

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

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
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 ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 07-01-2018 , and ending 06-30-2019**

Name of foundation GIANT EAGLE FOUNDATION C/O DAVID S SHAPIRA		A Employer identification number 32-0384487	
Number and street (or P.O. box number if mail is not delivered to street address) 101 KAPPA DRIVE	Room/suite	B Telephone number (see instructions) (412) 963-6200	
City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 152382809		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 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 <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) ▶ \$ <u>11,624,791</u>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (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> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(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)	3,600,021			
	<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	220,455	220,455		
	<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	84,498			
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)		84,498		
	<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)	2,501	0			
<b>12 Total.</b> Add lines 1 through 11	3,907,475	304,953			
<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)				
	<b>b</b> Accounting fees (attach schedule)	23,310	23,310		0
	<b>c</b> Other professional fees (attach schedule)	32,602	32,602		0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)				
	<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)				
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	55,912	55,912		0
	<b>25</b> Contributions, gifts, grants paid	3,011,986			3,011,986
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	3,067,898	55,912		3,011,986	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	839,577				
<b>b Net investment income</b> (if negative, enter -0-)		249,041			
<b>c Adjusted net income</b> (if negative, enter -0-)					

**Part II Balance Sheets** 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 . . . . .	7,807	9,813	9,813
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ 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) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	9,067	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 ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	6,785,934	7,625,505	8,005,911
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ 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)	10,402,808	11,244,385	11,624,791	
<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"/> <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"/> <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	10,402,808	11,244,385		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	10,402,808	11,244,385		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	10,402,808	11,244,385		

**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>	10,402,808
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	839,577
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	2,000
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	11,244,385
<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>	11,244,385

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

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

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			84,498
<b>b</b>			
<b>c</b>			
<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) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			84,498
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss)	2	84,498
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- 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) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	3,057,527	6,401,255	0.477645
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
<b>2</b> Total of line 1, column (d)			3.110213
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			0.622043
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			7,811,905
<b>5</b> Multiply line 4 by line 3			4,859,341
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			2,490
<b>7</b> Add lines 5 and 6			4,861,831
<b>8</b> Enter qualifying distributions from Part XII, line 4			3,011,986

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 instructions.

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 calculation. Includes questions about exempt foundations, tax under section 511, and tax due. Total tax due is 1,125, with 1,125 refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows for statements regarding activities. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

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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Table with 3 columns: Question, Yes, No. Rows 15-16 regarding nonexempt charitable trusts and foreign accounts.

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 with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

**5a** During the year did the foundation pay or incur any amount to:

**(1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

**(2)** Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

**(3)** Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

**(4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.  Yes  No

**(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** 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 **5b**  No

Organizations relying on a current notice regarding disaster assistance check here.

**c** 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?  Yes  No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b**  No

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**

**8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?  Yes  No

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

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(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
See Additional Data Table				

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

(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
NONE				

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> 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.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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.	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> 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>	7,921,146
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	9,722
<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>	7,930,868
<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>	7,930,868
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	118,963
<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>	7,811,905
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	390,595

**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>	390,595
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5. . . . .	<b>2a</b>	4,981
<b>b</b>	Income tax for 2018. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	4,981
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	385,614
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	2,000
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	387,614
<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>	387,614

**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>	3,011,986
<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>	3,011,986
<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>	3,011,986

**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) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				387,614
<b>2</b> Undistributed income, if any, as of the end of 2018:				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years: 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2018:				
<b>a</b> From 2013. . . . .	4,090,840			
<b>b</b> From 2014. . . . .	2,995,523			
<b>c</b> From 2015. . . . .	3,275,991			
<b>d</b> From 2016. . . . .	2,803,613			
<b>e</b> From 2017. . . . .	2,740,425			
<b>f</b> Total of lines 3a through e. . . . .	15,906,392			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ _____ 3,011,986				
<b>a</b> Applied to 2017, 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 2018 distributable amount. . . . .				387,614
<b>e</b> Remaining amount distributed out of corpus	2,624,372			
<b>5</b> Excess distributions carryover applied to 2018. (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	18,530,764			
<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 2017. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . .				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 2013 not applied on line 5 or line 7 (see instructions). . . . .	4,090,840			
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . . .	14,439,924			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2014. . . . .	2,995,523			
<b>b</b> Excess from 2015. . . . .	3,275,991			
<b>c</b> Excess from 2016. . . . .	2,803,613			
<b>d</b> Excess from 2017. . . . .	2,740,425			
<b>e</b> Excess from 2018. . . . .	2,624,372			

**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 2018, 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)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<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 foundation 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**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> See Additional Data Table				
<b>Total . . . . .</b>				<b>▶ 3a</b>
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>				<b>▶ 3b</b>

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		<b>(e)</b> Related or exempt function income (See instructions.)
	<b>(a)</b> Business code	<b>(b)</b> Amount	<b>(c)</b> Exclusion code	<b>(d)</b> Amount	
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . . .			14	220,455	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			14	84,498	
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue:					
<b>a</b> MISCELLANEOUS REVENUE	900099	2,501			
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .		2,501		304,953	0
<b>13</b> Total. Add line 12, columns (b), (d), and (e). . . . .					307,454

(See worksheet in line 13 instructions to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
4	EARNINGS FROM INVESTMENTS ARE USED TO MAKE CHARITABLE DONATIONS
7	EARNINGS FROM INVESTMENTS ARE USED TO MAKE CHARITABLE DONATIONS
8	EARNINGS FROM INVESTMENTS ARE USED TO MAKE CHARITABLE DONATIONS

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

**Part XVII**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:			
<b>(1)</b> Cash.	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets.	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions:			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements.	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees.	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	<b>1c</b>		<b>No</b>

**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. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(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) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule.

(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** ▶ \_\_\_\_\_ 2020-04-30 \_\_\_\_\_  
 Signature of officer or trustee      Date      Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name  LOUIS PLUNG	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN  P00323233
	Firm's name ▶ LOUIS PLUNG & COMPANY LLP				Firm's EIN ▶ 25-1637458
	Firm's address ▶ 420 FT DUQUESNE BLVD STE 1900 PITTSBURGH, PA 15222				Phone no. (412) 281-8771

<b>Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation</b>				
<b>(a)</b> Name and address	Title, and average hours per week <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, <b>(e)</b> other allowances
DAVID SHAPIRA	CHAIRMAN	0	0	0
101 KAPPA DRIVE PITTSBURGH, PA 15238	0.00			
CHARLES PORTER	DIRECTOR	0	0	0
101 KAPPA DRIVE PITTSBURGH, PA 15238	0.00			
GERALD CHAIT	DIRECTOR	0	0	0
101 KAPPA DRIVE PITTSBURGH, PA 15238	0.00			
EDWARD MORAVITZ	DIRECTOR	0	0	0
101 KAPPA DRIVE PITTSBURGH, PA 15238	0.00			
NORMAN WEIZENBAUM	DIRECTOR	0	0	0
101 KAPPA DRIVE PITTSBURGH, PA 15238	0.00			
LAURA KARET	DIRECTOR	0	0	0
101 KAPPA DRIVE PITTSBURGH, PA 15238	0.00			
LOUIS PLUNG	VICE CHAIRMAN	0	0	0
420 FT DUQUESNE BLVD STE 1900 PITTSBURGH, PA 15222	0.00			

**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 4255 NORTHFIELD ROAD HIGHLAND HILLS, OH 44128	NONE	EXEMPT	CHARITABLE	2,000
AKRON CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	NONE	EXEMPT	CHARITABLE	10,000
AKRON CHILDREN'S HOSPITAL 215 W BOWERY ST AKRON, OH 44308	NONE	EXEMPT	CHARITABLE	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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>				
ALEPH INSTITUTE 5804 BEACON ST PITTSBURGH, PA 15217	NONE	EXEMPT	CHARITABLE	9,000
ANTI-DEFAMATION LEAGUE OF B'NAI B'RITH 50 PUBLIC SQUARE 1904 CLEVELAND, OH 44113	NONE	EXEMPT	CHARITABLE	4,000
BBYO5738 DARLINGTON RD PITTSBURGH, PA 15217	NONE	EXEMPT	CHARITABLE	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986



**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 17801 DETROIT AVENUE LAKEWOOD, OH 44107	NONE	EXEMPT	CHARITABLE	3,000
BEIT ISSIE SHAPIRO 2000 TECHNOLOGY DRIVE PITTSBURGH, PA 15219	NONE	EXEMPT	CHARITABLE	15,000
BETH SHALOM 5915 BEACON STREET PITTSBURGH, PA 15217	NONE	EXEMPT	CHARITABLE	2,000
<b>Total . . . . . ▶ 3a</b>				3,011,986

**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>				
BHUTANESE COMMUNITY ASSC OF PGH 3000 BROWNSVILLE ROAD PITTSBURGH, PA 15227	NONE	EXEMPT	CHARITABLE	2,500
BIG BROTHERS BIG SISTERS OF CLEVELAND 4614 PROSPECT AVE 410 CLEVELAND, OH 44103	NONE	EXEMPT	CHARITABLE	1,000
BLESSING HOUSE5440 GROVE AVE LORAIN, OH 44055	NONE	EXEMPT	CHARITABLE	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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 6114 BROADWAY AVENUE CLEVELAND, OH 44127	NONE	EXEMPT	CHARITABLE	3,000
BOYS AND GIRLS CLUB OF LORAIN COUNTY PO BOX 516 OBERLIN, OH 44074	NONE	EXEMPT	CHARITABLE	2,000
BOYS HOPE GIRLS HOPE NE OHIO 9619 GARFIELD BLVD GARFIELD HEIGHTS, OH 44125	NONE	EXEMPT	CHARITABLE	3,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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 4614 PROSPECT AVE SUITE 401 CLEVELAND, OH 44103	NONE	EXEMPT	CHARITABLE	1,000
CANCER CARING CENTER 4117 LIBERTY AVENUE PITTSBURGH, PA 15224	NONE	EXEMPT	CHARITABLE	4,500
CARNEGIE MUSEUMS OF PITTSBURGH 4400 FORBES AVENUE PITTSBURGH, PA 15213	NONE	EXEMPT	CHARITABLE	35,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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 1 PARK PLACE SUITE 200 ALBANY, NY 12205	NONE	EXEMPT	CHARITABLE	1,000
CATHOLIC DIOCEASE OF PITTSBURGH 212 NINTH STREET PITTSBURGH, PA 15222	NONE	EXEMPT	CHARITABLE	35,000
CENTER FOR FAMILIES AND CHILDREN 5955 RIDGE ROAD CLEVELAND, OH 44129	NONE	EXEMPT	CHARITABLE	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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 CENTRAL PLANT FLOOR 3 4401 PENN AVE PITTSBURGH, PA 15224	NONE	EXEMPT	CHARITABLE	100,000
CHILDREN'S MUSEUM OF CLEVELAND 3813 EUCLID AVE CLEVELAND, OH 44115	NONE	EXEMPT	CHARITABLE	2,000
CITY MISSION 5310 CARNEGIE AVENUE CLEVELAND, OH 44103	NONE	EXEMPT	CHARITABLE	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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 1300 BINGHAM STREET PITTSBURGH, PA 15203	NONE	EXEMPT	CHARITABLE	13,500
CLASSROOMS WITHOUT BORDERS 234 MCKEE PLACE PITTSBURGH, PA 15213	NONE	EXEMPT	CHARITABLE	18,000
CLEVELAND BOTANICAL GARDEN 11030 EAST BLVD CLEVELAND, OH 44106	NONE	EXEMPT	CHARITABLE	1,000
<b>Total . . . . . ▶ 3a</b>				3,011,986

**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 6550 BAXTER AVENUE CLEVELAND, OH 44105	NONE	EXEMPT	CHARITABLE	16,000
CLEVELAND HEARING AND SPEECH CENTER 11635 EUCLID AVENUE CLEVELAND, OH 44106	NONE	EXEMPT	CHARITABLE	1,000
CLEVELAND HOUSING NETWORK INC 2999 PAYNE AVENUE CLEVELAND, OH 44114	NONE	EXEMPT	CHARITABLE	1,000
<b>Total . . . . . ▶ 3a</b>				3,011,986



**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 11021 EAST BOULEVARD CLEVELAND, OH 44106	NONE	EXEMPT	CHARITABLE	1,000
CLEVELAND MUSUEM OF ART 11141 EAST BOULEVARD CLEVELAND, OH 44106	NONE	EXEMPT	CHARITABLE	10,000
CLEVELAND ORCHESTRA 1422 EUCLID AVENUE 256 CLEVELAND, OH 44115	NONE	EXEMPT	CHARITABLE	20,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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 RAPE CRISIS CENTER 1370 ONTARIO STREET 420 CLEVELAND, OH 44113	NONE	EXEMPT	CHARITABLE	3,000
CLEVELAND SIGHT CENTER 1909 EAST 101ST STREET CLEVELAND, OH 44106	NONE	EXEMPT	CHARITABLE	1,000
CLEVELAND STATE UNIVERSITY 2121 EUCLID AVE CLEVELAND, OH 44115	NONE	EXEMPT	CHARITABLE	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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 200 PUBLIC SQUARE SUITE 3820 CLEVELAND, OH 44114	NONE	EXEMPT	CHARITABLE	10,000
COMMON THREADS 3811 BEE CAVES ROAD SUITE 108 AUSTIN, TX 78746	NONE	EXEMPT	CHARITABLE	50,000
COMMUNITY CENTER AND LIBRARY 1220 POWER RUN ROAD PITTSBURGH, PA 15238	NONE	EXEMPT	CHARITABLE	15,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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 DAY SCHOOL 6424 FORWARD AVENUE PITTSBURGH, PA 15217	NONE	EXEMPT	CHARITABLE	35,000
COMMUNITY OF LITTLE BROTHERS AND SISTERS 4614 PROSPECT AVE CLEVELAND, OH 44103	NONE	EXEMPT	CHARITABLE	8,000
CONTEMPORARY CRAFT 2100 SMALLMAN ST PITTSBURGH, PA 15222	NONE	EXEMPT	CHARITABLE	4,000
<b>Total . . . . .</b>				<b>3,011,986</b>

▶ **3a**

**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>				
CORNUCOPIA18120 SLOANE AVENUE LAKEWOOD, OH 44107	NONE	EXEMPT	CHARITABLE	2,000
CROHN'S AND COLITIS FOUNDATION OF AMERICA 5001 BAUM BOULEVARD PITTSBURGH, PA 15213	NONE	EXEMPT	CHARITABLE	30,000
CUYAHOGA COUNTY PUBLIC LIBRARY 2111 SNOW RD PARMA, OH 44134	NONE	EXEMPT	CHARITABLE	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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 3645 WARRENSVILLE CENTER CLEVELAND, OH 44122	NONE	EXEMPT	CHARITABLE	2,000
DOMESTIC VIOLENCE CENTER 3288 WEST 58TH STREET CLEVELAND, OH 44102	NONE	EXEMPT	CHARITABLE	2,000
EDUCATION PARTNERSHIP 281 CORLISS ST PITTSBURGH, PA 15220	NONE	EXEMPT	CHARITABLE	50,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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 BARRIO 2001 WEST 65TH STREET CLEVELAND, OH 44102	NONE	EXEMPT	CHARITABLE	2,000
ESPERANZA INC 3104 WEST 25TH STREET CLEVELAND, OH 44109	NONE	EXEMPT	CHARITABLE	2,000
EXTRA MILE EDUCATION FOUNDATION 603 STANWIX ST 348 PITTSBURGH, PA 15222	NONE	EXEMPT	CHARITABLE	14,286
<b>Total . . . . . ▶ 3a</b>				3,011,986

**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 12200 FAIRHILL ROAD B414 CLEVELAND, OH 44120	NONE	EXEMPT	CHARITABLE	1,000
FAIRVIEW PARK SENIOR LIFE 20769 LORAIN RD CLEVELAND, OH 44126	NONE	EXEMPT	CHARITABLE	2,000
FAMILY PROMISE OF GREATER CLEVELAND 3470 E 152ND ST CLEVELAND, OH 44120	NONE	EXEMPT	CHARITABLE	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986



**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 CHAGRIN FALLS, OH 44023	NONE	EXEMPT	CHARITABLE	1,000
FRIENDS OF BREAKTHROUGH CHARTER SCHOOLS 9711 LAMONT AVENUE CLEVELAND, OH 44106	NONE	EXEMPT	CHARITABLE	10,000
FRONT STEPS HOUSING AND SERVICES 1545 W 25TH ST CLEVELAND, OH 44113	NONE	EXEMPT	CHARITABLE	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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 1744 PAYNE AVE CLEVELAND, OH 44114	NONE	EXEMPT	CHARITABLE	3,000
GREAT LAKES SCIENCE CENTER 601 ERIESIDE AVENUE CLEVELAND, OH 44114	NONE	EXEMPT	CHARITABLE	1,000
GREAT LAKES THEATER FESTIVAL 1501 EUCLID AVENUE SUITE 300 CLEVELAND, OH 44115	NONE	EXEMPT	CHARITABLE	2,000
<b>Total . . . . . ▶ 3a</b>				3,011,986

**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 15500 S WATERLOO RD CLEVELAND, OH 44110	NONE	EXEMPT	CHARITABLE	25,000
GREATER CLEVELAND HABITAT FOR HUMANITY 2110 W 110TH STREET CLEVELAND, OH 44102	NONE	EXEMPT	CHARITABLE	2,000
GREATER CLEVELAND VOLUNTEERS 4614 PROSPECT AVE SUITE 205 CLEVELAND, OH 44103	NONE	EXEMPT	CHARITABLE	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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 7996 DARROW ROAD SUITE 10 TWINSBURG, OH 44087	NONE	EXEMPT	CHARITABLE	1,000
HILLEL ACADEMY OF PITTSBURGH 5685 BEACON STREET PITTSBURGH, PA 15217	NONE	EXEMPT	CHARITABLE	35,000
HOLOCAUST CENTER OF PITTSBURGH 826 HAZELWOOD AVE PITTSBURGH, PA 15217	NONE	EXEMPT	CHARITABLE	20,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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>				
IDEASTREAM1375 EUCLID AVENUE CLEVELAND, OH 44115	NONE	EXEMPT	CHARITABLE	2,000
INDIANAPOLIS SYMPHONY ORCHESTRA 45 MONUMENT CIR INDIANAPOLIS, IN 46204	NONE	EXEMPT	CHARITABLE	8,000
JEWISH ASSISTANCE FUND 828 HAZELWOOD AVENUE PITTSBURGH, PA 15217	NONE	EXEMPT	CHARITABLE	12,500
<b>Total . . . . . ▶ 3a</b>				3,011,986

**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>				
JEWISH ASSOCIATION ON AGING 200 JHF DRIVE PITTSBURGH, PA 15217	NONE	EXEMPT	CHARITABLE	55,000
JEWISH FAMILY & CHILDREN'S SERVICES 5743 BARTLETT ST PITTSBURGH, PA 15217	NONE	EXEMPT	CHARITABLE	15,000
JEWISH FAMILY SERVICES ASSOC OF CLEVELAND 24075 COMMERCE PARK ROAD BEACHWOOD, OH 44122	NONE	EXEMPT	CHARITABLE	3,000
<b>Total . . . . .</b>	<b>▶ 3a</b>			3,011,986

**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>				
JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DR BEACHWOOD, OH 44122	NONE	EXEMPT	CHARITABLE	20,000
JEWISH FEDERATION OF PITTSBURGH 234 MCKEE PLACE PITTSBURGH, PA 15213	NONE	EXEMPT	CHARITABLE	1,470,000
JEWISH NATIONAL FUND 60 REVERE DRIVE SUITE 725 NORTHBROOK, IL 60062	NONE	EXEMPT	CHARITABLE	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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>				
JEWISH RESIDENTIAL SERVICES 4905 FIFTH AVE 3 PITTSBURGH, PA 15213	NONE	EXEMPT	CHARITABLE	20,000
JOB EXPLORATION TRAINING 89 EAST HOWE ROAD TALLMADGE, OH 44278	NONE	EXEMPT	CHARITABLE	4,000
JOHN F KENNEDY CATHOLIC SCHOOL 111 W SPRUCE ST WASHINGTON, PA 15301	NONE	EXEMPT	CHARITABLE	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986



**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>				
JOSEPH'S HOME 2412 COMMUNITY COLLEGE AVE CLEVELAND, OH 44115	NONE	EXEMPT	CHARITABLE	3,000
JULIE BILLIART SCHOOL FOUNDATION 4982 CLUBSIDE ROAD LYNDHURST, OH 44124	NONE	EXEMPT	CHARITABLE	2,000
JUVENILE DIABETES RESEARCH FOUNDATION 6100 ROCKSIDE WOODS BLVD INDEPENDENCE, OH 44131	NONE	EXEMPT	CHARITABLE	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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>				
KOLLEL JEWISH LEARNING CENTER 5808 BEACON STREET PITTSBURGH, PA 15217	NONE	EXEMPT	CHARITABLE	25,000
LAKEWOOD DEPARTMENT OF HUMAN SERVICES 16024 MADISON AVENUE LAKEWOOD, OH 44107	NONE	EXEMPT	CHARITABLE	5,000
LATIN JAZZ CAMP (THE ROBERTO OCASIO) PO BOX 81230 CLEVELAND, OH 44181	NONE	EXEMPT	CHARITABLE	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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>				
LEADERSHIP PITTSBURGH CENTRE CITY TOWER 650 SMITHFIELD ST 1110 PITTSBURGH, PA 15222	NONE	EXEMPT	CHARITABLE	5,000
LEUKEMIA & LYMPHOMA SOCIETY 333 E CARSON ST PITTSBURGH, PA 15219	NONE	EXEMPT	CHARITABLE	1,000
MAGNIFICAT HIGH SCHOOL 20770 HILLIARD BLVD ROCKY RIVER, OH 44116	NONE	EXEMPT	CHARITABLE	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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>				
MAKE-A-WISH FOUNDATION OH 2545 FARMERS DRIVE SUITE 300 CLEVELAND, OH 44115	NONE	EXEMPT	CHARITABLE	2,000
MALACHI CENTER 2416 SUPERIOR VIADUCT CLEVELAND, OH 44113	NONE	EXEMPT	CHARITABLE	3,000
MALACHI HOUSE 1422 EUCLID AVENUE CLEVELAND, OH 44115	NONE	EXEMPT	CHARITABLE	3,000
<b>Total . . . . . ▶ 3a</b>				3,011,986

**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>				
MALTZ MUSEUM OF JEWISH HERITAGE 2929 RICHMOND ROAD BEACHWOOD, OH 44122	NONE	EXEMPT	CHARITABLE	2,000
MAPLE HEIGHTS DEPT OF HUMAN RESOURCES 5353 LEE ROAD MAPLE HEIGHTS, OH 44137	NONE	EXEMPT	CHARITABLE	1,000
MARIA CHILDREN'S GLIOMA CANCER FOUNDATION PO BOX 40064 BAY VILLAGE, OH 44140	NONE	EXEMPT	CHARITABLE	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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>				
MEDWORKS19910 MALVERN ROAD SHAKER HEIGHTS, OH 44122	NONE	EXEMPT	CHARITABLE	2,000
MENORAH PARK CENTER FOR SENIOR CHARITABLE 27100 CEDAR ROAD BEACHWOOD, OH 44122	NONE	EXEMPT	CHARITABLE	3,000
METRO CATHOLIC HIGH SCHOOL 1910 WEST 54TH STREET CLEVELAND, OH 44102	NONE	EXEMPT	CHARITABLE	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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>				
MUSEUM OF CONTEMPORARY ART 11400 EUCLID AVENUE CLEVELAND, OH 44106	NONE	EXEMPT	CHARITABLE	1,000
NATIONAL AVIARY 700 ARCH STREET PITTSBURGH, PA 15212	NONE	EXEMPT	CHARITABLE	5,000
NEAR WEST THEATRE 6514 DETROIT AVENUE CLEVELAND, OH 44102	NONE	EXEMPT	CHARITABLE	10,000
<b>Total . . . . . ▶ 3a</b>				3,011,986

**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>				
NEIGHBORHOOD HOUSING SVCS OF CLEVELAND GREATER CLEVELAND CLEVELAND, OH 44127	NONE	EXEMPT	CHARITABLE	1,000
NEW AVENUES TO INDEPENDENCE INC 17608 EUCLID AVENUE CLEVELAND, OH 44112	NONE	EXEMPT	CHARITABLE	1,500
NEW HAZLETT THEATER 6 ALLEGHENY SQUARE EAST PITTSBURGH, PA 15212	NONE	EXEMPT	CHARITABLE	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986



**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>				
NORTH COAST HEALTH 16110 DETROIT ROAD LAKEWOOD, OH 44107	NONE	EXEMPT	CHARITABLE	3,000
OUR LADY OF THE ELMS FOUNDATION 1230 W MARKET ST AKRON, OH 44313	NONE	EXEMPT	CHARITABLE	3,000
PERSAD CENTER 5150 PENN AVENUE PITTSBURGH, PA 15224	NONE	EXEMPT	CHARITABLE	10,000
<b>Total . . . . . ▶ 3a</b>				3,011,986

**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>				
PHIPPS CONSERVATORY & BOTANICAL GARDENS SCHENLEY PARK PITTSBURGH, PA 15213	NONE	EXEMPT	CHARITABLE	20,000
PITTSBURGH AIDS TASK FORCE (ALLIES FOR HEALTH AND WELLBEING) 5913 PENN AVE PITTSBURGH, PA 15206	NONE	EXEMPT	CHARITABLE	5,000
PITTSBURGH BALLET THEATRE 2900 LIBERTY AVENUE PITTSBURGH, PA 15201	NONE	EXEMPT	CHARITABLE	68,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

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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>				
PITTSBURGH CLO 719 LIBERTY AVENUE 6TH FLOOR PITTSBURGH, PA 15222	NONE	EXEMPT	CHARITABLE	10,000
PITTSBURGH FOUNDATION 5 PPG PLACE STE 250 PITTSBURGH, PA 15222	NONE	EXEMPT	CHARITABLE	10,000
PITTSBURGH OPERA 2425 LIBERTY AVENUE PITTSBURGH, PA 15222	NONE	EXEMPT	CHARITABLE	30,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PITTSBURGH PROMISE 1901 CENTRE AVE PITTSBURGH, PA 15219	NONE	EXEMPT	CHARITABLE	100,000
PITTSBURGH PUBLIC THEATRE 621 PENN AVE PITTSBURGH, PA 15222	NONE	EXEMPT	CHARITABLE	7,500
PITTSBURGH SYMPHONY ORCHESTRA 600 PENN AVENUE PITTSBURGH, PA 15222	NONE	EXEMPT	CHARITABLE	25,000
<b>Total . . . . . ▶ 3a</b>				3,011,986

**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 YOUTH LEADERSHIP 1034 FIFTH AVENUE SUITE 400 PITTSBURGH, PA 15219	NONE	EXEMPT	CHARITABLE	2,000
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVENUE CLEVELAND, OH 44115	NONE	EXEMPT	CHARITABLE	10,000
PROVIDENCE CONNECTIONS 3113 BRIGHTON ROAD PITTSBURGH, PA 15212	NONE	EXEMPT	CHARITABLE	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

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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>				
PROVIDENCE HOUSE 2037 WEST 32ND STREET CLEVELAND, OH 44113	NONE	EXEMPT	CHARITABLE	5,000
QUANTUM THEATRE 5907 PENN AVE 210 PITTSBURGH, PA 15206	NONE	EXEMPT	CHARITABLE	2,500
RECOVERY RESOURCES 3950 CHESTER AVENUE CLEVELAND, OH 44114	NONE	EXEMPT	CHARITABLE	2,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	3,011,986

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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>				
ROCK AND ROLL HALL OF FAME AND MUSEUM 1100 ROCK AND ROLL BLVD CLEVELAND, OH 441141022	NONE	EXEMPT	CHARITABLE	1,000
ROCKY RIVER SENIOR COUNCIL INC 21014 HILLIARD BLVD ROCKY RIVER, OH 44116	NONE	EXEMPT	CHARITABLE	5,000
SALVATION OF ARMY OF GREATER CLEVELAND 2507 E 22ND ST CLEVELAND, OH 44115	NONE	EXEMPT	CHARITABLE	25,000
<b>Total . . . . .</b>	<b>▶ 3a</b>			3,011,986

**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>				
SECOND HARVEST FOODBANK OF MAHONING 2805 SALT SPRINGS ROAD YOUNGSTOWN, OH 44509	NONE	EXEMPT	CHARITABLE	10,000
SECOND HARVEST FOODBANK OF NORTH 7445 DEER TRAIL LANE LORAIN, OH 44053	NONE	EXEMPT	CHARITABLE	5,000
SEEDS OF LITERACY 3104 WEST 25TH ST 3RD FLOOR CLEVELAND, OH 44109	NONE	EXEMPT	CHARITABLE	3,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986



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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>				
ST ANDREWS ESPISCOPAL CHURCH 300 THIRD STREET ELYRIA, OH 44035	NONE	EXEMPT	CHARITABLE	2,000
ST MALACHI CHURCH 343 FOREST GROVE RD CORAOPOLIS, PA 15108	NONE	EXEMPT	CHARITABLE	5,000
ST MARTIN DE PORRES HIGH SCHOOL 6111 LAUSCHE AVENUE CLEVELAND, OH 44103	NONE	EXEMPT	CHARITABLE	55,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

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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>				
STELLA MARIS INC 1302 WASHINGTON AVENUE CLEVELAND, OH 44113	NONE	EXEMPT	CHARITABLE	7,500
SUSAN G KOMEN PITTSBURGH 1133 S BRADDOCK AVE PITTSBURGH, PA 15218	NONE	EXEMPT	CHARITABLE	7,500
THE CLEVELAND INSTITUTE OF ART 11610 EUCLID AVENUE CLEVELAND, OH 44106	NONE	EXEMPT	CHARITABLE	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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 1 WADE OVAL DRIVE CLEVELAND, OH 44106	NONE	EXEMPT	CHARITABLE	2,000
THE CLEVELAND PLAYHOUSE 7401 DETOUR AVENUE CLEVELAND, OH 44103	NONE	EXEMPT	CHARITABLE	3,000
THE FRIENDSHIP CIRCLE 5872 NORTHUMBERLAND PITTSBURGH, PA 15217	NONE	EXEMPT	CHARITABLE	29,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**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 23300 COMMERCE PARK BEECHWOOD, OH 44122	NONE	EXEMPT	CHARITABLE	10,000
THE HIRAM HOUSE 33775 HIRAM TRAIL CHAGRIN FALLS, OH 44022	NONE	EXEMPT	CHARITABLE	2,000
THE LITTLEST HEROES 32000 AURORA ROAD SOLON, OH 44139	NONE	EXEMPT	CHARITABLE	1,000
<b>Total . . . . . ▶ 3a</b>				3,011,986

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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>				
THE MAY DUGAN CENTER 4115 BRIDGE AVENUE CLEVELAND, OH 44113	NONE	EXEMPT	CHARITABLE	3,000
THE METROHEALTH FOUNDATION 333 W FORT ST 1370 DETROIT, MI 48226	NONE	EXEMPT	CHARITABLE	20,000
TREATMENT WORKS INC 20201 LORAIN ROAD APT FAIRVIEW PARK, OH 44126	NONE	EXEMPT	CHARITABLE	7,500
<b>Total . . . . . ▶ 3a</b>				3,011,986

**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>				
UNIVERSITY CIRCLE 10831 MAGNOLIA DRIVE CLEVELAND, OH 44106	NONE	EXEMPT	CHARITABLE	1,000
URBAN COMMUNITY SCHOOL 4909 LORAIN AVENUE CLEVELAND, OH 44102	NONE	EXEMPT	CHARITABLE	15,000
VALUES IN ACTION 14 S JACKSON ST 102 MEDIA, PA 19063	NONE	EXEMPT	CHARITABLE	1,000
<b>Total . . . . . ▶ 3a</b>				3,011,986

**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>				
VINTAGE401 N HIGHLAND AVENUE PITTSBURGH, PA 15206	NONE	EXEMPT	CHARITABLE	7,200
VOCATIONAL GUIDANCE SERVICES 2239 EAST 55TH STREET CLEVELAND, OH 44103	NONE	EXEMPT	CHARITABLE	1,000
WEST SIDE CATHOLIC CENTER 3135 LORAIN CLEVELAND, OH 44113	NONE	EXEMPT	CHARITABLE	13,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	3,011,986

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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>				
WESTERN RESERVE HISTORICAL 10825 EAST BLVD CLEVELAND, OH 44106	NONE	EXEMPT	CHARITABLE	1,000
WORKING ANIMALS GIVING SERVICE FOR KIDS 112 EAST CENTER STREET BEREA, OH 44017	NONE	EXEMPT	CHARITABLE	1,000
YESHIVA SCHOOLS 2100 WIGHTMAN STREET PITTSBURGH, PA 15217	NONE	EXEMPT	CHARITABLE	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YMCA JOHNSTOWN PA100 HAYNES ST JOHNSTOWN, PA 15901	NONE	EXEMPT	CHARITABLE	5,000
YMCA OF GREATER CLEVELAND 2200 PROSPECT AVENUE EAST CLEVELAND, OH 44115	NONE	EXEMPT	CHARITABLE	1,000
YOUTH CHALLENGE800 SHARON DRIVE WESTLAKE, OH 44145	NONE	EXEMPT	CHARITABLE	1,000
<b>Total . . . . . ▶ 3a</b>				3,011,986

**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>				
YOUTH OPPORTUNITIES UNLIMITED 1361 EUCLID AVENUE CLEVELAND, OH 44115	NONE	EXEMPT	CHARITABLE	1,000
YWCA OF GREATER CLEVELAND 4019 PROSPECT AVE CLEVELAND, OH 44103	NONE	EXEMPT	CHARITABLE	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,011,986

**TY 2018 Accounting Fees Schedule****Name:** GIANT EAGLE FOUNDATION

C/O DAVID S SHAPIRA

**EIN:** 32-0384487

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	23,310	23,310		0

**TY 2018 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>
PNC CONSOLIDATED INVESTMENTS	AT COST	7,625,505	8,005,911

**TY 2018 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	2,501		2,501

**TY 2018 Other Increases Schedule****Name:** GIANT EAGLE FOUNDATION

C/O DAVID S SHAPIRA

**EIN:** 32-0384487

<b>Description</b>	<b>Amount</b>
RETURN OF PRIOR CONTRIBUTION	2,000

**TY 2018 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 Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
MANAGMENT FEES - PNC	32,587	32,587		0
FILING FEES	15	15		0

**TY 2018 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



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

OMB No. 1545-0047  
**2018**

**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>/<sub>3</sub>% 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> GIANT EAGLE FOUNDATION C/O DAVID S SHAPIRA	<b>Employer identification number</b> 32-0384487
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**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GIANT EAGLE INC <hr/> 101 KAPPA DRIVE <hr/> PITTSBURGH, PA 15238	\$ 3,600,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

<b>Name of organization</b> GIANT EAGLE FOUNDATION C/O DAVID S SHAPIRA	<b>Employer identification number</b> 32-0384487
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<b>Part II</b> <b>Noncash Property</b>
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(See instructions). Use duplicate copies of Part II if additional space is needed.			
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

<b>Name of organization</b> GIANT EAGLE FOUNDATION C/O DAVID S SHAPIRA	<b>Employer identification number</b> 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) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee