

or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2020 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	B Telephone number (see instructions) (256) 737-3792
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: <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) ▶ \$ 30,137.	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"/>

Part I Analysis of Revenue and Expenses <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)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	611,659.			
	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				
	5 a Gross rents				
	b Net rental income or (loss) _____				
	6 a 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				
	10 a 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	611,659.				
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages.				
	15 Pension plans, employee benefits.				
	16 a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	31,420.			31,420.
	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	31,420.			31,420.
	25 Contributions, gifts, grants paid	574,786.			574,786.
26 Total expenses and disbursements. Add lines 24 and 25	606,206.			606,206.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	5,453.				
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	8,017.	12,128.	12,128.	
	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	16,667.	18,009.	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)	24,684.	30,137.	30,137.		
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				
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	24,684.	30,137.		
	28 Retained earnings, accumulated income, endowment, or other funds				
29 Total net assets or fund balances (see instructions)	24,684.	30,137.			
30 Total liabilities and net assets/fund balances (see instructions)	24,684.	30,137.			

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	24,684.
2 Enter amount from Part I, line 27a	2	5,453.
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3.	4	30,137.
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	30,137.

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.)
1 a				
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 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			
2 Reserved			2
3 Reserved			3
4 Reserved			4
5 Reserved			5
6 Reserved			6
7 Reserved			7
8 Reserved			8

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), 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)	}		
b	Reserved		1	
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	
3	Add lines 1 and 2		3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	
6	Credits/Payments:			
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a		
b	Exempt foreign organizations - tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d.		7	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .		10	0.
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	0.

Part VII-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
c 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
b 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 XV	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 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

Part VII-A Statements Regarding Activities (continued)

		Yes	No
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 ▶ Margie M. Smith Telephone no. ▶ (256) 737-3792 Located at ▶ 14100 Magellan Plaza Ste. MO-08 Maryland Heights, MO 63043 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 2020, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			

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.

		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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. <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance, check here ▶ <input type="checkbox"/>	1b	
c	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 2020?	1c	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 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ _____		
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	X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2020 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 2020.)	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 2020?	4b	X

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

Part VIII 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
Margie M Smith 14100 Magellan Plaza Maryland Heights, MO 63043	Assistant Secretary			
Alisa Bahl 8621 Robert Fulton Drive Columbia, MD 21046	President			
Linton C Newlin 14100 Magellan Plaza Maryland Heights, MO 63043	VP & Asst Secretary	01.00		
John Littel 6303 Cowboy's Way Frisco, TX 75034	Director Chairman			

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

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

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. All entries are NONE.

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

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activities and Expenses. Entry 1 is N/A.

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

Table with 2 columns: Description of investments and Amount. Entries 1 and 2 are None.

Part X 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	29,551.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	29,551.
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	29,551.
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	443.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	29,108.
6	Minimum investment return. Enter 5% of line 5	6	1,455.

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.)

1	Minimum investment return from Part X, line 6.	1	1,455.
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	0.
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	0.
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,455.
4	Recoveries of amounts treated as qualifying distributions.	4	0.
5	Add lines 3 and 4	5	1,455.
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 XIII, line 1.	7	1,455.

Part XII 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	606,206.
b	Program-related investments – total from Part IX-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 V, line 8; and Part XIII, line 4	4	606,206.
5	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	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	606,206.

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 2019	(c) 2019	(d) 2020
1	Distributable amount for 2020 from Part XI, line 7				1,455.
2	Undistributed income, if any, as of the end of 2020:				
a	Enter amount for 2019 only.				
b	Total for prior years:				
3	Excess distributions carryover, if any, to 2020:				
a	From 2015				
b	From 2016				
c	From 2017			595,220.	
d	From 2018			563,290.	
e	From 2019			563,259.	
f	Total of lines 3a through e	1,721,769.			
4	Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 606,206.				
a	Applied to 2019, 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 2020 distributable amount				1,455.
e	Remaining amount distributed out of corpus	604,751.			
5	Excess distributions carryover applied to 2020 (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.	2,326,520.			
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 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021.				
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 2015 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	2,326,520.			
10	Analysis of line 9:				
a	Excess from 2016				
b	Excess from 2017			595,220.	
c	Excess from 2018			563,290.	
d	Excess from 2019			563,259.	
e	Excess from 2020			604,751.	

Part XIV Private Operating Foundations (see instructions and Part VII-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 2020, 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) 2020	(b) 2019	(c) 2018	(d) 2017	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.					
b 85% of line 2a.					
c Qualifying distributions from Part XII, 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 X, 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 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).)
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:
John Littel **jlittel@magellanhealth.com**
6303 Cowboy's Way Ste 350 Frisco, TX 75034

b The form in which applications should be submitted and information and materials they should include:
Apply online at: <https://apply.yourcausegrants.com/apply/auth/signup>

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 XV 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				
ACCESSIBLE HOUSING AUSTIN 1100 S IH 35 FRONTAGE ROAD AUSTIN, TX 78704	N/A	PC	AFFORDABLE & ACCESSIBLE HOUSING ASSIST	5,000.
AIDS UNITED 1101 14TH ST, NW STE 300 WASHINGTON, DC 20005	N/A	PC	TO END THE AIDS EPIDEMIC	20,000.
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	N/A	PC	RAISE FUNDS TO SUPPORT ST. JUDE CHILDRE	2,500.
ALZHEIMERS ASSOCIATION 225 N MICHIGAN AVE, 17TH FLOOR CHICAGO, IL 60601-7633	N/A	PC	GLOBAL RESEARCH, CARE & SUPPORT FOR AL	15,500.
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA, GA 30303	N/A	PC	CANCER RESEARCH, PATIENT SUPPORT AND P	2,500.
APACHE JUNCTION REACH OUT, INC. & APACHE JUNCTION SENIOR CENT 575 N IDAHO RD APACHE JUNCTION, AZ 85119	N/A	PC	DEVELOP RESOURCES TO PROVIDE EMERGENCY	3,000.
ARIZONA FOOD BANK NETWORK 340 E CORONADA RD STE 400 PHOENIX, AZ 85004-1524	N/A	PC	DEVELOP SOLUTIONS TO END HUNGER	1,500.
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	N/A	PC	ASSISTANCE IN HEART RELATED DISEASE	17,500.
Total				3a 574,786.
b Approved for future payment				
Total				3b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

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

(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.)
▼	

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

- 1 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?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

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

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

Signature and title section for the preparer, including fields for signature, date, title (Assistant Secretary), and firm information (name, address, EIN, phone).

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

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 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 (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, 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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. 4800 E WASHINGTON STREET PHOENIX, AZ 85034	\$ 581,659.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JAMES MURRAY 4800 E WASHINGTON STREET PHOENIX, AZ 85034	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DAVID HADDOCK 4800 E WASHINGTON STREET PHOENIX, AZ 85034	\$ 5,000.	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.)

Name of organization

Employer identification number

Magellan Cares Foundation, Inc.

46-0730555

Part II **Noncash Property** (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

Employer identification number

Magellan Cares Foundation, Inc.

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

_____ _____ _____	_____ _____ _____
-------------------------	-------------------------

(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

_____ _____ _____	_____ _____ _____
-------------------------	-------------------------

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.
	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	729.	0.	0.	729.
Donation Transaction Fees	1,130.	0.	0.	1,130.
Software Maintenance	29,561	0.	0.	29,561

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 VII-A, Line 10

(a) Name (enter either the person's name or the business's name)	(b) Address
Person <hr/>	Street address 4800 E Washington Street
Business Magellan Health, Inc. <hr/>	Room or suite no. <hr/> City, town or post office State ZIP Code Phoenix AZ 85034 <hr/> Foreign country Foreign province/county Foreign postal code <hr/>
Person James Murray <hr/>	Street address 4800 E Washington Street
Business <hr/>	Room or suite no. <hr/> City, town or post office State ZIP Code Phoenix AZ 85034 <hr/> Foreign country Foreign province/county Foreign postal code <hr/>
Person David Haddock <hr/>	Street address 4800 E Washington Street
Business <hr/>	Room or suite no. <hr/> City, town or post office State ZIP Code Phoenix AZ 85034 <hr/> Foreign country Foreign province/county Foreign postal code <hr/>
Person <hr/>	Street address <hr/>
Business <hr/>	Room or suite no. <hr/> City, town or post office State ZIP Code <hr/> Foreign country Foreign province/county Foreign postal code <hr/>
Person <hr/>	Street address <hr/>
Business <hr/>	Room or suite no. <hr/> City, town or post office State ZIP Code <hr/> Foreign country Foreign province/county Foreign postal code <hr/>
Person <hr/>	Street address <hr/> 11/18/21 01:42PM

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 (2020)

Name of organization Magellan Cares Foundation, Inc.	Employer identifying number 46-0730555
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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 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 ERIKA ROSE 8621 ROBERT FULTON DRIVE COLU	VP & Secret 0.00000	0.	0.	0.
6 JOHN DiBERNARDI 8621 ROBERT FULTON DRIVE COLU	Asst Secret 0.00000	0.	0.	0.
7 KENNETH J FASOLA 6303 COWBOY'S WAY FRISCO, TX	Director 0.00000	0.	0.	0.
8 MOSTAFA KAMAL 4800 E WASHINGTON STREET PHOE	Director 0.00000	0.	0.	0.
9 MICHAEL P McQUILLEN 8621 ROBERT FULTON DRIVE COLU	Director 0.00000	0.	0.	0.
10 LINDA SMITH 8621 ROBERT FULTON DRIVE COLU	Director 0.00000	0.	0.	0.
11 STACY CONTI 8621 ROBERT FULTON DRIVE COLU	Director 0.00000	0.	0.	0.
12 DEANNA JOHNSTON 14100 MAGELLAN PLAZA MARYLAND	Director 0.00000	0.	0.	0.
13 LEE ELLEN MEISS 8621 ROBERT FULTON DRIVE COLU	Director 0.00000	0.	0.	0.
14	0.00000	0.	0.	0.
15	0.00000	0.	0.	0.
16				

	0.00000	0.	0.	0.
17	0.00000	0.	0.	0.
18	0.00000	0.	0.	0.
19	0.00000	0.	0.	0.
20	0.00000	0.	0.	0.
21	0.00000	0.	0.	0.
22	0.00000	0.	0.	0.
23	0.00000	0.	0.	0.
24	0.00000	0.	0.	0.
25	0.00000	0.	0.	0.
26	0.00000	0.	0.	0.
27	0.00000	0.	0.	0.
28	0.00000	0.	0.	0.
29	0.00000	0.	0.	0.

0.

Part XV **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				
ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD 4000 N CENTRAL AVE, STE 800 PHOENIX, AZ 85012	N/A	PC	SUPPORT THROUGH GRANTS TO PROVIDE FREE	1,500.
AZCEND PO BOX 591 CHANDLER, AZ 85244	N/A	PC	ASSISTANCE THROUGH FOOD BANKS, FAMILY	1,500.
BIG BROTHERS BIG SISTERS OF LEHIGH VALLEY, INC. 41 S CARLISLE STREET ALLENTOWN, PA 18109	N/A	PC	ENHANCEMENT OF GROWTH & DEVELOPMENT FO	4,400.
BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM 780 ALBANY STREET BOSTON, MA 02118	N/A	PC	ENSURE UNCONDITIONALLY EQUITABLE & DIG	5,000.
BUFFALO PRENATAL-PERINATAL NETWORK 625 DELAWARE AVE BUFFALO, NY 14202	N/A	PC	ASSISTANCE TO INDIGENT FAMILIES	500.
CAL RIPKEN, SR FOUNDATION 1427 CLARKVIEW RD STE 100 BALTIMORE, MD 21209	N/A	PC	HELP BUILD CHARACTER & TEACH CRITICAL	1,000.
CALIFORNIA RESTAURANT ASSOCIATION FOUNDATION 621 CAPITOL MALL NO 2000 SACRAMENTO, CA 95814	N/A	PC	PROVIDE ACCESS TO CAREERS & EDUCATION	2,500.
CENTRAL ARIZONA SHELTER 230 S 12TH AVE PHOENIX, AZ 85007	N/A	PC	TO PROVIDE SHELTER & SUPPORT SERVICES	3,000.
Total				3a
b Approved for future payment				
Total				3b

Part XV **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				
CHILDREN'S ADVOCACY CENTERS OF TEXAS, INC. 1501 W ANDERSON LANE, BLDG B-1 AUSTIN, TX 78757	N/A	PC	SUPPORT THE AGENCIES INVESTIGATING & P	7,000.
COALITION FOR THE HOMELESS OF PASCO 5652 PINE STREET NEW PORT RICHEY, FL 34652-4029	N/A	PC	TO END HOMELESSNESS IN PASCO COUNTY	2,500.
COLORECTAL CANCER ALLIANCE 1025 VERMONT AVE, NW STE 1066 WASHINGTON, DC 20005	N/A	PC	SUPPORT RESEARCH, PUBLIC EDUCATION & P	1,000.
COMMUNITY ACTION COUNCIL OF HOWARD COUNTY 9820 PATUXENT WOODS DRIVE COLUMBIA, MD 21046	N/A	PC	TO IMPROVE THE QUALITY OF LIFE FOR IND	1,000.
COMMUNITY ACTION HUMAN RESOURCE 109 N SUNSHINE BLVD ELOY, AZ 85131	N/A	PC	SUPPORT FOR THE NEEDS OF THE PEOPLE AN	1,500.
COMMUNITY FOUNDATION OF SOUTHWEST LOUISIANA 1155 RYAN STRET LAKE CHARLES, LA 70601	N/A	PC	COLLABORATES WITH PUBLIC AGENCIES & PR	5,000.
COMMUNITY FOUNDATION SONOMA COUNTY 120 STONY POINT RD, STE 220 SANTA ROSA, CA 95401	N/A	PC	CONNECTING PEOPLE, IDEAS & RESOURCES T	4,000.
CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION 252 WASHINGTON STREET HARTFORD, CT 06106-3322	N/A	PC	HELP RAISE FINANCIAL RESOURCES NEEDED	4,250.
Total				3a
b Approved for future payment				
Total				3b

Part XV **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				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE, STE 1100N BETHESDA, MD 20814	N/A	PC	FUND RESEARCH, DRUG DEVELOPMENT, AND A	2,500.
DMAX FOUNDATION PO BOX 274 BRYN MAWR, PA 19010	N/A	PC	TO SUPPORT THE MISSION TO ADDRESS SUIC	2,000.
DOGS FOR OUR BRAVE 6244 CLAYTON AVE SAINT LOUIS, MO 63139	N/A	PC	PROVIDE PROFESSIONALLY TRAINED SERVOCE	1,250.
ENDEPENDEENCE CENTER 6300 E VIRGINIA BLVD NORFOLK, VA 23502-2827	N/A	PC	TO PROVIDED INDEPENDENT LIVING FOR IND	2,500.
EPILEPSY FOUNDATION OF EASTERN PA 919 WALNUT ST, STE 700 PHILADELPHIA, PA 19107	N/A	PC	SERVICES FOR PEOPLE WITH EPILEPSY	3,500.
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	N/A	PC	COMMITTED TO ENDING MASS INCARCERATION	20,000.
EVERY TEXAN 7020 EASY WIND DR, STE 200 AUSTIN, TX 78752	N/A	PC	INDEPENDENT POLICY RESEARCH AND ADVOCA	1,500.
FAMILY ADVOCATES (CASA) PROGRAM 1501 WEST WASHINGTON, STE 128 PHOENIX, AZ 85007	N/A	PC	TRAIN & SUPPORT QUALIFIED ADULTS TO PR	2,000.
Total				3a
b Approved for future payment				
Total				3b

Part XV **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>				
FAMILY SERVICE AGENCY OF BURBANK 2721 W BURBANK BLVD BURBANK, CA 91505	N/A	PC	PROVIDE QUALITY MENTAL HEALTH CARE FOR	2,500.
FAMILY & COMMUNITY SERVICE DELAWARE COUNTY 600 NORTH OLIVE STREET MEDIA, PA 19063	N/A	PC	BUILD STRONGER COMMUNITIES THROUGH HEA	2,500.
FEED MORE, INC. 1415 RHOADMILLER RICHMOND, VA 23220	N/A	PC	PREPARE & DISTRIBUTE FOOD TO THOSE IN	5,000.
FEEDING AMERICA 161 NORTH CLARK ST Chicago, IL 60601	N/A	PC	NATION'S LARGEST DOMESTIC HUNGER-RELIE	20,000.
FLORIDA EDUCATION FOUNDATION 325 W GAINS ST, STE 1524 TALLAHASSEE, FL 32399	N/A	PC	SUPPORT PROGRAMS TO BENEFIT PRE-K THRO	5,000.
FLORIDIANS FOR RECOVERY 2868 MAHAN DR, STE 1 TALLAHASSEE, FL 32308-5469	N/A	PC	PROVIDE RECOVERY SUPPORT FOR THOSE WIT	2,500.
FOOD BANK OF NEW YORK CITY 39 BROADWAY STE 10 NEW YORK, NY 10006	N/A	PC	HUNGER RELIEF FOR LOW INCOME NEW YORKE	5,000.
FOUNDATION FOR BLACK WOMEN'S WELLNESS 6601 GRNAD TETON PLAZA STE A2 MADISON, WI 53719	N/A	PC	SUPPORT OF BLACK WOMEN'S HEALTH AS A C	2,500.
Total				3a
b <i>Approved for future payment</i>				
Total				3b

Part XV **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				
FUNDAMENTAL CHANGE 777 S FIGUEROA ST, STE 4050 LOS ANGELES, CA 90017-5864	N/A	PC	STRATEGIES, EVENTS & INITIATIVES REGARD	2,500.
GENESIS PROJECT 564 N IDAHO RD, STE 5 APACHE JUNCTION, AZ 85119	N/A	PC	PROVIDE FOOD, SHOWERS, CLOTHING AND ME	1,500.
GEOFF HIGGENBOTHAM MEMORIAL FOUNDATION NASHUA, NH 03064	N/A	PC	PROVIDE FUNDING TO THE CYSTIC FIBROSIS	1,500.
GILA HOUSE PO BOX 2174 GLOBE, AZ 85502	N/A	PC	PROVIDED INTERIM LIVING ASSISTANCE TO	1,500.
GIRLS ON THE RUN 287 INDEPENDENCE BLVD VIRGINIA BEACH, VA 23462	N/A	PC	CREATING A WORLD WHERE EVERY GIRL KNOW	1,000.
GIRLS ON THE RUN OF GREATER SACRAMENTO PO BOX 19602 SACRAMENTO, CA 95819	N/A	PC	CREATING A WORLD WHERE EVERY GIRL KNOW	500.
GLOUCESTER INSTITUTE 3189 LEADERSHIP DR GLOUCESTER, VA 23061	N/A	PC	PROVIDES A PEACEFUL PLACE TO RESTORE &	10,000.
GOD'S LOVE WE DELIVER 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	N/A	PC	PROVIDE MEDICALLY TAILORED MEALS FOR P	5,000.
Total				3a
b Approved for future payment				
Total				3b

Part XV **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>				
GREATER BATON ROUGE FOOD BANK 10600 S CHOCTAW DR BATON ROUGE, LA 70815	N/A	PC	FEED THE HUNGRY IN BATON ROUGE	3,000.
GREATER LAWRENCE FAMILY HEALTH CENTER ONE GRIFFIN BROOK PARK DRIVE METHUEN, MA 01844	N/A	PC	IMPROVE & MAINTAIN THE HEALTH OF INDIV	5,000.
H.E.R.O.E.S.CARE, INC. 330 SUN VALLEY CIRCLE DRIVE FENTON, MO 63026	N/A	PC	SUPPORT MILITARY FAMILIES IN THE COMMU	1,250.
HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA 4065-D LB McLOUD RD ORLANDO, FL 32811	N/A	PC	FACILITATE A SYSTEM OF SERVICES TO ENS	2,500.
HONOR AND REMEMBER PO BOX 16834 CHESAPEAKE, VA 23328	N/A	PC	RECOGNIZING OUR MILITARY'S FALLEN HERO	500.
HUMAN SERVICES CAMPUS 204 S 12TH AVE PHOENIX, AZ 85007	N/A	PC	TO CREATE SOLUTIONS TO END HOMELESSNES	1,500.
HUNGER TASK FORCE 201 S HAWLEY COURT MILWAUKEE, WI 53214	N/A	PC	WORK TO PREVENT HUNGER BY PROVIDING FO	5,000.
IDAHO GOVERNORS CUP SCHOLARSHIP FUND 650 WEST STATE STREET, 3RD FLOOR BOISE, ID 83702	N/A	PC	TO HELP IDAHO KIDS PURSUE THEIR HIGHER	2,000.
Total				3a
b <i>Approved for future payment</i>				
Total				3b

Part XV **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 SUICIDE PREVENTION 802 WEST BANNOCK ST BOISE, ID 83702	N/A	PC	SUICIDE PREVENTION & AWARENESS	2,000.
INSTITUTE FOR HEALTHCARE ADVANCEMENT 501 SOUTH IDAHO STREET, STE 300 LA HABRA, CA 90631	N/A	PC	EMPOWERING PEOPLE TO BETTER HEALTH	2,500.
INSURE THE UNINSURED PROJECT 1107 9TH STREET, STE 1025 SACRAMENTO, CA 95814	N/A	PC	CREATE WORKABLE POLICY SOLUTIONS THAT	10,000.
JAMES SAMARITAN 1 N MARIGOLD DR COVINGTON, LA 70433	N/A	PC	PROVIDE PHYSICAL & EMOTIONAL SUPPORT F	1,000.
LEHIGH CONFERENCE OF CHURCHES 457 WEST ALLEN ST ALLENTOWN, PA 18102	N/A	PC	UNITE COMMUNITIES OF FAITH; MINISTER &	2,500.
LITERACY VOLUNTEERS OF GREATER HARTFORD 30 ARBOR STREET HARTFORD, CT 06106	N/A	PC	AID TO THE HANDICAPPED	1,000.
BLOOD BANK OF HAWAII 1907 YOUNG ST HONOLULU, HI 96826	N/A	PC	PROVIDE A SAFE AND ADEQUATE BLOOD SUPP	10,000.
MARCH OF DIMES FOUNDATION PO BOX18819	N/A	PC	2020 PITTSBURG MARCH FOR BABIES	5,000.
Total				3a
b <i>Approved for future payment</i>				
Total				3b

Part XV **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				
MCSHIN FOUNDATION 2300 DUMBARTON RD HENRICO, VA 23228	N/A	PC	MENTAL HEALTH CRISIS INTERVENTION	1,000.
MENTAL HEALTH AMERICA 500 MONTGOMERY STREET, STE 820 ALEXANDRIA, VA 22314	N/A	PC	ADDRESS THE NEEDS OF THOSE LIVING WITH	2,500.
MENTAL WELLNESS AWARENESS ASSOCIATION 25 SPRUCE RD MARYSVILLE, PA 17053	N/A	PC	PUBLIC EDUCATION & AWARENESS OF MENTAL	10,000.
NATIONAL ALLIANCE ON MENTAL ILLNESS - NAMI 105 BRAUNLICH DR # 200 PITTSBURGH, PA 15237-3351	N/A	PC	SUPPORT IMPROVEMENT OF LIVES AFFECTED	32,500.
NATIONAL ACADEMY OF SOCIAL INSURANCE 1200 NEW HAMPSHIRE AVE NW, STE 830 WASHINGTON, DC 20036	N/A	PC	ADVANCE SOLUTIONS TO CHALLENGES FACING	5,000.
NATIONAL BLACK WOMENS JUSTICE INSTITUTE 2703 7TH ST BROOKLYN, NY 94710	N/A	PC	ELIMINATE RACIAL & GENDER DISPARITIES I	10,000.
NEW ENGLAND HEMOPHILIA ASSOCIATION 347 WASHINGTON ST, STE 402 DEDHAM, MA 02026	N/A	PC	SUPPORTING FAMILIES OF HEMOPHILIACS	1,500.
NEWPORT PUBLIC EDUCATION FOUNDATION 320 THAMES ST # 1237 NEWPORT, RI 02840	N/A	PC	ENHANCE NEWPORT PUBLIC SCHOLL CHILDREN	500.
Total				3a
b Approved for future payment				
Total				3b

Part XV **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>				
PEDAL THE CAUSE 9288 DIELMAN INDUSTRIAL DR SAINT LOUIS, MO 63132	N/A	PC	RAISE AWARENESS AND FUNDS FOR CANCER R	10,000.
PINEBROOK FAMILY ANSWERS 402 NORTH FULTON ST ALLENTOWN, PA 18102	N/A	PC	SUPPORT CHILDREN FAMILIES & SENIORS	2,000.
ALL OTHER	N/A	PC		228,136.
Total				3a
b <i>Approved for future payment</i>				
Total				3b