

For calendar year 2022 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"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <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: <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) \$ 6,109.	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"/>								

	(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)	415,372.			
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	415,372.			
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)	3,058.			3,058.
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	3,058.			3,058.
25 Contributions, gifts, grants paid	407,115.			407,115.
26 Total expenses and disbursements. Add lines 24 and 25	410,173.			410,173.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	5,199.			
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	910.	6,109.	6,109.	
	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				
	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).	910.	6,109.	6,109.		
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				
	28 Retained earnings, accumulated income, endowment, or other funds	910.	6,109.		
29 Total net assets or fund balances (see instructions)	910.	6,109.			
30 Total liabilities and net assets/fund balances (see instructions)	910.	6,109.			

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	910.
2 Enter amount from Part I, line 27a	2	5,199.
3 Other increases not included in line 2 (itemize) _____	3	
4 Add lines 1, 2, and 3.	4	6,109.
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	6,109.

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 2022 estimated tax payments and 2021 overpayment credited to 2022		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?		
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 2022 or the tax year beginning in 2022? 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 www.magellanhealth.com/about/magellan-cares/	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		
16	At any time during calendar year 2022, 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 2022?	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 2022?	2a	X
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	
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?	3a	X
b If "Yes," did it have excess business holdings in 2022 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 2022.)	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 2022?	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.		
TONY FROST 14100 MAGELLAN PLAZA MARYLAND HEIGHTS, MO 63043	VP & TREASURER	0.		
ERIKA ROSE 8621 ROBERT FULTON DRIVE COLUMBIA, MD 21046	VP & SECRETARY	0.		
DERRICK DUKE 6303 COWBOYS WAY Ste. 3RD FLOOR FRISCO, TX 75034	CEO	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)*

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
NONE		
NONE		
NONE		
NONE		
Total number of others receiving over \$50,000 for professional services		

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
2 NONE	
All other program-related investments. See instructions.	
3 NONE	
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	-4,718.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	-4,718.
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	
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	
6	Minimum investment return. Enter 5% (0.05) of line 5	6	

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	0.
2a	Tax on investment income for 2022 from Part V, line 5	2a	0.
b	Income tax for 2022. (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	0.
4	Recoveries of amounts treated as qualifying distributions.	4	0.
5	Add lines 3 and 4	5	0.
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	0.

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	410,173.
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	410,173.

Part XII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1	Distributable amount for 2022 from Part X, line 7				
2	Undistributed income, if any, as of the end of 2022:				
a	Enter amount for 2021 only.				
b	Total for prior years: _____				
3	Excess distributions carryover, if any, to 2022:				
a	From 2017 595,220.				
b	From 2018 563,290.				
c	From 2019 611,536.				
d	From 2020 604,751.				
e	From 2021 524,673.				
f	Total of lines 3a through e	2,899,470.			
4	Qualifying distributions for 2022 from Part XI, line 4: \$ 410,173.				
a	Applied to 2021, 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 2022 distributable amount				
e	Remaining amount distributed out of corpus	410,173.			
5	Excess distributions carryover applied to 2022 (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.	3,309,643.			
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 2021. Subtract line 4a from line 2a. Taxable amount - see instructions				
f	Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023.				
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 2017 not applied on line 5 or line 7 (see instructions)	595,220.			
9	Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	2,714,423.			
10	Analysis of line 9:				
a	Excess from 2018 563,290.				
b	Excess from 2019 611,536.				
c	Excess from 2020 604,751.				
d	Excess from 2021 524,673.				
e	Excess from 2022 410,173.				

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 2022, 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) 2022	(b) 2021	(c) 2020	(d) 2019	
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:

Don Nelson (314)387-4000 DWNelson@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: magellanhealth.com/about/magellan-cares/

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
<i>a Paid during the year</i>				
AID ATLANTA 1650 PEACHTREE ST NE ATLANTA, GA 30309		PC	Community assistance	2,500.
AIDS COUNCIL OF NE NY INC 927 BROADWAY ALBANY, NY 12207-1306		PC	Commun.assist for AIDS victims	5,000.
AIDS HEALTHCARE FOUNDATION 6255 W. SUNSET BL, 21ST FLOOR LOS ANGELES, CA 90028-7422		PC	Community assist	5,000.
AIDS PROJECT LOS ANGELES 611 S. KINGSLEY DR LOS ANGELES, CA 90005		PC	Commun. assistance	6,250.
AIDS UNITED 1101 14ST NW #300 WASHINGTON, DC 20005		PC	Community assist	20,000.
AMERICAN FOUNDATION FOR SUICIDE 199 WATER ST 11 FLOOR NEW YORK, NY 10038		PC	suicide prevention,support fam	5,000.
AMERICAN HEART ASSN 7272 GREENVILLE AVE DALLAS, TX 75231-4596		PC	heart health support	5,000.
AMERICAN HEART ASSN 2007 O STREET SACRAMENTO, CA 95811		PC	heart health support	5,000.
Total			3a	407,115.
<i>b Approved for future payment</i>				
Total			3b	

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.

2022

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...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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	<p>MAGELLAN HEALTH, INC.</p> <p>4801 E WASHINGTON STREET</p> <p>PHOENIX, AZ 85034</p>	<p>\$ 415,372.</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
_____	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
_____	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
_____	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
_____	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
_____	<p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

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

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

(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

_____ _____ _____	_____ _____ _____
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(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

_____ _____ _____	_____ _____ _____
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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:				
Misc Expense, Bank Fees	3,058.	0.	0.	3,058.
	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.

Form 990 (2022)

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 MICHAEL P MCQUILLEN 8621 ROBERT FULTON DRIVE COLU	DIRECTOR 0.000000	0.	0.	0.
6 DON NELSON 14100 MAGELLAN PLAZA MARYLANI	DIRECTOR 0.000000	0.	0.	0.
7 CAROLINE CARNEY 6303 COWBOYS WAY Ste. 3RD FLP	DIRECTOR 0.000000	0.	0.	0.
8 LILLY ACKLEY 14100 MAGELLAN PLAZA MARYLANI	DIRECTOR 0.000000	0.	0.	0.
9 LEE E MEISS 8621 ROBERT FULTON DRIVE COLU	DIRECTOR 0.000000	0.	0.	0.
10 ANNA SEVER 14100 MAGELLAN PLAZA MARYLANI	DIRECTOR 0.000000	0.	0.	0.
11 KYLE FOLTZ 14100 MAGELLAN PLAZA Ste. MO-	DIRECTOR 0.000000	0.	0.	0.
12	0.000000	0.	0.	0.
13	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>				
ARIZONA AUTISM UNITED 5025 E WASHINGTON ST Ste. 212 Phoenix, AZ 85034		PC	autism support	5,000.
ARMED SERVICES ARTS PARTNER 901 W ST NW Ste. 807 Washington, DC 20001		PC	arts for families	15,000.
BOYS AND GIRLS CLUB OF TOLEDO 2250 N DETROIT AVE TOLEDO, OH 43606		PC	support youth	1,000.
CAMP HAWKINS 4253 W 9580 S South Jordan, UT 84009		PC	child heart defects	5,000.
CHILD & FAMILY SVCS NEWPORT 31 JOHN CLARKE RD Middletown, RI 02842-5641		PC	family support	2,500.
COMMUNITY BEHAVIORAL HEALTH ED 18 EGGES LN Nottingham, MD 21236-4511		PC	behavioral health edu	2,500.
COMMUN. INTERVENTION CENTER OF LACKAWANNA COUNTY 445 N 6TH AVE Allentown, PA 18104		PC	behav.health support	2,500.
DOGS FOR OUR BRAVE 6244 CLAYTON AVE Saint Louis, MO 63139		PC	service dogs for vets	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 <i>Paid during the year</i>				
FREDERICKSBURG AREA HIV AIDs SUPPORT SVCS 4701 MARKET ST #B Fredericksburg, VA 22408		PC	AIDS support	2,500.
GA. STATE U FOUNDATION ONE PARK PLACE STE 533 Atlanta, GA 30303		PC	support student health	750.
GEOFF HIGGINBOTHAM FOUNDATION 135 MANCHESTER ST Nashua, NH 03064		PC	cystic fibrosis fdn support	3,000.
H.E.R.O.E.S. CARE INC 330 SUN VALLEY CIRCLE Fenton, MO 63026		PC	military fam.support	2,500.
HEALTH BRIGADE 1010 N THOMPSON ST Richmond, VA 23230		PC	healthcare support	2,500.
HEALTH CARE FOR THE HOMELESS 421 FALLSWAY Baltimore, MD 21202-4800		PC	healthcare support	3,000.
HOPE AND HELP INC 4122 METRIC DR #800 Winter Park, FL 32792		PC	community support	2,500.
INDEPENDENT HEALTH FOUNDATION 511 FARBER LAKES DR Buffalo, NY 14221		PC	healthcare support	6,000.
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	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
INSURE THE UNINSURED PROJECT 400 CAPITOL MALL STE 900 Sacramento, CA 95814		PC	community health support	5,000.
JOURNEY HOME INC 255 MAIN ST 2ND FL Hartford, CT 06106-1808		PC	homelessness assist	10,000.
LEUKEMIA & LYMPHOMA SOCIETY PO BOX 22488 NEW YORK, NY 10087-2488		PC	cancer support	1,000.
LIONS SIGHT & HEARING FOUNDATION 3450 EAST SPRING ST #212 Long Beach, CA 90806		PC	sight,hearing support	1,000.
LOUISIANA CASA ASSOCIATION 2051 SILVERSIDE DR Ste. 740 BATON ROUGE, LA 70808-9005		PC	homelessness support	3,000.
MARYLAND FOOD BANK INC 2200 HALETHORPE FARMS RD Halethorpe, MD 21227		PC	alleviate hunger	3,000.
MARYLAND RURAL HEALTH ASSOCIATION PO BOX 3128 Cumberland, MD 21504-3128		PC	community support	2,500.
MENTAL HEALTH ASSOC OF NYC 50 BROADWAY 19TH FLOOR NEW YORK, NY 10004		PC	mental health support	10,000.
Total				3a
<i>b 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				
MILITARY FAMILY ADVISORY NETWORK 22015 W 66TH ST Ste. 860635 Shawnee, KS 66286		PC	support military families	10,000.
NAMI 1020 NEW BRITAIN AVE Ste. 201 West Hartford, CT 06110		PC	mental issness issues	32,000.
NEVADA P.E.P. INC 7211 WEST CHARLESTON BLVD Ste. 474 Las Vegas, NV 89117		PC	family support	1,500.
NEVADA YOUTH EMPOWERMENT PROJ 1369 FARLAND WAY Ste. 300 Reno, NV 89503		PC	youth empowerment	2,000.
NORTHERN NEVADA RAVE FAMILY FD 555 REACTOR WAY Reno, NV 89502		PC	special needs children	2,000.
PACT COALITION FOR SAFE AND DRUG-FREE COMMUN 1210 S. VALLEY VIEW BLVD Las Vegas, NV 89107		PC	behavioral health support	2,500.
PEER EMPOWERMENT NETWORK 514 SOMERSET ST Johnstown, PA 15901-2637		PC	peer empowerment	2,500.
PHARMACY QUALITY ALLIANCE INC 5911 KINGSTOWNE VLG PKWY #130 Alexandria, VA 22315		PC	medication safety education	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				
PROJECT INCLUSION 2213 N GREEN VALLEY PKWY #201 Las Vegas, NV 89104		PC	disabilities-inclusion support	2,000.
PROJECT RESPONSE 745 S APOLLO BLVD Melbourne, FL 32901		PC	HIV/AIDS victims	2,500.
S.A.F.E. 100 N CONAHAN DR ALLENTOWN, PA 18104		PC	safe from abuse	2,500.
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET STE 400 SAN FRANCISCO, CA 94103		PC	HIV/AIDS victims	6,250.
SHEPHERDS CENTER OF HAMILTON COUNTY 1250 CONNER ST Noblesville, IN 46060		PC	promote healthy aging	5,000.
ST JUDE CHILDRENS RESEARCH HSP 501 ST JUDE PLACE Memphis, TN 38105		PC	children with cancer	5,000.
ST LOUIS AREA FOODBANK 70 CORPORATE WOODS DR Bridgeton, MO 63044		PC	end hunger	2,500.
ST LOUIS CHILDRENS HOSP FNDTN 1001 HIGHLANDS PLAZA DR W #160 Saint Louis, MO 63110-1337		PC	children's healthcare	12,500.
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 Paid during the year				
ST LOUIS CRISIS NURSERY 11710 ADMINISTRATION DRIVE #18 Saint Louis, MO 63146		PC	child crisis intervention	2,500.
STRAY RESCUE OF ST LOUIS 2320 PINE ST Saint Louis, MO 63103-2219		PC	community issues	2,500.
STS JOACHIM AND ANN CARE SVCS 4116 MCCLAY RD SAINT CHARLES, MO 63304-7918		PC	community services	2,500.
SUBURBAN PRIMARY HEALTHCARE CO 2225 ENTERPRISE DR STE 2507 Westchester, IL 60154-5805		PC	healthcare concerns	750.
SUPPORTIVE HOUSING IMPROVING FOSTER TRANSITION 520 MARGIN RD Lebanon, PA 17042-9105		PC	improve foster transition	5,000.
THE ARC OF LEHIGH AND NORTHAMPTON COUNTIES INC 2289 AVENUE A Bethlehem, PA 18017-2107		PC	inclusion, opportunity, equity	5,000.
THE CARTER CENTER 453 JOHN LEWIS FREEDOM PKWY NE Atlanta, GA 30307		PC	behav. health treatmt access	20,000.
THE ELIZABETH DOLE FOUNDATION 600 NEW HAMPSHIRE AVE NW 10TH FL Washington, DC 20037		PC	military/caregivers support	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 <i>Paid during the year</i>				
THE HOME PARTNERSHIP FOUNDATION PO BOX 7899 Boise, ID 83707		PC	stable, safe housing support	5,000.
THE JED FOUNDATION PO BOX 412945 Boston, MA 02241-2945		PC	youth mental health resources	30,000.
THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR STE 200 Port Chester, NY 10573		PC	cancer support	7,500.
THE MULTI AGENCY ALLIANCE FOR CHILDREN INC 229 PEACHTREE ST NE Ste. 1400 Atlanta, GA 30303		PC	youth and families	5,000.
TOGETHER GEORGIA PROVIDER ALLIANCE INC 5456 PEACHTREE BLVD Ste. 521 Atlanta, GA 30341		PC	child and family support	2,750.
UNIVERSITY OF N GEORGIA FOUNDATION INC PO BOX 1599 Dahlonega, GA 30533-0027		PC	student health support	3,000.
Various-multiple small grants 14100 MAGELLAN PLAZA MARYLAND HEIGHTS, MO 63043		PC	assist community	49,865.
VIRGINIA HEALTHCARE FOUNDATION 11013 WEST BROAD ST Ste. 500 Glen Allen, VA 23060		PC	healthcare support	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	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VOICES FOR GEORGIA CHILDREN 75 MARIETTA ST NW STE 401 Atlanta, GA 30303		PC	improve children's lives	3,000.
YMCA OF GREATER TOLEDO 6465 SYLVANIA AVE Sylvania, OH 43560		PC	support/develop health	1,000.
Total				3a
b <i>Approved for future payment</i>				
Total				3b