

For calendar year 2021 or tax year beginning , and ending

Name of foundation Magellan Cares Foundation, Inc.		A Employer identification number 46-0730555						
Number and street (or P.O. box number if mail is not delivered to street address) 14100 Magellan Plaza	Room/suite MO-08 Tax	B Telephone number (see instructions) (256) 737-3797						
City or town, state or province, country, and ZIP or foreign postal code Maryland Heights, MO 63043		C If exemption application is pending, check here <input type="checkbox"/>						
G Check all that apply: <table style="display: inline-table; vertical-align: top; margin-right: 20px;"> <tr><td><input type="checkbox"/> Initial return</td><td><input type="checkbox"/> Initial return of a former public charity</td></tr> <tr><td><input type="checkbox"/> Final return</td><td><input type="checkbox"/> Amended return</td></tr> <tr><td><input type="checkbox"/> Address change</td><td><input type="checkbox"/> Name change</td></tr> </table>		<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"/>
<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							
H Check type of organization: <table style="display: inline-table; vertical-align: top; margin-right: 20px;"> <tr><td><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation</td><td><input type="checkbox"/> Other taxable private foundation</td></tr> <tr><td><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust</td><td><input type="checkbox"/> Other taxable private foundation</td></tr> </table>		<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation	<input type="checkbox"/> Other taxable private foundation	<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust	<input type="checkbox"/> Other taxable private foundation	2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>		
<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation	<input type="checkbox"/> Other taxable private foundation							
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust	<input type="checkbox"/> Other taxable private foundation							
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 910.	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.)	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>						
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>						

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)				
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	495,591.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss) _____				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a _____				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold.				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	495,591.			
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.				
14 Other employee salaries and wages.				
15 Pension plans, employee benefits.				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule)				
c Other professional fees (attach schedule)	22,154.			22,154.
17 Interest				
18 Taxes (attach schedule) (see instructions)				
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)				
24 Total operating and administrative expenses. Add lines 13 through 23	22,154.			22,154.
25 Contributions, gifts, grants paid	502,664.			502,664.
26 Total expenses and disbursements. Add lines 24 and 25	524,818.			524,818.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-29,227.			
b Net investment income (if negative, enter -0-).				
c Adjusted net income (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	
Assets	1 Cash – non-interest-bearing	12,128.	910.	910.	
	2 Savings and temporary cash investments				
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶				
	4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7 Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges	18,009.			
	10a Investments – U.S. and state government obligations (attach schedule)				
	b Investments – corporate stock (attach schedule)				
	c Investments – corporate bonds (attach schedule)				
	11 Investments – land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶				
	12 Investments – mortgage loans				
	13 Investments – other (attach schedule)				
	14 Land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶				
15 Other assets (describe ▶ _____)					
16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	30,137.	910.	910.		
Liabilities	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable (attach schedule)				
	22 Other liabilities (describe ▶ _____)				
23 Total liabilities (add lines 17 through 22)					
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. ▶ <input type="checkbox"/>				
	24 Net assets without donor restrictions				
	25 Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. ▶ <input checked="" type="checkbox"/>				
	26 Capital stock, trust principal, or current funds	30,137.	910.		
	27 Paid-in or capital surplus, or land, bldg., and equipment fund				
	28 Retained earnings, accumulated income, endowment, or other funds				
29 Total net assets or fund balances (see instructions)	30,137.	910.			
30 Total liabilities and net assets/fund balances (see instructions)	30,137.	910.			

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	30,137.
2	Enter amount from Part I, line 27a	2	-29,227.
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3.	4	910.
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	910.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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.)
1a				
b				
c				
d				
e				
(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)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2
3 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 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)	}	1	
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		2	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		3	
3 Add lines 1 and 2		4	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		5	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		6a	
6 Credits/Payments:		6b	
a 2021 estimated tax payments and 2020 overpayment credited to 2021		6c	
b Exempt foreign organizations—tax withheld at source		6d	
c Tax paid with application for extension of time to file (Form 8868)		7	
d Backup withholding erroneously withheld		8	
7 Total credits and payments. Add lines 6a through 6d		9	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.		10	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		11	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax ▶ Refunded ▶			

Part VI-A Statements Regarding Activities

		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c	Did the foundation file Form 1120-POL for this year?		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
4b	If "Yes," has it filed a tax return on Form 990-T for this year?		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ DE		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ https://www.magellanhealth.com/about/magellan-cares/magellan-	X	
14	The books are in care of ▶ CAMILLE N. GUILLOT Telephone no. ▶ (256) 737-3797 Located at ▶ 14100 Magellan Plaza Ste. MO-08 Tax Maryland Heights, MO ZIP+4 ▶ 63043		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		
16	At any time during calendar year 2021, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		X

Part VI-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.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.	1b	
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021?	1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	X
If "Yes," list the years <input type="checkbox"/> _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <input type="checkbox"/> _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4b	X

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

	Yes	No
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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
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		
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d 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? 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?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
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(s) during the year?		X

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

1 List all officers, directors, trustees, and 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
CAMILLE N GUILLOT 14100 MAGELLAN PLAZA MARYLAND HEIGHTS, MO 63043	ASSISTANT TREASURER	0.		
ALISA BAHL 8621 ROBERT FULTON DRIVE COLUMBIA, MD 21046	PRESIDENT	0.		
TONY FROST 14100 MAGELLAN PLAZA MARYLAND HEIGHTS, MO 63043	VP & TREASURER	0.		
ERIKA ROSE 8621 ROBERT FULTON DRIVE COLUMBIA, MD 21046	VP & SECRETARY	0.		

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				
NONE				
NONE				
NONE				
NONE				

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

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

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1-5: NONE. Total number of others receiving over \$50,000 for professional services.

Part VIII-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activities, Expenses. Row 1: N/A. Rows 2-4: blank.

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

Table with 2 columns: Description of investments, Amount. Row 1: NONE. Row 2: NONE. Row 3: All other program-related investments. See instructions. Total. Add lines 1 through 3.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	2,938.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	2,938.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d.	3	2,938.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	44.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	2,894.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	145.

Part X 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.)

1	Minimum investment return from Part IX, line 6	1	145.
2a	Tax on investment income for 2021 from Part V, line 5	2a	0.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	0.
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	145.
4	Recoveries of amounts treated as qualifying distributions.	4	0.
5	Add lines 3 and 4	5	145.
6	Deduction from distributable amount (see instructions).	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	145.

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	524,818.
b	Program-related investments – total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	524,818.

Part XII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1	Distributable amount for 2021 from Part X, line 7				145.
2	Undistributed income, if any, as of the end of 2021:				
a	Enter amount for 2020 only.				
b	Total for prior years: _____				
3	Excess distributions carryover, if any, to 2021:				
a	From 2016				
b	From 2017	595,220.			
c	From 2018	563,290.			
d	From 2019	611,536.			
e	From 2020	604,751.			
f	Total of lines 3a through e	2,374,797.			
4	Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 524,818.				
a	Applied to 2020, but not more than line 2a.				
b	Applied to undistributed income of prior years (Election required - see instructions)				
c	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2021 distributable amount				145.
e	Remaining amount distributed out of corpus	524,673.			
5	Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.	2,899,470.			
b	Prior years' undistributed income. Subtract line 4b from line 2b				
c	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.				
d	Subtract line 6c from line 6b. Taxable amount - see instructions				
e	Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instructions				
f	Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022.				
7	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)				
8	Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	2,899,470.			
10	Analysis of line 9:				
a	Excess from 2017	595,220.			
b	Excess from 2018	563,290.			
c	Excess from 2019	611,536.			
d	Excess from 2020	604,751.			
e	Excess from 2021	524,673.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling ▶

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

	Tax year		Prior 3 years		(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . .					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test – enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV 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).)
NONE

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.
NONE

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 email address of the person to whom applications should be addressed:
LILLY ACKLEY (314)387-4000 ACKLEYL@MAGELLANHEALTH.COM
14100 MAGELLAN PLAZA MARYLAND HEIGHTS, MO 63043

b The form in which applications should be submitted and information and materials they should include:
APPLY ONLINE AT:
<https://apply.yourcausegrants.com>

c Any submission deadlines:
NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
Support Foundation's mission to improve health in communities

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a Paid during the year				
AID ATLANTA 1650 PEACHTREE ST NE ATLANTA, GA 30309		PC	Community assistance re:HIV/AIDS	2,500.
AIDS UNITED 1101 14ST NW #300 Washington, DC 20005		PC	assist: ending AIDS epidemic	20,000.
ALZHEIMERS ASSOCIATION 9370 OLIVE BLVD SAINT LOUIS, MO 63132		PC	ALZHEIMERS SUPPORT	22,500.
AMERICAN CANCER SOCIETY P.O. BOX 28566 SAINT LOUIS, MO 63146		PC	CANCER RESEARCH, PATIENT SUPPORT	2,500.
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231		PC	ASSISTANCE OF HEART-RELATED DISEASE	35,000.
ARIZONA AUTISM UNITED 5025 E. WASHINGTON, #212 PHOENIX, AZ 85034		PC	RESEARCH, SUPPORT FOR AUTISM-AFFECTED	10,000.
ARMED SERVICES ARTS PARTN. 901 W ST NW #807 WASHINGTON, DC 20001		PC	Arts for Vets,military,caregivers	10,000.
ASK CHILDHOOD CANCER FOUND. 5211 W. BROAD ST., #100 RICHMOND, VA 23230		PC	Support children with cancer,families	2,500.
Total				3a 502,664.
b Approved for future payment				
Total				3b

Part XVI

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

Table with 3 columns: Question, Yes, No. Contains questions 1, a, b, c, d regarding transfers and transactions with noncharitable exempt organizations.

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

2 a 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 [X] No

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

Sign Here [Signature] Date [Date] ASST TREASURER Title [Title] May the IRS discuss this return with the preparer shown below? See instructions. [] Yes [] No

Paid Preparer Use Only 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.

Schedule B
(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

2021

Name of the organization

Employer identification number

Magellan Cares Foundation, Inc.

46-0730555

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 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^{1/3}% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

Magellan Cares Foundation, Inc.

46-0730555

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	MAGELLAN HEALTH, INC. 4801 E WASHINGTON STREET PHOENIX, AZ 85034	\$ 459,591.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Magellan Cares Foundation, Inc.	Employer identification number 46-0730555
--	---

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

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

Name of organization

Magellan Cares Foundation, Inc.

Employer identification number

46-0730555

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

Form 990-PF Professional Fees Expense

Supporting Details for Form 990-PF, Part I, Line 16

(a) Description	(b) Revenue and expenses per books	(c) Net investment income	(d) Adjusted net income	(e) Disbursement for charitable purpose
Legal fees:				
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
Accounting fees:				
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
Other professional fees:				
BANK FEES	255.	0.	0.	255.
DONATION TRANSACTION FEES	1,021.	0.	0.	1,021.
SOFTWARE MAINTENANCE	20,878.	0.	0.	20,878.

0.	0.	0.	0.
0.	0.	0.	0.
0.	0.	0.	0.
0.	0.	0.	0.
0.	0.	0.	0.
0.	0.	0.	0.
0.	0.	0.	0.
0.	0.	0.	0.

0.

Name of organization
Magellan Cares Foundation, Inc.

Employer identifying number
46-0730555

Form 990-PF Substantial Contributors

Supporting Details for Form 990-PF, Part VI-A, Line 10

(a) Name (enter either the person's name or the business's name)	(b) Address
Person	Street address 4801 E WASHINGTON STREET
Business MAGELLAN HEALTH, INC.	City, town or post office State ZIP Code PHOENIX AZ 85034
	Foreign country Foreign province/county Foreign postal code
Person	Street address Room or suite no.
Business	City, town or post office State ZIP Code
	Foreign country Foreign province/county Foreign postal code
Person	Street address Room or suite no.
Business	City, town or post office State ZIP Code
	Foreign country Foreign province/county Foreign postal code
Person	Street address Room or suite no.
Business	City, town or post office State ZIP Code
	Foreign country Foreign province/county Foreign postal code
Person	Street address Room or suite no.
Business	City, town or post office State ZIP Code
	Foreign country Foreign province/county Foreign postal code
Person	Street address Room or suite no.

Business	City, town or post office	State	ZIP Code
	Foreign country	Foreign province/county	Foreign postal code
Person	Street address		Room or suite no.
Business	City, town or post office	State	ZIP Code
	Foreign country	Foreign province/county	Foreign postal code
Person	Street address		Room or suite no.
Business	City, town or post office	State	ZIP Code
	Foreign country	Foreign province/county	Foreign postal code
Person	Street address		Room or suite no.
Business	City, town or post office	State	ZIP Code
	Foreign country	Foreign province/county	Foreign postal code
Person	Street address		Room or suite no.
Business	City, town or post office	State	ZIP Code
	Foreign country	Foreign province/county	Foreign postal code

0.

Form 990 (2021)

Name of organization
Magellan Cares Foundation, Inc.

Employer identifying number
46-0730555

Part VII 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 of each employee paid more than \$50,000	(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
5 ANNA SEVER 14100 MAGELLAN PLAZA MARYLAND	DIRECTOR 0.000000	0.	0.	0.
6 KENNETH FASOLA 6303 COWBOYS WAY FRISCO, TX	DIRECTOR 0.000000	0.	0.	0.
7 MOSTAFA KAMAL 4801 E. WASHINGTON PHOENIX, AZ	DIRECTOR 0.000000	0.	0.	0.
8 MICHAEL P MCQUILLEN 8621 ROBERT FULTON DRIVE COLU	DIRECTOR 0.000000	0.	0.	0.
9 LINDA SMITH 8621 ROBERT FULTON DRIVE COLU	DIRECTOR 0.000000	0.	0.	0.
10 DON NELSON 14100 MAGELLAN PLAZA MARYLAND	DIRECTOR 0.000000	0.	0.	0.
11 NEELY BURKHARDT 4801 E. WASHINGTON PHOENIX, AZ	DIRECTOR 0.000000	0.	0.	0.
12 LILLY ACKLEY 14100 MAGELLAN PLAZA MARYLAND	DIRECTOR 0.000000	0.	0.	0.
13 LEE E MEISS 8621 ROBERT FULTON DRIVE COLU	DIRECTOR 0.000000	0.	0.	0.
14	0.000000	0.	0.	0.
15	0.000000	0.	0.	0.
16				

	0.000000	0.	0.	0.
17				
	0.000000	0.	0.	0.
18				
	0.000000	0.	0.	0.
19				
	0.000000	0.	0.	0.
20				
	0.000000	0.	0.	0.
21				
	0.000000	0.	0.	0.
22				
	0.000000	0.	0.	0.
23				
	0.000000	0.	0.	0.
24				
	0.000000	0.	0.	0.
25				
	0.000000	0.	0.	0.
26				
	0.000000	0.	0.	0.
27				
	0.000000	0.	0.	0.
28				
	0.000000	0.	0.	0.
29				
	0.000000	0.	0.	0.

0.

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a <i>Paid during the year</i>				
BATON ROUGE CRISIS INTERVENTION 3013 OLD FORGE DRIVE BATON ROUGE, LA 70808		PC	CRISIS INTERVENTION	2,500.
BETHLEHEM AREA EDUCATION FDN P.O. BOX 646 BETHLEHEM, PA 18016		PC	STUDENT SUPPORT	2,500.
BLACK APPLIED BEHAVIORAL ANALYSTS 2611 GILLSVILLE HWY GAINESVILLE, GA 30507		PC	MENTAL HEALTH SUPPORT OF BLACK COMMUNIT	10,000.
BLESS YOUR HEART NONPROFIT P.O. BOX 1435 LAROSE, LA 70373		PC	BAYOU REGION SUPPORT	1,500.
BOYS & GIRLS CLUB OF CHEYENNE 515 W. JEFFERSON RD CHEYENNE, WY 82001		PC	SUPPORT TEENS	5,000.
CATCH PROGRAM 503 S. AMERICNA BLVD BOISE, ID 83702		PC	HOMELESS FAMILY SUPPORT	3,000.
CHILD & FAMILY SVCS NEWPORT 31 JOHN CLARKE RD MIDDLETOWN, RI 02842		PC	HEAL, STRENGTHEN LIVES	2,500.
COLORECTAL CANCER ALLIANCE 1025 VERMOND AVE. NW, #1066 WASHINGTON, DC 20005		PC	CANCER SUPPORT SERVICES	2,500.
Total				3a
b <i>Approved for future payment</i>				
Total				3b

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a Paid during the year				
COMMUN. OUTREACH TO PREVENT EATING DISORDERS(COPE) P.O. BOX 128 FLAGLER BEACH, FL 32136		PC	EATING DISORDERS PREVENTION	2,500.
DEEP RUN VALLEY SPORTS ASSN 953 CALLOWHILL RD PERKASIE, PA 18944		PC	CHILDREN'S & TEENS' SUPPORT	7,500.
DOGS FOR OUR BRAVE 6244 Ste. CLAYTON AV SAINT LOUIS, MO 63139		PC	SERVICEDOGS FOR SERVICEMEN,WOMEN	1,250.
ELIZABETH DOLE FOUNDATION 600 NEW HAMPSHIRE AVE NW 1020 WASHINGTON, DC 20037		PC	SUPPORT MILITARY & VETERAN CAREGIVERS	10,000.
EMILY WHITEHEAD FOUNDATION 606 PAULINE ST PHILIPSBURG, PA 16866		PC	CHILDHOOD CANCER AWARENESS,TREATMENT	2,500.
EMPOWER 225 8733 SIEGEN LN BATON ROUGE, LA 70810		PC	YOUTH ISSUES,FOSTER CARE	2,500.
EPILEPSY FOUNDATION EASTER 919 WALNUT ST, #700 PHILADELPHIA, PA 19107		PC	ASSIST FAMILIES	4,000.
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104		PC	RACIAL & ECONOMIC INJUSTICE CONCERNS	10,000.
Total				3a
b Approved for future payment				
Total				3b

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a Paid during the year				
EQUALITY CALIFORNIA INSTITUTE 3701 WILSHIRE BLVD, #725 LOS ANGELES, CA 90010		PC	COMMUNITY SUPPORT	2,500.
ERIC MARSH FOUNDATION FOR WILDLAND FIREFIGHTERS P.O. BOX 1574 CHINO VALLEY, AZ 86323		PC	FIREFIGHTERS' SUPPORT, HONOR	2,500.
FAMILIES FIRST 80 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30314		PC	FAMILY SUPPORT	2,500.
FAMILY & CHILDREN FAITH COALITION DBA HOPE FOR MIAMI 550 NW 42ND AVE MIAMI, FL 33126		PC	FAMILY SUPPORT	2,500.
FEEDING AMERICA 161 N CLARK ST., #700 CHICAGO, IL 60601		PC	INDIGENT FAMILY SUPPORT	36,000.
FREDERICKSBURG AREA HIV AIDS 4701 MARKET ST, #b FREDERICKSBURG, VA 22408		PC	SUPPORT TO END AIDS	2,500.
GAUCHER COMMUNITY ALLIANCE 309 FRANCE ST SONOMA, CA 95476		PC	ASSIST FOR GAUCHER DISEASE VICTIMS	500.
GEOFF HIGGINBOTHAM FOUNDATION 135 MANCHESTER ST NASHUA, NH 03064		PC	CYSTIC FIBROSIS FOUNDATION SUPPORT	3,000.
Total				3a
b Approved for future payment				
Total				3b

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a Paid during the year				
GEORGIA APPLESEED INC 1600 PARKWOOD CIRCLE, #200 ATLANTA, GA 30339		PC	SUPPORT HEALTHY HOUSING CONDITIONS	2,500.
GEORGIA PARENT SUPPORT NETWORK 1381 METROPOLITAN PKWY SW ATLANTA, GA 30310		PC	CHILD MENTAL ILLNESS, EMOTIONAL DISTURB	2,500.
GIRLS ON THE RUN P.O. BOX 19602 SACRAMENTO, CA 95819		PC	INSPIRES GIRLS, INTEGRATES RUNNING	1,000.
H.E.R.O.E.S. CARE INC 330 SUN VALLEY CIRCLE FENTON, MO 63026		PC	SUPPORT MILITARY FAMILIES, COMMUNITY	1,250.
HEALTH BRIGADE 1010 N THOMPSON ST RICHMOND, VA 23230		PC	ENCOURAGE HEALTH	2,500.
HELIO FOUNDATION 8358 MAIN ST HOUMA, LA 70363		PC	PROMOTE RECOVERY, HEALTH	2,500.
HERE TO SERVE, INC 2444 BRANDONWOOD RD TUSCALOOSA, AL 35406		PC	FAMILY SUPPORT	1,500.
HOPE AND HELP INC 4122 METRIC DR #800 WINTER PARK, FL 32792		PC	END HIV/STI EPIDEMIC IN FLORIDA	2,500.
Total				3a
b Approved for future payment				
Total				3b

Part XIV **Supplementary Information** (continued)

3 **Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	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
a <i>Paid during the year</i>				
IDAHO COMMUNITY HEALTH WORKERS 1874 N HEATH AVE BOISE, ID 83713		PC	SUPPORT HEALTH WORKERS	3,000.
INDEPENDENT HEALTH ASOC 511 FARBER LAKES DR BUFFALO, NY 14221		PC	SUPPORT COMMUNITY	5,500.
INSURE THE UNINSURED PROJECT 400 CAPITOL MALL, #900 SACRAMENTO, CA 95814		PC	EXPAND HEALTHCARE ACCESS, IMPROVE HEALTH	5,000.
JAMES SAMARITAN 1 N MARIGOLD DR COVINGTON, LA 70433		PC	SUPPORT COMMUNITY	2,500.
JOURNEY HOME INC 255 MAIN ST, 2ND FL HARTFORD, CT 06106		PC	END HOMELESSNESS IN CT CAPITAL REGION	10,000.
LEUKEMIA & LYMPHOMA SOCIETY P.O. BOX 22488 NEW YORK, NY 10087		PC	SUPPORT RESEARCH, ASSIST	1,000.
LITERACY VOLUNTEERS 30 ARBOR ST HARTFORD, CT 06106		PC	ENCOURAGE LITERACY	500.
LOAVES AND FISHES INC 206 E 8TH ST APOPKA, FL 32703		PC	PROVIDE FOOD FOR THE NEEDY	2,500.
Total				3a
b <i>Approved for future payment</i>				
Total				3b

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a Paid during the year				
MARCH OF DIMES PO BOX 18819 ATLANTA, GA 31126		PC	SUPPORT RESEARCH FOR HEALTHY BABIES	5,000.
MISCELLANEOUS-ALL OTHERS 14100 MAGELLAN PLAZA MARYLAND HEIGHTS, MO 63043		PC	ASSIST FAMILIES, COMMUNITY	68,164.
NAT'L ASSN OF MENTAL ILLNESS(NAMI) 4301 WILSON BLVD #300 ARLINGTON, VA 22203		PC	SUPPORT,ASSIST DUE TO MENTAL ILLNESS	29,000.
NATIONAL ACADEMY OF SOCIAL INS. 1441 L ST #530 WASHINGTON, DC 20005		PC	ECONOMIC SECURITY AND HEALTH EQUITY IS	5,000.
NATIONAL ALLIANCE ON MENTAL ILLNESS 4301 WILSON BLVD #300 22203		PC	RESEARCH, ASSIST DUE TO MENTAL ILLNESS	5,000.
NATIONAL ASSOC OF PEER SUPPORT 530 S LAKE AVE #766 PASADENA, CA 91101		PC	PEER SUPPORT IN HEALTHCARE & COMMUN. S	2,500.
NEWPORT YMCA 792 VALLEY RD MIDDLETOWN, RI 02842		PC	ENCOURAGE HEALTH, SUPPORT FAMILIES	5,000.
ORLANDO UNION RESCUE MISSION 1521 W WASHINGTON ST ORLANDO, FL 32805		PC	HELP FOR HUNGRY,HURTING & HOMELESS	2,500.
Total				3a
b Approved for future payment				
Total				3b

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
<p>a <i>Paid during the year</i></p> <p>OUR DAILY BREAD PO BOX 1476 HAMMOND, LA 70403</p> <p>PARENTS AS TEACHERS INC 1401 AIRPORT PARKWAY STE 225 CHEYENNE, WY 82009</p> <p>PREVENTION 305 400 ALTON RD #3007 MIAMI BEACH, FL 33139</p> <p>PROJECT RESPONSE 745 S APOLLO BLVD MELBOURNE, FL 32901</p> <p>PROVISION PACKS 289 WALNUT ST ORMOND BEACH, FL 32174</p> <p>RECOVERY IDAHO INC 3313 W CHERRY LN #128 MERIDIAN, ID 83642</p> <p>RECOVERY UNITED INC 7091 W EMERALD ST BOISE, ID 83704</p> <p>RESURRECTED COMMUNITY DEVELOPMENT 144 NORTH 9TH STREET ALLENTOWN, PA 18102</p>		<p>PC</p> <p>PC</p> <p>PC</p> <p>PC</p> <p>PC</p> <p>PC</p> <p>PC</p>	<p>ALLEVIATE HUNGER</p> <p>ASSIST PARENTS AND CHILDREN</p> <p>HEALTH SERVICES ASSISTANCE</p> <p>ASSIST, SUPPORT DUE TO AIDS</p> <p>NUTRITIONAL FOOD FOR CHILDREN</p> <p>RECOVERY SUPPORT SERVICES</p> <p>HELP FOR RECOVERING ADULTS</p> <p>KIDS SUMMER LEARNING ENVIRONMENT</p>	<p>1,500.</p> <p>2,500.</p> <p>2,500.</p> <p>2,500.</p> <p>2,500.</p> <p>1,000.</p> <p>2,500.</p> <p>2,500.</p>
Total				3a
b <i>Approved for future payment</i>				
Total				3b

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a <i>Paid during the year</i>				
SECOND HARVEST FOOD BANK 411 MERCY DR ORLANDO, FL 32805		PC	FIGHT AGAINST HUNGER	3,500.
ST JUDE CHILDRENS RESEARCH 501 ST JUDE PLACE MEMPHIS, TN 38105		PC	CHILDHOOD CANCER	5,000.
THE NETWORK FOR GOOD INC NEW LEADER SCHOLARSHIP 5 HAMILTON LANDING, #200 NOVATO, CA 94949		PC	SUPPORT DISADVANTAGED IN COMMUNITY	10,000.
ST LOUIS CRISIS NURSERY 11710 ADMINISTRATION DR #18 SAINT LOUIS, MO 63146		PC	CRISIS NURSERY ASSISTANCE	2,500.
STRAY RESCUE OF ST LOUIS 2320 PINE ST SAINT LOUIS, MO 63103		PC	ASSIST IN PREVENTION OF ANIMAL CRUELTY	2,500.
SUBSTANCE MENTAL HEALTH LEADERSHIP COUNCIL 200 METRO CENTER BLVD #10 WARWICK, RI 02886		PC	MENTAL HEALTH SUPPORT	5,000.
THE CARTER CENTER 453 JOHN LEWIS FREEDOM PKWY NE ATLANTA, GA 30307		PC	ACCESS TO BEHAV.HEALTH TREATMENT	10,000.
VIBRANT EMOTIONAL HEALTH 50 BROADWAY, 19TH FLOOR NEW YORK, NY 10004		PC	SUICIDE PREVENTION ASSISTANCE	10,000.
Total				3a
b <i>Approved for future payment</i>				
Total				3b

Part XIV **Supplementary Information** *(continued)*

3 **Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	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
<p>a <i>Paid during the year</i></p> <p>VIRGINIA HEALTHCARE FOUNDATION 707 E. MAIN ST., #1350 RICHMOND, VA 23219</p> <p>THE LEUKEMIA & LYMPHOMA SOC 1 MARCUS BLVD STE#104 ALBANY, NY 12205</p> <p>THE NATIONAL HISPANIC HLTH 1920 L ST NW STE#725 WASHINGTON, DC 20036</p>		<p>PC</p> <p>PC</p> <p>PC</p>	<p>HEALTHCARE SUPPORT</p> <p>CURE LEUKEMIA, HELP FAMILIES</p> <p>HEALTH & WELLNESS IN HISPANIC COMMUNIT</p>	<p>22,500.</p> <p>4,000.</p> <p>15,000.</p>
Total				▶ 3a
b <i>Approved for future payment</i>				
Total				▶ 3b