STE 1900<br>PITTSBURGH, PA 15222 | VICE CHAIRMAN<br>0 00   | 0  | 0  | 0   |

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

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| ACHIEVEMENT CENTERS FOR CHILDREN<br>4255 NORTHFIELD ROAD<br>HIGHLAND HILLS, OH 44128 | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| AKRON CANTON REGIONAL FOODBANK<br>350 OPPORTUNITY PARKWAY<br>AKRON, OH 44307         | NONE  | EXEMPT                         | CHARITABLE                       | 10,000    |
| AKRON CHILDREN'S HOSPITAL<br>215 W BOWERY ST<br>AKRON, OH 44308                      | NONE  | EXEMPT                         | CHARITABLE                       | 3,000     |
| <b>Total</b> . . . . . <b>3a</b>   |   |                                | ▶                                | 3,057,527 |

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| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| ALEPH INSTITUTE<br>5804 BEACON ST<br>PITTSBURGH, PA 15217                                 | NONE  | EXEMPT                         | CHARITABLE                       | 10,000    |
| ANTI-DEFAMATION LEAGUE OF B'NAI<br>B'RITH<br>50 PUBLIC SQUARE 1904<br>CLEVELAND, OH 44113 | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| BBYO5738 DARLINGTON RD<br>PITTSBURGH, PA 15217  | NONE  | EXEMPT                         | CHARITABLE                       | 15,000    |
| <b>Total . . . . .</b> ▶<br><b>3a</b>   |   |                                |                                  | 3,057,527 |



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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| BECK CENTER FOR THE CULTURAL ARTS<br>17801 DETROIT AVENUE<br>LAKEWOOD, OH 44107       | NONE  | EXEMPT                         | CHARITABLE                       | 3,000     |
| BIG BROTHERS BIG SISTERS OF CLEVELAND<br>4614 PROSPECT AVE 410<br>CLEVELAND, OH 44103 | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| BLESSING HOUSE<br>5440 GROVE AVE<br>LORAIN, OH 44055                                  | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>   |   |                                |                                  | 3,057,527 |

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

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| BOYS AND GIRLS CLUB OF CLEVELAND<br>6114 BROADWAY AVENUE<br>CLEVELAND, OH 44127  | NONE  | EXEMPT                         | CHARITABLE                       | 4,000     |
| BOYS AND GIRLS CLUB OF LORAIN COUNTY<br>PO BOX 516<br>OBERLIN, OH 44074          | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| BOYS HOPE GIRLS HOPE NE OHIO<br>9619 GARFIELD BLVD<br>GARFIELD HEIGHTS, OH 44125 | NONE  | EXEMPT                         | CHARITABLE                       | 3,000     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>  |   |                                |                                  | 3,057,527 |


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

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| BUSINESS ADVISORS OF CLEVELAND<br>4614 PROSPECT AVE SUITE 401<br>CLEVELAND, OH 44103 | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| CANCER CARING CENTER<br>4117 LIBERTY AVENUE<br>PITTSBURGH, PA 15224                  | NONE  | EXEMPT                         | CHARITABLE                       | 4,500     |
| CARNEGIE MUSEUMS OF PITTSBURGH<br>4400 FORBES AVENUE<br>PITTSBURGH, PA 15213         | NONE  | EXEMPT                         | CHARITABLE                       | 20,000    |
| <b>Total</b> . . . . . <b>3a</b>   |   |                                |                                  | 3,057,527 |

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

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| CATHOLIC CHARITIES-DISABILITY CHARITABLE<br>1 PARK PLACE SUITE 200<br>ALBANY, NY 12205 | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| CATHOLIC DIOCEASE OF PITTSBURGH<br>212 NINTH STREET<br>PITTSBURGH, PA 15222            | NONE  | EXEMPT                         | CHARITABLE                       | 35,000    |
| CENTER FOR FAMILIES AND CHILDREN<br>5955 RIDGE ROAD<br>CLEVELAND, OH 44129             | NONE  | EXEMPT                         | CHARITABLE                       | 8,000     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>  |   |                                |                                  | 3,057,527 |

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

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| CHILDREN'S HOSPITAL FOUNDATION<br>CENTRAL PLANT FLOOR 3 4401 PENN<br>AVE<br>PITTSBURGH, PA 15224           | NONE  | EXEMPT                         | CHARITABLE                       | 100,000   |
| CHILDREN'S MUSEUM OF CLEVELAND<br>3813 EUCLID AVE<br>CLEVELAND, OH 44115                                   | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| CITY MISSION 5310 CARNEGIE AVENUE<br>CLEVELAND, OH 44103   | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| <b>Total</b> . . . . .  |   |                                |                                  | 3,057,527 |
| <b>3a</b>  |   |                                |                                  |           |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                                   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                  |   |                                |                                  |           |
| CITY THEATRE<br>1300 BINGHAM STREET<br>PITTSBURGH, PA 15203           | NONE  | EXEMPT                         | CHARITABLE                       | 13,500    |
| CLASSROOMS WITHOUT BORDERS<br>234 MCKEE PLACE<br>PITTSBURGH, PA 15213 | NONE  | EXEMPT                         | CHARITABLE                       | 18,000    |
| CLEVELAND BOTANICAL GARDEN<br>11030 EAST BLVD<br>CLEVELAND, OH 44106  | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                 |   |                                |                                  | 3,057,527 |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| CLEVELAND CENTRAL CATHOLIC HIGH SCHOOL<br>6550 BAXTER AVENUE<br>CLEVELAND, OH 44105 | NONE  | EXEMPT                         | CHARITABLE                       | 17,300    |
| CLEVELAND HEARING AND SPEECH CENTER<br>11635 EUCLID AVENUE<br>CLEVELAND, OH 44106   | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| CLEVELAND HOUSING NETWORK INC<br>2999 PAYNE AVENUE<br>CLEVELAND, OH 44114           | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>   |   |                                |                                  | 3,057,527 |

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


| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| CLEVELAND INSTITUTE OF MUSIC<br>11021 EAST BOULEVARD<br>CLEVELAND, OH 44106 | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| CLEVELAND INSTITUTE OF ART<br>11141 EAST BOULEVARD<br>CLEVELAND, OH 44106   | NONE  | EXEMPT                         | CHARITABLE                       | 10,000    |
| CLEVELAND ORCHESTRA<br>1422 EUCLID AVENUE 256<br>CLEVELAND, OH 44115        | NONE  | EXEMPT                         | CHARITABLE                       | 20,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>                                       |   |                                |                                  | 3,057,527 |




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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| CLEVELAND RAPE CRISIS CENTER<br>1370 ONTARIO STREET 420<br>CLEVELAND, OH 44113 | NONE  | EXEMPT                         | CHARITABLE                       | 3,000     |
| CLEVELAND SIGHT CENTER<br>1909 EAST 101ST STREET<br>CLEVELAND, OH 44106        | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| CLEVELAND STATE UNIVERSITY<br>2121 EUCLID AVE<br>CLEVELAND, OH 44115           | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| <b>Total</b> . . . . . <b>3a</b>   |   |                                |                                  | 3,057,527 |

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

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| COLLEGE NOW GREATER CLEVELAND<br>200 PUBLIC SQUARE SUITE 3820<br>CLEVELAND, OH 44114                       | NONE  | EXEMPT                         | CHARITABLE                       | 10,000    |
| COMMUNITY CENTER AND LIBRARY<br>1220 POWER RUN ROAD<br>PITTSBURGH, PA 15238                                | NONE  | EXEMPT                         | CHARITABLE                       | 15,000    |
| COMMUNITY DAY SCHOOL<br>6424 FORWARD AVENUE<br>PITTSBURGH, PA 15217  | NONE  | EXEMPT                         | CHARITABLE                       | 25,000    |
| <b>Total</b> . . . . .  |   |                                |                                  | 3,057,527 |
| <b>3a</b>  |   |                                |                                  |           |

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

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| COMMUNITY OF LITTLE BROTHERS AND SISTERS<br>4614 PROSPECT AVE<br>CLEVELAND, OH 44103                       | NONE  | EXEMPT                         | CHARITABLE                       | 7,500     |
| CONTEMPORARY CRAFT<br>2100 SMALLMAN ST<br>PITTSBURGH, PA 15222   | NONE  | EXEMPT                         | CHARITABLE                       | 4,500     |
| CORNUCOPIA18120 SLOANE AVENUE<br>LAKEWOOD, OH 44107  | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| <b>Total</b> . . . . .  |   |                                |                                  | 3,057,527 |
| <b>3a</b>  |   |                                |                                  |           |

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

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| CROHN'S AND COLITIS FOUNDATION OF AMERICA<br>5001 BAUM BOULEVARD<br>PITTSBURGH, PA 15213 | NONE  | EXEMPT                         | CHARITABLE                       | 14,250    |
| CUYAHOGA COUNTY PUBLIC LIBRARY<br>2111 SNOW RD<br>PARMA, OH 44134                        | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| DENIS THEATRE FOUNDATION<br>685 WASHINGTON ROAD<br>PITTSBURGH, PA 15228                  | NONE  | EXEMPT                         | CHARITABLE                       | 5,000     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>  |   |                                |                                  | 3,057,527 |

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

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| DIVERSITY CENTER OF NORTHEAST<br>3645 WARRENSVILLE CENTER<br>CLEVELAND, OH 44122 | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| DOMESTIC VIOLENCE CENTER<br>3288 WEST 58TH STREET<br>CLEVELAND, OH 44102         | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| EDUCATION PARTNERSHIP<br>281 CORLISS ST<br>PITTSBURGH, PA 15220                  | NONE  | EXEMPT                         | CHARITABLE                       | 50,000    |
| <b>Total</b> . . . . . <b>3a</b>   |   |                                | ▶                                | 3,057,527 |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| EL BARRIO2001 WEST 65TH STREET<br>CLEVELAND, OH 44102                         | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| ESPERANZA INC<br>3104 WEST 25TH STREET<br>CLEVELAND, OH 44109                 | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| EXTRA MILE EDUCATION FOUNDATION<br>603 STANWIX ST 348<br>PITTSBURGH, PA 15222 | NONE  | EXEMPT                         | CHARITABLE                       | 14,286    |
| <b>Total . . . . . ▶</b><br><b>3a</b>   |   |                                |                                  | 3,057,527 |

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

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| FAIRHILL PARTNERS<br>12200 FAIRHILL ROAD B414<br>CLEVELAND, OH 44120             | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| FAIRVIEW PARK SENIOR LIFE<br>20769 LORAIN RD<br>CLEVELAND, OH 44126              | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| FAMILY PROMISE OF GREATER<br>CLEVELAND<br>3470 E 152ND ST<br>CLEVELAND, OH 44120 | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>  |   |                                |                                  | 3,057,527 |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| FIELDSTONE FARM16497 SYNDER ROAD<br>CHAGRIN FALLS, OH 44023                             | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| FRIENDS OF BREAKTHROUGH CHARTER<br>SCHOOLS<br>9711 LAMONT AVENUE<br>CLEVELAND, OH 44106 | NONE  | EXEMPT                         | CHARITABLE                       | 10,000    |
| FRONT STEPS HOUSING AND SERVICES<br>1545 W 25TH ST<br>CLEVELAND, OH 44113               | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| <b>Total . . . . .</b>  |   |                                | ▶                                | 3,057,527 |
| <b>3a</b>   |   |                                |                                  |           |



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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| FRONTLINE SERVICE<br>1744 PAYNE AVE<br>CLEVELAND, OH 44114                          | NONE  | EXEMPT                         | CHARITABLE                       | 3,000     |
| GREAT LAKES SCIENCE CENTER<br>601 ERIESIDE AVENUE<br>CLEVELAND, OH 44114            | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| GREAT LAKES THEATER FESTIVAL<br>1501 EUCLID AVENUE SUITE 300<br>CLEVELAND, OH 44115 | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>   |   |                                |                                  | 3,057,527 |

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

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| GREATER CLEVELAND FOOD BANK<br>15500 S WATERLOO RD<br>CLEVELAND, OH 44110            | NONE  | EXEMPT                         | CHARITABLE                       | 25,000    |
| GREATER CLEVELAND HABITAT FOR HUMANITY<br>2110 W 110TH STREET<br>CLEVELAND, OH 44102 | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| GREATER CLEVELAND VOLUNTEERS<br>4614 PROSPECT AVE SUITE 205<br>CLEVELAND, OH 44103   | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>  |   |                                |                                  | 3,057,527 |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| HATTIE LARLHAM FOUNDATION<br>7996 DARROW ROAD SUITE 10<br>TWINSBURG, OH 44087 | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| HILLEL ACADEMY OF PITTSBURGH<br>5685 BEACON STREET<br>PITTSBURGH, PA 15217    | NONE  | EXEMPT                         | CHARITABLE                       | 35,000    |
| HOLOCAUST CENTER OF PITTSBURGH<br>826 HAZELWOOD AVE<br>PITTSBURGH, PA 15217   | NONE  | EXEMPT                         | CHARITABLE                       | 10,000    |
| <b>Total</b> . . . . . <b>3a</b>  |   |                                |                                  | 3,057,527 |

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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| IDEASTREAM1375 EUCLID AVENUE<br>CLEVELAND, OH 44115                          | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| INDIANAPOLIS SYMPHONY ORCHESTRA<br>45 MONUMENT CIR<br>INDIANAPOLIS, IN 46204 | NONE  | EXEMPT                         | CHARITABLE                       | 10,000    |
| JEWISH ASSISTANCE FUND<br>828 HAZELWOOD AVENUE<br>PITTSBURGH, PA 15217       | NONE  | EXEMPT                         | CHARITABLE                       | 15,000    |
| <b>Total . . . . . ▶</b><br><b>3a</b>  |   |                                |                                  | 3,057,527 |

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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| JEWISH ASSOCIATION ON AGING<br>200 JHF DRIVE<br>PITTSBURGH, PA 15217                         | NONE  | EXEMPT                         | CHARITABLE                       | 75,000    |
| JEWISH FAMILY & CHILDREN'S SERVICES<br>5743 BARTLETT ST<br>PITTSBURGH, PA 15217              | NONE  | EXEMPT                         | CHARITABLE                       | 16,666    |
| JEWISH FAMILY SERVICES ASSOC OF CLEVELAND<br>24075 COMMERCE PARK ROAD<br>BEACHWOOD, OH 44122 | NONE  | EXEMPT                         | CHARITABLE                       | 3,000     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>  |   |                                |                                  | 3,057,527 |

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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| JEWISH FEDERATION OF CLEVELAND<br>25701 SCIENCE PARK DR<br>BEACHWOOD, OH 44122 | NONE  | EXEMPT                         | CHARITABLE                       | 22,500    |
| JEWISH FEDERATION OF PITTSBURGH<br>234 MCKEE PLACE<br>PITTSBURGH, PA 15213     | NONE  | EXEMPT                         | CHARITABLE                       | 1,502,625 |
| JEWISH RESIDENTIAL SERVICES<br>4905 FIFTH AVE 3<br>PITTSBURGH, PA 15213        | NONE  | EXEMPT                         | CHARITABLE                       | 20,000    |
| <b>Total</b> . . . . . <b>3a</b>   |   |                                |                                  | 3,057,527 |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                                       |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                      |   |                                |                                  |           |
| JOB EXPLORATION TRAINING<br>89 EAST HOWE ROAD<br>TALLMADGE, OH 44278      | NONE  | EXEMPT                         | CHARITABLE                       | 3,960     |
| JOHN F KENNEDY CATHOLIC SCHOOL<br>111 W SPRUCE ST<br>WASHINGTON, PA 15301 | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| JOSEPH'S HOME<br>2412 COMMUNITY COLLEGE AVE<br>CLEVELAND, OH 44115        | NONE  | EXEMPT                         | CHARITABLE                       | 3,000     |
| <b>Total</b> . . . . . <b>3a</b>  |   |                                |                                  | 3,057,527 |

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| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| JULIE BILLIART SCHOOL FOUNDATION<br>4982 CLUBSIDE ROAD<br>LYNDHURST, OH 44124               | NONE  | EXEMPT                         | CHARITABLE                       | 2,500     |
| JUVENILE DIABETES RESEARCH FOUNDATION<br>6100 ROCKSIDE WOODS BLVD<br>INDEPENDENCE, OH 44131 | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| KOLLEL JEWISH LEARNING CENTER<br>5808 BEACON STREET<br>PITTSBURGH, PA 15217                 | NONE  | EXEMPT                         | CHARITABLE                       | 25,000    |
| <b>Total . . . . .</b> ▶<br><b>3a</b>   |   |                                |                                  | 3,057,527 |



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|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| LAKEWOOD DEPARTMENT OF HUMAN SERVICES<br>16024 MADISON AVENUE<br>LAKEWOOD, OH 44107          | NONE  | EXEMPT                         | CHARITABLE                       | 5,000     |
| LATIN JAZZ CAMP - THE ROBERTO OCASIO<br>PO BOX 81230<br>CLEVELAND, OH 44181                  | NONE  | EXEMPT                         | CHARITABLE                       | 1,500     |
| LEADERSHIP PITTSBURGH<br>CENTRE CITY TOWER 650 SMITHFIELD ST<br>1110<br>PITTSBURGH, PA 15222 | NONE  | EXEMPT                         | CHARITABLE                       | 6,750     |
| <b>Total</b> . . . . . <b>3a</b>   |   |                                |                                  | 3,057,527 |

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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| LEUKEMIA & LYMPHOMA SOCIETY<br>333 E CARSON ST<br>PITTSBURGH, PA 15219           | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| MAGNIFICAT HIGH SCHOOL<br>20770 HILLIARD BLVD<br>ROCKY RIVER, OH 44116           | NONE  | EXEMPT                         | CHARITABLE                       | 5,000     |
| MAKE-A-WISH FOUNDATION OH<br>2545 FARMERS DRIVE SUITE 300<br>CLEVELAND, OH 44115 | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| <b>Total</b> . . . . . <b>3a</b>   |   |                                |                                  | 3,057,527 |

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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| MALACHI CENTER<br>2416 SUPERIOR VIADUCT<br>CLEVELAND, OH 44113               | NONE  | EXEMPT                         | CHARITABLE                       | 4,000     |
| MALACHI HOUSE<br>1422 EUCLID AVENUE<br>CLEVELAND, OH 44115                   | NONE  | EXEMPT                         | CHARITABLE                       | 3,000     |
| MALTZ MUSEUM OF JEWISH HERITAGE<br>2929 RICHMOND ROAD<br>BEACHWOOD, OH 44122 | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| <b>Total</b> . . . . . <b>3a</b>   |   |                                | ▶                                | 3,057,527 |

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| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| MANCHESTER BIDWELL CORPORATION<br>1815 METROPOLITAN STREET<br>PITTSBURGH, PA 15233    | NONE  | EXEMPT                         | CHARITABLE                       | 5,000     |
| MAPLE HEIGHTS DEPT OF HUMAN<br>RESOURCES<br>5353 LEE ROAD<br>MAPLE HEIGHTS, OH 44137  | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| MARIA CHILDREN'S GLIOMA CANCER<br>FOUNDATION<br>PO BOX 40064<br>BAY VILLAGE, OH 44140 | NONE  | EXEMPT                         | CHARITABLE                       | 5,000     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>   |   |                                |                                  | 3,057,527 |

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| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| MEDWORKS19910 MALVERN ROAD<br>SHAKER HEIGHTS, OH 44122                                  | NONE  | EXEMPT                         | CHARITABLE                       | 4,000     |
| MENORAH PARK CENTER FOR SENIOR<br>CHARITABLE<br>27100 CEDAR ROAD<br>BEACHWOOD, OH 44122 | NONE  | EXEMPT                         | CHARITABLE                       | 4,000     |
| METRO CATHOLIC HIGH SCHOOL<br>1910 WEST 54TH STREET<br>CLEVELAND, OH 44102              | NONE  | EXEMPT                         | CHARITABLE                       | 10,000    |
| <b>Total</b> . . . . . <b>3a</b>  |   |                                |                                  | 3,057,527 |

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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| MUSEUM OF CONTEMPORARY ART<br>11400 EUCLID AVENUE<br>CLEVELAND, OH 44106           | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| NEAR WEST THEATRE<br>6514 DETROIT AVENUE<br>CLEVELAND, OH 44102                    | NONE  | EXEMPT                         | CHARITABLE                       | 10,000    |
| NEIGHBORHOOD HOUSING SVCS OF CLEVELAND<br>GREATER CLEVELAND<br>CLEVELAND, OH 44127 | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>  |   |                                |                                  | 3,057,527 |

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|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| NEW AVENUES TO INDEPENDENCE INC<br>17608 EUCLID AVENUE<br>CLEVELAND, OH 44112 | NONE  | EXEMPT                         | CHARITABLE                       | 1,500     |
| NORTH COAST HEALTH<br>16110 DETROIT ROAD<br>LAKEWOOD, OH 44107                | NONE  | EXEMPT                         | CHARITABLE                       | 3,000     |
| OUR LADY OF THE ELMS FOUNDATION<br>1230 W MARKET ST<br>AKRON, OH 44313        | NONE  | EXEMPT                         | CHARITABLE                       | 3,000     |
| <b>Total</b> . . . . .  |   |                                |                                  | 3,057,527 |
| <b>3a</b>   |   |                                |                                  |           |

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|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| PENNSYLVANIA RESOURCES COUNCIL<br>64 S 14TH ST<br>PITTSBURGH, PA 15203           | NONE  | EXEMPT                         | CHARITABLE                       | 4,000     |
| PERSAD CENTER<br>5150 PENN AVENUE<br>PITTSBURGH, PA 15224                        | NONE  | EXEMPT                         | CHARITABLE                       | 9,000     |
| PHIPPS CONSERVATORY & BOTANICAL GARDENS<br>SCHENLEY PARK<br>PITTSBURGH, PA 15213 | NONE  | EXEMPT                         | CHARITABLE                       | 20,000    |
| <b>Total</b> . . . . . <b>3a</b>   |   |                                | ▶                                | 3,057,527 |



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|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| PITTSBURGH AIDS TASK FORCE (ALLIES FOR HEALTH AND WELLBEING)<br>5913 PENN AVE<br>PITTSBURGH, PA 15206 | NONE  | EXEMPT                         | CHARITABLE                       | 5,000     |
| PITTSBURGH BALLET THEATRE<br>2900 LIBERTY AVENUE<br>PITTSBURGH, PA 15201                              | NONE  | EXEMPT                         | CHARITABLE                       | 68,000    |
| PITTSBURGH CLO<br>719 LIBERTY AVENUE 6TH FLOOR<br>PITTSBURGH, PA 15222                                | NONE  | EXEMPT                         | CHARITABLE                       | 10,000    |
| <b>Total . . . . .</b> ▶<br><b>3a</b>   |   |                                |                                  | 3,057,527 |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                               |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                              |   |                                |                                  |           |
| PITTSBURGH OPERA<br>2425 LIBERTY AVENUE<br>PITTSBURGH, PA 15222   | NONE  | EXEMPT                         | CHARITABLE                       | 30,000    |
| PITTSBURGH PROMISE<br>1901 CENTRE AVE<br>PITTSBURGH, PA 15219     | NONE  | EXEMPT                         | CHARITABLE                       | 200,000   |
| PITTSBURGH PUBLIC THEATRE<br>621 PENN AVE<br>PITTSBURGH, PA 15222 | NONE  | EXEMPT                         | CHARITABLE                       | 7,500     |
| <b>Total</b> . . . . . <b>3a</b>                                  |   |                                |                                  | 3,057,527 |

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

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                                      |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                     |   |                                |                                  |           |
| PITTSBURGH SYMPHONY ORCHESTRA<br>600 PENN AVENUE<br>PITTSBURGH, PA 15222 | NONE  | EXEMPT                         | CHARITABLE                       | 25,000    |
| PLAYHOUSE SQUARE FOUNDATION<br>1501 EUCLID AVENUE<br>CLEVELAND, OH 44115 | NONE  | EXEMPT                         | CHARITABLE                       | 10,000    |
| PROVIDENCE HOUSE<br>2037 WEST 32ND STREET<br>CLEVELAND, OH 44113         | NONE  | EXEMPT                         | CHARITABLE                       | 4,500     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>                                    |   |                                |                                  | 3,057,527 |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| RECOVERY RESOURCES<br>3950 CHESTER AVENUE<br>CLEVELAND, OH 44114                            | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| ROCK AND ROLL HALL OF FAME AND MUSEUM<br>1100 ROCK AND ROLL BLVD<br>CLEVELAND, OH 441141022 | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| ROCKY RIVER SENIOR COUNCIL INC<br>21014 HILLIARD BLVD<br>ROCKY RIVER, OH 44116              | NONE  | EXEMPT                         | CHARITABLE                       | 5,000     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>   |   |                                |                                  | 3,057,527 |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| SALVATION OF ARMY OF GREATER CLEVELAND<br>2507 E 22ND ST<br>CLEVELAND, OH 44115       | NONE  | EXEMPT                         | CHARITABLE                       | 28,000    |
| SECOND HARVEST FOODBANK OF MAHONING<br>2805 SALT SPRINGS ROAD<br>YOUNGSTOWN, OH 44509 | NONE  | EXEMPT                         | CHARITABLE                       | 10,000    |
| SECOND HARVEST FOODBANK OF NORTH<br>7445 DEER TRAIL LANE<br>LORAIN, OH 44053          | NONE  | EXEMPT                         | CHARITABLE                       | 5,000     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>   |   |                                |                                  | 3,057,527 |


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

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| SEEDS OF LITERACY<br>3104 WEST 25TH ST 3RD FLOOR<br>CLEVELAND, OH 44109      | NONE  | EXEMPT                         | CHARITABLE                       | 3,000     |
| SETON HILL UNIVERSITY<br>1 SETON HILL DR<br>GREENSBURG, PA 15601             | NONE  | EXEMPT                         | CHARITABLE                       | 7,500     |
| SHADYSIDE HOSPITAL FOUNDATION<br>532 S AIKEN AVE 302<br>PITTSBURGH, PA 15232 | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>  |   |                                |                                  | 3,057,527 |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| ST ANDREWS ESPISCOPAL CHURCH<br>300 THIRD STREET<br>ELYRIA, OH 44035          | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| ST MALACHI CHURCH<br>343 FOREST GROVE RD<br>CORAOPOLIS, PA 15108              | NONE  | EXEMPT                         | CHARITABLE                       | 5,000     |
| ST MARTIN DE PORRES HIGH SCHOOL<br>6111 LAUSCHE AVENUE<br>CLEVELAND, OH 44103 | NONE  | EXEMPT                         | CHARITABLE                       | 55,000    |
| <b>Total</b> . . . . . <b>3a</b>  |   |                                |                                  | 3,057,527 |

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

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| STELLA MARIS INC<br>1302 WASHINGTON AVENUE<br>CLEVELAND, OH 44113  | NONE  | EXEMPT                         | CHARITABLE                       | 7,500     |
| SUSAN G KOMEN PITTSBURGH<br>1133 S BRADDOCK AVE<br>PITTSBURGH, PA 15218                                    | NONE  | EXEMPT                         | CHARITABLE                       | 7,500     |
| THE CLEVELAND INSTITUTE OF ART<br>11610 EUCLID AVENUE<br>CLEVELAND, OH 44106                               | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| <b>Total</b> . . . . .  |   |                                |                                  | 3,057,527 |
| <b>3a</b>  |   |                                |                                  |           |



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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| THE CLEVELAND MUSEUM OF NATURAL HISTORY<br>1 WADE OVAL DRIVE<br>CLEVELAND, OH 44106 | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| THE CLEVELAND PLAYHOUSE<br>7401 DETOUR AVENUE<br>CLEVELAND, OH 44103                | NONE  | EXEMPT                         | CHARITABLE                       | 3,000     |
| THE FRIENDSHIP CIRCLE<br>5872 NORTHUMBERLAND<br>PITTSBURGH, PA 15217                | NONE  | EXEMPT                         | CHARITABLE                       | 29,000    |
| <b>Total . . . . .</b> ▶<br><b>3a</b>   |   |                                |                                  | 3,057,527 |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                               |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                              |   |                                |                                  |           |
| THE GATHERING PLACE<br>23300 COMMERCE PARK<br>BEECHWOOD, OH 44122 | NONE  | EXEMPT                         | CHARITABLE                       | 10,000    |
| THE HIRAM HOUSE<br>33775 HIRAM TRAIL<br>CHAGRIN FALLS, OH 44022   | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| THE LITTLEST HEROES<br>32000 AURORA ROAD<br>SOLON, OH 44139       | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>                             |   |                                |                                  | 3,057,527 |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                                   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                  |   |                                |                                  |           |
| THE MAY DUGAN CENTER<br>4115 BRIDGE AVENUE<br>CLEVELAND, OH 44113     | NONE  | EXEMPT                         | CHARITABLE                       | 4,000     |
| THE METROHEALTH FOUNDATION<br>333 W FORT ST 1370<br>DETROIT, MI 48226 | NONE  | EXEMPT                         | CHARITABLE                       | 20,000    |
| TICKETS FOR KIDS700 BLAW AVE 105<br>PITTSBURGH, PA 15238              | NONE  | EXEMPT                         | CHARITABLE                       | 2,250     |
| <b>Total . . . . .</b> ▶<br><b>3a</b>                                 |   |                                |                                  | 3,057,527 |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                                     |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                    |   |                                |                                  |           |
| TREATMENT WORKS INC<br>20201 LORAIN ROAD APT<br>FAIRVIEW PARK, OH 44126 | NONE  | EXEMPT                         | CHARITABLE                       | 7,500     |
| UNIVERSITY CIRCLE<br>10831 MAGNOLIA DRIVE<br>CLEVELAND, OH 44106        | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| URBAN COMMUNITY SCHOOL<br>4909 LORAIN AVENUE<br>CLEVELAND, OH 44102     | NONE  | EXEMPT                         | CHARITABLE                       | 14,240    |
| <b>Total . . . . .</b> ▶<br><b>3a</b>                                   |   |                                |                                  | 3,057,527 |

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| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)  |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>   |   |                                |                                  |           |
| VALUES IN ACTION<br>14 S JACKSON ST 102<br>MEDIA, PA 19063                   | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| VINTAGE401 N HIGHLAND AVENUE<br>PITTSBURGH, PA 15206                         | NONE  | EXEMPT                         | CHARITABLE                       | 7,200     |
| VOCATIONAL GUIDANCE SERVICES<br>2239 EAST 55TH STREET<br>CLEVELAND, OH 44103 | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>  |   |                                |                                  | 3,057,527 |

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| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| WEST SIDE CATHOLIC CENTER<br>3135 LORAIN<br>CLEVELAND, OH 44113                         | NONE  | EXEMPT                         | CHARITABLE                       | 13,000    |
| WESTERN RESERVE HISTORICAL<br>10825 EAST BLVD<br>CLEVELAND, OH 44106                    | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| WORKING ANIMALS GIVING SERVICE<br>FOR KIDS<br>112 EAST CENTER STREET<br>BEREA, OH 44017 | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>   |   |                                |                                  | 3,057,527 |


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| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)                             |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                            |   |                                |                                  |           |
| WYEP67 BEDFORD SQUARE<br>PITTSBURGH, PA 15203                   | NONE  | EXEMPT                         | CHARITABLE                       | 2,000     |
| YESHIVA SCHOOLS<br>2100 WIGHTMAN STREET<br>PITTSBURGH, PA 15217 | NONE  | EXEMPT                         | CHARITABLE                       | 35,000    |
| YMCA JOHNSTOWN PA100 HAYNES ST<br>JOHNSTOWN, PA 15901           | NONE  | EXEMPT                         | CHARITABLE                       | 5,000     |
| <b>Total . . . . .</b> ▶  |   |                                |                                  | 3,057,527 |
| <b>3a</b>   |   |                                |                                  |           |

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

| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| YMCA OF GREATER CLEVELAND<br>2200 PROSPECT AVENUE EAST<br>CLEVELAND, OH 44115 | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| YOUTH CHALLENGE800 SHARON DRIVE<br>WESTLAKE, OH 44145                         | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| YOUTH OPPORTUNITIES UNLIMITED<br>1361 EUCLID AVENUE<br>CLEVELAND, OH 44115    | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| <b>Total . . . . . ▶</b><br><b>3a</b>   |   |                                |                                  | 3,057,527 |



| <b>Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment</b> |   |                                |                                  |           |
|---|---|--------------------------------|----------------------------------|-----------|
| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)   |   |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>  |   |                                |                                  |           |
| YWCA OF GREATER CLEVELAND<br>4019 PROSPECT AVE<br>CLEVELAND, OH 44103   | NONE  | EXEMPT                         | CHARITABLE                       | 1,000     |
| <b>Total</b> . . . . .       |   |                                |                                  | 3,057,527 |
| <b>3a</b>   |   |                                |                                  |           |

**TY 2017 Accounting Fees Schedule****Name:** GIANT EAGLE FOUNDATION

C/O DAVID S SHAPIRA

**EIN:** 32-0384487**Accounting Fees Schedule**

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|--|
| ACCOUNTING FEES | 32,165        | 32,165                           |                                | 0  |

**TY 2017 Investments - Other Schedule**

**Name:** GIANT EAGLE FOUNDATION  
C/O DAVID S SHAPIRA

**EIN:** 32-0384487

**Investments Other Schedule 2**

| <b>Category/ Item</b>           | <b>Listed at Cost or FMV</b> | <b>Book Value</b> | <b>End of Year Fair Market Value</b> |
|---------------------------------|------------------------------|-------------------|--------------------------------------|
| GREYCOURT PARTNERS FUND NT, LTD | AT COST                      | 308,800           | 397,615                              |
| PNC CONSOLIDATED INVESTMENTS    | AT COST                      | 6,477,134         | 6,781,050                            |

**TY 2017 Legal Fees Schedule**

**Name:** GIANT EAGLE FOUNDATION  
C/O DAVID S SHAPIRA

**EIN:** 32-0384487

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|--|
| LEGAL FEES      | 2,000         | 2,000                            |                                | 0  |

**TY 2017 Other Expenses Schedule**

**Name:** GIANT EAGLE FOUNDATION  
C/O DAVID S SHAPIRA

**EIN:** 32-0384487

**Other Expenses Schedule**

| Description          | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| BANK SERVICE CHARGES | 15                             | 0                     |                     | 0                                     |

**TY 2017 Other Income Schedule****Name:** GIANT EAGLE FOUNDATION

C/O DAVID S SHAPIRA

**EIN:** 32-0384487**Other Income Schedule**

| Description           | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|-----------------------|--------------------------------|-----------------------|---------------------|
| MISCELLANEOUS REVENUE | 4                              |                       | 4                   |

**TY 2017 Other Professional Fees Schedule**

**Name:** GIANT EAGLE FOUNDATION  
C/O DAVID S SHAPIRA

**EIN:** 32-0384487

| <b>Category</b>       | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------------|---------------|----------------------------------|--------------------------------|--|
| MANAGMENT FEES - PNC  | 28,011        | 28,011                           |                                | 0  |
| REDEMPTION FEES - PNC | 1,160         | 1,160                            |                                | 0  |

**TY 2017 Substantial Contributors  
Schedule****Name:** GIANT EAGLE FOUNDATION

C/O DAVID S SHAPIRA

**EIN:** 32-0384487**Name****Address**

GIANT EAGLE INC

101 KAPPA DRIVE  
PITTSBURGH, PA 15238



**TY 2017 Taxes Schedule**

**Name:** GIANT EAGLE FOUNDATION  
C/O DAVID S SHAPIRA

**EIN:** 32-0384487

| <b>Category</b>    | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|--------------------|---------------|----------------------------------|--------------------------------|--|
| FEDERAL EXCISE TAX | 1,968         | 0                                |                                | 0  |

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2017**

**Name of the organization**  
GIANT EAGLE FOUNDATION  
C/O DAVID S SHAPIRA

**Employer identification number**  
32-0384487

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

|  |   |
|--|---|
| <b>Name of organization</b><br>GIANT EAGLE FOUNDATION<br>C/O DAVID S SHAPIRA | <b>Employer identification number</b><br>32-0384487 |
|--|---|

**Part I** **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | GIANT EAGLE INC<br><hr/> 101 KAPPA DRIVE<br><hr/> PITTSBURGH, PA15238 | \$ 3,600,000               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| .          | <hr/><br><hr/><br><hr/>   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| .          | <hr/><br><hr/><br><hr/>   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| .          | <hr/><br><hr/><br><hr/>   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| .          | <hr/><br><hr/><br><hr/>   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| .          | <hr/><br><hr/><br><hr/>   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| .          | <hr/><br><hr/><br><hr/>   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |

|  |   |
|--|---|
| <b>Name of organization</b><br>GIANT EAGLE FOUNDATION<br>C/O DAVID S SHAPIRA | <b>Employer identification number</b><br>32-0384487 |
|--|---|

**Part II** **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|------------------------|--|--|----------------------|
| _____                  | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| _____                  | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| _____                  | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| _____                  | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| _____                  | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| _____                  | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| _____                  | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| _____                  | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| _____                  | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |

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| <b>Name of organization</b><br>GIANT EAGLE FOUNDATION<br>C/O DAVID S SHAPIRA | <b>Employer identification number</b><br>32-0384487 |
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed

| (a)<br>No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------|-----------------|-------------------------------------|
|                        |                     |                 |                                     |

|                                       |  |
|---------------------------------------|--|
| Transferee's name, address, and ZIP 4 | (e) Transfer of gift<br>Relationship of transferor to transferee |
|                                       |  |

| (a)<br>No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------|-----------------|-------------------------------------|
|                        |                     |                 |                                     |

|                                       |  |
|---------------------------------------|--|
| Transferee's name, address, and ZIP 4 | (e) Transfer of gift<br>Relationship of transferor to transferee |
|                                       |  |

| (a)<br>No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------|-----------------|-------------------------------------|
|                        |                     |                 |                                     |

|                                       |  |
|---------------------------------------|--|
| Transferee's name, address, and ZIP 4 | (e) Transfer of gift<br>Relationship of transferor to transferee |
|                                       |  |

| (a)<br>No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|---------------------|-----------------|-------------------------------------|
|                        |                     |                 |                                     |

|                                       |  |
|---------------------------------------|--|
| Transferee's name, address, and ZIP 4 | (e) Transfer of gift<br>Relationship of transferor to transferee |
|                                       |  |