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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018 or tax year beginning , 2018, and ending , 20

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) | Room/suite
PO BOX 28737

B Telephone number (see instructions)
256-737-3792

City or town, state or province, country, and ZIP or foreign postal code
MACON GA 31221

C If exemption application is pending, check here ▶ ☐ 6

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1 Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation 04
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ $ 2,509

J Accounting method: ☐ Cash ☒ Accrual ☐ 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 ▶ ☐

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))

			(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)	563,603			
	2	Check ▶ ☐ 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)		0		
	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)	0			
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	563,603	0	0	
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)				
	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) Stmt 1	3,053.			3,053
	24	**Total operating and administrative expenses.** Add lines 13 through 23	3,053	0	0	3,053
	25	Contributions, gifts, grants paid	560,541			560,541
	26	**Total expenses and disbursements.** Add lines 24 and 25	563,594	0	0	563,594
	27	Subtract line 26 from line 12.				
	a	**Excess of revenue over expenses and disbursements**	9			
	b	**Net investment income** (if negative, enter -0-)		0		
	c	**Adjusted net income** (if negative, enter -0-)			0	

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Form **990-PF** (2018)

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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		2,509	2,509
	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	27,206		
	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)	27,206	2,509	2,509
Liabilities	17	Accounts payable and accrued expenses		2,500	
	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 ▶ Cash Overdraft)	27,206		
	23	**Total liabilities** (add lines 17 through 22)	27,206	2,500	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26, and lines 30 and 31.**			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund		9	
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances** (see instructions)	0	9	
	31	**Total liabilities and net assets/fund balances** (see instructions)	27,206	2,509	

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 30 (must agree with end-of-year figure reported on prior year's return)	1	0
2	Enter amount from Part I, line 27a	2	9
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	9
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 30	6	9

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.			(l) 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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	597,930	54,205	11.0309
2016	0	0	0.0000
2015	0	0	0.0000
2014	0	0	0.0000
2013	0	0	0.0000

2	**Total** of line 1, column (d)	2	11.0309
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	11.0309
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	6,072
5	Multiply line 4 by line 3	5	66,980
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7	Add lines 5 and 6	7	66,980
8	Enter qualifying distributions from Part XII, line 4	8	563,594

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☒ and enter 1% of Part I, line 27b		1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 1% 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	0
3	Add lines 1 and 2		3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-		5	0
6	Credits/Payments:			
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a 0		
b	Exempt foreign organizations—tax withheld at source	6b 0		
c	Tax paid with application for extension of time to file (Form 8868)	6c 0		
d	Backup withholding erroneously withheld	6d 0		
7	Total credits and payments Add lines 6a through 6d		7	0
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ 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 2019 estimated tax** ▶ **Refunded** ▶		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?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	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.			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ $ NONE (2) On foundation managers. ▶ $ NONE			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ NONE			
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.	2		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	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T*	5		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?	6	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	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions ▶ DELAWARE			
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 *General Instruction G*? If "No," attach explanation	8b	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 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. Stmt 2	10	X	

2

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	11		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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ https://alphacarecms.magellanhealth.com/mh/about/magellan-cares.aspx

14 The books are in care of ▶ MARGIE M. SMITH Telephone no. ▶ 256-737-3792

Located at ▶ 125 PLANTATION CENTRE DR., BLDG 500D, MACON, GA ZIP+4 ▶ 31210

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

			Yes	No
16	At any time during calendar year 2018, 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 ▶	16		X

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? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ 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)? ☐ Yes ☒ 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.) ☐ Yes ☒ 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	1b		
	Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐			
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 2018?	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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☒ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2018 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.)	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 2018?	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))?	☐ Yes ☒ No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53 4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		X
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	☐ Yes ☒ No		

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

1 List all officers, directors, trustees, 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
STATEMENT 3				

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

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

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."**

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part IX-A **Summary of Direct Charitable Activities**

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

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2 NONE	
All other program-related investments See instructions 3 NONE	
Total. Add lines 1 through 3 ▶	0

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	6,164
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, b, and c)	1d	6,164
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	6,164
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	92
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,072
6	**Minimum investment return.** Enter 5% of line 5	6	304

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	304
2a	Tax on investment income for 2018 from Part VI, line 5 — 2a		
b	Income tax for 2018 (This does not include the tax from Part VI.) — 2b		
c	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	304
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	304
6	Deduction from distributable amount (see instructions)	6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	304

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	563,594
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	563,594
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	563,594

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				304
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only				
b Total for prior years: 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017 595,220				
f **Total** of lines 3a through e	595,220			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 563,594				
a Applied to 2017, 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 2018 distributable amount				304
e Remaining amount distributed out of corpus	563,290			
5 Excess distributions carryover applied to 2018 (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	1,158,510			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
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		0		
e Undistributed income for 2017. Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				0
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 2013 not applied on line 5 or line 7 (see instructions)				
9 **Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a	1,158,510			
10 Analysis of line 9.				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017 595,220				
e Excess from 2018 563,290				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					0
b 85% of line 2a	0	0	0	0	0
c Qualifying distributions from Part XII, line 4 for each year listed					0
d Amounts included in line 2c not used directly for active conduct of exempt activities					0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter (1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
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)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

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))

BARRY M. SMITH

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.

CPOHLE@MAGELLANHEALTH.COM

b The form in which applications should be submitted and information and materials they should include:

Application is located at the following website: https://www.magellanhealth.com/mh/about/magellan-cares2.aspx

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:

Must support the Foundation's mission to improve the health & well-being of the lives & communities we serve.

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*				
STATEMENT 4				
Total ▶ **3a**				0
b *Approved for future payment*				
NONE				
Total ▶ **3b**				0

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)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
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)		0		0	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	0

(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.)
	N/A

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

			Yes	No
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	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

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

Signature of officer or trustee | Date: 10/14/19 | Title: VP, TREASURER & DIRECTOR

May the IRS discuss this return with the preparer shown below? See instructions ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

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

2018

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 33⅓% 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 N. SCOTTSDALE RD., STE. 4400 SCOTTSDALE, AZ 85251	$ 532,694	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	BARRY M. SMITH 4800 N. SCOTTSDALE RD., STE. 4400 SCOTTSDALE, AZ 85251	$ 30,792	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: MAGELLAN CARES FOUNDATION, INC.

Employer identification number: 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
		$	

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

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

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

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

(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

(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

MAGELLAN CARES FOUNDATION, INC.
FEIN # 46-0730555
PO BOX 28737
125 PLANTATION CENTRE DRIVE, BLDG. 500D
MACON, GA 31210

STATEMENT 1

Form 990-PF, Part I Line 23 - Other Expenses

Bank Fees	2,978
Postage	75
	3,053

MAGELLAN CARES FOUNDATION, INC.
FEIN # 46-0730555
PO BOX 28737
125 PLANTATION CENTRE DRIVE, BLDG. 500D
MACON, GA 31210

STATEMENT 2

Form 990-PF, Part VII-A Line 10 - Substantial Contributors

Magellan Health, Inc.
4800 N. Scottsdale Road, Ste. 400
Scottsdale, AZ 85251

Barry M. Smith
4800 N. Scottsdale Road, Ste. 400
Scottsdale, AZ 85251

MAGELLAN CARES FOUNDATION, INC.
FEIN # 46-0730555
PO BOX 28737
125 PLANTATION CENTRE DRIVE, BLDG. 500D
MACON, GA 31210

STATEMENT 3

Form 990-PF, Part VIII - Officers, Directors, Trustees, and Foundation Managers

(a) Name and Address	(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
Barry M. Smith 4800 N Scottsdale Rd, Ste 4400, Scottsdale, AZ 85251	Director - Chairman 0	0	0	0
Lee Ellen Meiss 55 Nod Rd, Avon, CT 06001	Director, President & Executive Director 8 0	0	0	0
John Littel 55 Nod Rd, Avon, CT 06001	Director 2 0	0	0	0
Caskie Lewis-Clapper 4800 N Scottsdale Rd, Ste 4400, Scottsdale, AZ 85251	Director 0 2	0	0	0
Michael P McQuillen 6950 Columbia Gateway Dr #4, Columbia, MD 21046	Director, Vice President, & Secretary 1 0	0	0	0
Linton C Newlin 14100 Magellan Plaza, St Louis, MO 631444	Director, Vice President & Treasurer 0	0	0	0
Margie M. Smith 14100 Magellan Plaza, St. Louis, MO 631444	Assistant Secretary 0	0	0	0
John J DiBernardi 6950 Columbia Gateway Dr #4, Columbia, MD 21046	Assistant Secretary 0	0	0	0
Mostafa Kamal 4800 N Scottsdale Rd, Ste 4400, Scottsdale, AZ 85251	Director 0	0	0	0
Linda Smith 4800 N Scottsdale Rd, Ste 4400, Scottsdale, AZ 85251	Director 2.0	0	0	0

MAGELLAN CARES FOUNDATION, INC.
FEIN # 46-0730555
PO BOX 28737
125 PLANTATION CENTRE DRIVE, BLDG. 5000
MACON, GA 31210

STATEMENT 4

Form 990-PF, Part XV , Line 3a - Grants & Contributions Paid During the Year

Name and Address	Individual relationship to foundation manager or substantial contributor	Foundation Status of Recipient	Purpose	Amount
ABILITY 360 5025 E Washington St; Phoenix, AZ 85034	N/A	PC	Assistance for handicap and disabled persons	500 00
Alliance for Positive Health (formerly AIDS COUNCIL OF NORTHEASTERN NEW YORK INC) 927 Broadway, Albany, NY 12207	N/A	PC	Assistance for people with AIDS	3,000 00
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOC 9370 Olive Blvd; St. Louis, MO 63132	N/A	PC	Services for people with Alzheimer's	3,825 00
AMERICAN BAR ASSOCIATION FUND FOR JUSTICE & EDUCATION 321 N Clark Street; Chicago, IL 60654	N/A	PC	Military Veteran Support	5,000 00
AMERICAN CANCER SOCIETY 250 Williams Street, NW; Atlanta, GA 30303	N/A	PC	Cancer research, patient support and preventative programs	3,500 00
AMERICAN HEART ASSOCIATION 7272 Greenville Avenue, Dallas, TX 75231	N/A	PC	For assistance of heart related disease	28,500 00
ARC WISCONSIN DISABILITY ASSOCIATION, INC. 131 W Wilson St. Ste 700, Madison, WI 53703	N/A	PC	Assistance for people with developmental and related disabilities	2,500 00
ARCH STREET CENTER, INC. 629 N Market St; Lancaster, PA 17603	N/A	PC	Mental health and crisis intervention	5,000 00
ARIZONA AUTISM UNITED, INC. 5025 E Washington St; Phoenix, AZ 85034	N/A	PC	Services for adults and children with autism	2,500 00
ARIZONA SUICIDE PREVENTION COALITION P O Box 47338; Phoenix, AZ 85068	N/A	PC	Suicide prevention and awareness	4,000 00
ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES 1100 Wayne Ave, Ste 1000; Silver Spring, MD 20910	N/A	PC	Assistance for the developmentally disabled	7,000 00
BIG BEND HOMELESS COALITION, INC. 325 John Knox Rd Bldg B; Tallahassee, FL 32303	N/A	PC	For assistance to indigent families	2,500 00
BOYS & GIRLS CLUB OF MAUI 100 Kanaloa Ave; Kahului, HI 96732	N/A	PC	Supporting programs for at-risk youth	1,500 00
BUFFALO PRENATAL-PERINATAL NETWORK 625 Delaware Ave, Buffalo, NY 14202	N/A	PC	For assistance to indigent families	500 00
CAPITAL HOSPICE 2900 Telestar Ct; Falls Church, VA 22042	N/A	PC	For assistance to people needing hospice care	10,000 00
CARITAS P.O. Box 25790, Richmond, VA 23260	N/A	PC	Temporary shelter to indigent families	5,000 00
CASEY CARES FOUNDATION, INC. 3818 Vero Rd Ste C; Baltimore, MD 21227	N/A	PC	For programs offered to families with critically ill children	2,000 00
CENTER FOR PUBLIC POLICY PRIORITIES 7020 Easy Wind Dr; Austin, TX 78752	N/A	PC	For assistance to indigent families	5,000 00
CHANDLER COMPADRES INC P O Box 11038, Chandler, AZ 85248	N/A	PC	For assistance to indigent families	5,000 00
CHILD & FAMILY SERVICES OF NEWPORT COUNTY 31 John Clarke Road, Middletown, RI 02842	N/A	PC	For rehabilitative treatment	1,000 00
COLORECTAL CANCER ALLIANCE 1025 Vermont Ave, NW Ste 1066, Washington DC 20005	N/A	PC	Supports research, public education and patient support for colon cancer	1,000 00
CONNECTICUT CHILDRENS MEDICAL CENTER 282 Washington St., Hartford, CT 06106-3322	N/A	PC	Assistance for handicap and disabled persons	5,000 00
CONTRA COSTA REGIONAL HEALTH FOUNDATION 50 Douglas Dr Ste 310A, Martinez, CA 94553	N/A	PC	Improve the health and lives of indigent families in Contra Costa County	5,000 00
DAILY BREAD, INC. 815 E Fee Ave; Melbourne, FL 32901	N/A	PC	Assistance for indigent families	2,500 00
DIOCESAN COUNCIL 913 Wilson Rd, Wilmington, DE 19803	N/A	PC	Assistance for indigent families	1,500 00
ELLICOTT CITY HISTORIC DISTRICT PARTNERSHIP, INC. 8321 Main St, 2nd Floor; Ellicott City, MD 21043	N/A	PC	Assistance for natural disaster	2,000 00
ENDEPENDENCE CENTER, INC. 6300 E Virginia Beach Blvd, Norfolk, VA 23502	N/A	PC	Assistance for the handicap	3,000 00
EPILEPSY FOUNDATION OF EASTERN PA 919 Walnut St., Ste 700; Philadelphia, PA 19107	N/A	PC	Services for people with epilepsy	2,500.00
EQUALITY CALFIORNIA INSTITUE 202 W 1st St; Los Angeles, CA 90012	N/A	PC	Health services for minorities	3,000 00

MAGELLAN CARES FOUNDATION, INC.
FEIN # 46-0730555
PO BOX 28737
125 PLANTATION CENTRE DRIVE, BLDG 500D
MACON, GA 31210

STATEMENT 4

Form 990-PF, Part XV, Line 3a - Grants & Contributions Paid During the Year

Name and Address	Individual relationship to foundation manager or substantial contributor	Foundation Status of Recipient	Purpose	Amount
FAIRYTALE TOWN, INC. 3901 Land Park Dr, Sacramento, CA 95822	N/A	PC	Promote imagination, creativity and education of children	5,000 00
FAMILY INVOLVEMENT CENTER 5333 North 7th St No A-100; Phoenix, AZ 85014	N/A	PC	For assistance to indigent families	1,000 00
FAMILY SUPPORT LINE OF DELAWARE COUNTY, INC. 100 West 6th St, Media, PA 19063	N/A	PC	For assistance to indigent families in Delaware county	2,500 00
FEEDMORE 1415 Rhoadmiller St; Richmond, VA 23220	N/A	PC	For assistance to indigent families	500 00
FISHER HOUSE IN ST LOUIS 1375 N Highway Dr; Fenton, MO 63026	N/A	PC	Military Veteran Support	2,005 00
FOOD BASKET, INC. HAWAII ISLAND'S FOOD BANK 40 Holomua St; Hilo, HI 96720	N/A	PC	For assistance to indigent families	500 00
GIFTS OF LOVE, INC. 34 East Main Street, Avon, CT 06001	N/A	PC	For assistance to indigent families	2,000 00
GIRLS ON THE RUN 287 Independence Blvd; Virginia Beach, VA 23462	N/A	PC	For assistance to indigent families	500 00
HAVEN HOUSE, INC. P.O. Box 20875, Juneau, AK 99802	N/A	PC	Assistance for transitional care for offenders and ex-offenders	2,500 00
HEBNI NUTRITION CONSULTANTS, INC. 2009 W Central Blvd; Orlando, FL 32805	N/A	PC	Educating high-risk populations to prevent diet-related diseases	3,000 00
HORSES BRING HOPE 121 Railroad Ave; North Kingston, RI 02852	N/A	PC	Assist in improving the emotional rehabilitation for persons with disabilities	1,000 00
ICAN: POSITIVE PROGRAMS FOR YOUTH 650 East Morelos St; Chandler, AZ 85225	N/A	PC	Supporting programs for at-risk youth	2,500 00
INSTITUTE FOR DISABILITY ACCESS, INC. 1640 E 2nd St, Austin, TX 78702	N/A	PC	Assist minorities culture education	10,000 00
INTO THE NEIGHBORHOOD, INC. 2101 Barton Ave, Richmond, VA 23222	N/A	PC	For assistance to indigent families	5,000 00
JACK AND JILL LATE STAGE CANCER FOUNDATION, INC. 3282 Northside Parkway NW Ste 100; Atlanta, GA 30327	N/A	PC	Support the children of parents with late stage cancer	4,000 00
JANNUS 1607 W Jefferson St, Boise, ID 83702	N/A	PC	For assistance to indigent families	8,000 00
JDRF INTERNATIONAL 26 Broadway 14th floor, NY, NY 10004	N/A	PC	Research for a cure to type 1 diabetes	10,000 00
JFT RECOVERY AND VETERANS SUPPORT SERVICES 76768 Carlisle Rd; Wellsville, PA 17365	N/A	PC	Support for Veterans suffering with PTSD	5,000 00
JOURNEY HOME 255 Main St 2nd Flr; Hartford, CT 06106	N/A	PC	For assistance to indigent families	10,000 00
JUNTOS Y UNIDOS POR PUERTO RICO, INC. 1519 Ponce De Leon Ave Stop 23, San Juan, PR 00909	N/A	PC	Hurricanes Irma and Maria relief	25,000 00
KAALA FARM P.O. Box 630; Waianae, HI 96792	N/A	PC	Improve community food security on the Wai'anae Coast	1,500 00
KAUAI HABITAT FOR HUMANITY P.O. Box 28; Eleele, HI 96705	N/A	PC	For assistance to indigent families	1,500 00
KUALOA-HE'EIA ECUMENICAL YOUTH (KEY) PROJECT 47-200 Waihee Rd; Kaneohe, HI 96744	N/A	PC	Supporting programs for at-risk youth	1,500.00
LA CLINICA DE LA RAZA P.O. Box 22210; Oakland, CA 94623	N/A	PC	Healthcare for indigent families	5,000 00
LITERACY VOLUNTEERS OF GREATER HARTFORD 30 Arbor St, Hartford, CT 06106	N/A	PC	Aid to the handicapped	2,000 00
LOUDOUN HUNGER RELIEF 750 Miller Dr; Leesburg, VA 20175	N/A	PC	For assistance to indigent families	2,500.00
MADISON AREA REHABILITATION CENTERS, INC. 901 Post Rd; Madison, WI 53713	N/A	PC	Aid to the handicapped	2,500 00
MAKE A WISH FNDTN GREATER VA 2810 N Parham Rd; Richmond, VA 23294	N/A	PC	For assistance to indigent families	2,500 00
MALAMA MAUNALUA 7192 Kalanianoale Hwy Ste A143A; Honolulu, HI 96825	N/A	PC	Conserving and restoring a healthy Maunalua Bay	1,500 00
MARCH OF DIMES	N/A	PC	Supporting families of critically ill children	2,500 00

MAGELLAN CARES FOUNDATION, INC.
FEIN # 46-0730555
PO BOX 28737
125 PLANTATION CENTRE DRIVE, BLDG. 500D
MACON, GA 31210

STATEMENT 4

Form 990-PF, Part XV , Line 3a - Grants & Contributions Paid During the Year

Name and Address	Individual relationship to foundation manager or substantial contributor	Foundation Status of Recipient	Purpose	Amount
300 Cedar Ridge Dr; Pittsburgh, PA 15205				
MARINE CORPS SCHOLARSHIP FOUNDATION, INC. 909 N Washington St Ste 400; Alexandria, VA 22314	N/A	PC	Need based scholarship program for children of Marines	500 00
MARINETTE COUNTY DRUG COURT ALUMNI SUPPORT FOUNDATION, INC. 2500 Hall Ave; Marinette, WI 54143	N/A	PC	Aid for substance dependent offenders	5,000 00
MARTIN LUTHER KING COMMUNITY CENTER, INC. 20 DR Marcus Wheatland Blvd; Newport, RI 02840	N/A	PC	For assistance to indigent families	2,000 00
MASSACHUSETTS ASSOCIATION FOR MENTAL HEALTH 50 Federal St; Boston, MA 02110	N/A	PC	Assistance for the mentally ill	5,000 00
MCSHIN FOUNDATION 2300 Dumbarton Rd; Richmond, VA 23228	N/A	PC	Mental Health Crisis Intervention	1,000 00
MENTAL HEALTH AMERICA OF ARIZONA 5110 N 40th St; Phoenix, AZ 85018	N/A	PC	Assistance for the mentally ill	1,000 00
MENTAL HEALTH AMERICA NE FLORIDA, INC 4615 Philips Hwy; Jacksonville, FL 32207	N/A	PC	Mental Health Crisis Intervention	4,000 00
MILE HIGH KIDS AND COMMUNITY DEVELOPMENT, INC. 5802 E VA Beach Blvd Ste 122 MB 704, Norfolk, VA 23502	N/A	PC	Supporting programs for at-risk youth	3,500 00
MINNESOTA ALLIANCE WITH YOUTH 2233 University Ave, Saint Paul, MN 55114	N/A	PC	Supporting programs for at-risk youth	2,500 00
MONTANA HOPE PROJECT, INC. P.O. Box 5927; Helena, MT 59604	N/A	PC	Supporting programs for at-risk youth	2,500 00
MYRA'S PLACE 828 8th Ave, Prospect Park, PA 19076	N/A	PC	Supporting programs for women in recovery	2,500 00
NATIONAL ALLIANCE ON MENTAL ILLNESS 3803 North Fairfax Dr. Ste 100; Arlington, VA 22203	N/A	PC	Mental Health Crisis Intervention	58,000 00
NATIONAL ALLIANCE ON MENTAL ILLNESS OF PA MONTGOMERY COUNTY 100 W Main St Ste 204, Lansdale, PA 19446	N/A	PC	Mental Health Crisis Intervention	2,500 00
NATIONAL ALLIANCE ON MENTAL ILLNESS VALLEY OF THE SUN 5025 E Washington St Ste 112, Phoenix, AZ 85034	N/A	PC	Mental Health Crisis Intervention	1,500 00
NATIONAL ASSOCIATION OF HOUSING & REDEVELOPMENT OFFICIALS 421 E University Dr; Mesa, AZ 85203	N/A	PC	For assistance to indigent families	1,500 00
NEW ENGLAND HEMOPHILIA ASSOCIATION, INC. 347 Washington St Ste 405; Dedham, MA 02026	N/A	PC	Supporting families of hemophiliacs	1,000 00
PEOPLES ADVOCACY FOR TRAILS HAWAII P.O. Box 62, Kailua Kona, HI 96745	N/A	PC	Supporting programs for at-risk youth	500 00
PATHWAYS DROP IN CENTER 1313 30th St; Orlando, FL 32805	N/A	PC	Mental health care	2,500 00
PHOENIX CHILDREN'S HOSPITAL 1919 E Thomas Rd; Phoenix, AZ 85016	N/A	PC	Pediatric cancer research	5,000.00
PREVENT CHILD ABUSE VIRGINIA 8100 Three Chopt Rd Rm 212; Richmond, VA 23229	N/A	PC	Supporting programs to promote positive parenting	2,500 00
SANTA CLARA VALLEY MEDICAL CENTER MEDICAL STAFF CORPORATION 751 S Bascome Ave; San Jose, CA 95128	N/A	PC	Medical research	5,000 00
REGIONAL FOOD BANK OF N E NY INC. 965 Albany Shaker Rd; Latham, NY 12110	N/A	PC	For assistance to indigent families	2,500 00
RHODE ISLAND PARENT INFORMATION NETWORK, INC. 1201 Pontiac Ave, Cranston, RI 02920	N/A	PC	Supporting programs for at-risk youth	2,500 00
RONALD MCDONALD HOUSE 100 N Academy Care Lane, Danville, PA 17821	N/A	PC	Supporting families of critically ill children	5,000 00
ROOTS COMMUNITY HEALTH CENTER 9925 International Blvd Ste 5; Oakland, CA 94603	N/A	PC	Support for improving the health of East Bay residents	5,000 00
RUNNING FOR RACHEL 5101 Mountain Ridge Ln; Harrisburg, PA 17112	N/A	PC	Support for suicide prevention	5,000 00
SALT LAKE EDUCATION FOUNDATION 440 E 100 S; Salt Lake City, UT 84111	N/A	PC	For assistance to indigent families	2,500 00
SALVATION ARMY - Hawaiian & Pacific Islands Division 2950 Manoa Rd, Honolulu, HI 96822	N/A	PC	For assistance to indigent families	500 00
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA 411 Mercy Drive; Orlando, FL 32805	N/A	PC	For assistance to indigent families	1,000 00

MAGELLAN CARES FOUNDATION, INC.
FEIN # 46-0730555
PO BOX 28737
125 PLANTATION CENTRE DRIVE, BLDG. 5000
MACON, GA 31210

STATEMENT 4

Form 990-PF, Part XV , Line 3a - Grants & Contributions Paid During the Year

Name and Address	Individual relationship to foundation manager or substantial contributor	Foundation Status of Recipient	Purpose	Amount
SHEPPARD PRATT HEALTH SYSTEM 6501 N Charles St; Baltimore, MD 21204	N/A	PC	Mental Health Crisis Intervention	1,000.00
SONORAN PREVENTION WORKS 3201 N 16th St Ste 9; Phoenix, AZ 85016	N/A	PC	Support for people affected by drug use	3,000 00
SOUTHWEST HUMAN DEVELOPMENT 2850 N 24th St; Phoenix, AZ 85008	N/A	PC	Aid to the handicapped and blind	1,000 00
SPECIAL OLYMPICS VIRIGINA, INC. 3212 Skipwith Rd Ste 100; Richmond, VA 23294	N/A	PC	Support for children and adults with intellectual disabilities	1,000 00
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 Danny Thomas Pl, Memphis, TN 38105	N/A	PC	Support for critically ill children	2,711 00
ST. LOUIS AREA FOODBANK 70 Corporate Woods Dr, St Louis, MO 63044	N/A	PC	For assistance to indigent families	2,500 00
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION 1001 Highlands Plaza Dr W Ste 160; St Louis, MO 63110	N/A	PC	Research in serious childhood illnesses	2,500 00
ST. LOUIS CRISIS NURSERY 11710 Administration Dr Ste 18, St Louis, MO 63146	N/A	PC	Support for children in abusive homes	2,500 00
ST. MARY'S FOODBANK ALLIANCE 2831 North 31st Ave, Phoenix, AZ 85009	N/A	PC	For assistance to indigent families	500 00
STATE OF MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES 525 East Mercury Street; Butte, MT 59701	N/A	PC	Alcohol, drug and substance abuse assistance	2,500 00
STRAY RESCUE OF ST LOUIS 2320 Pine St; St Louis, MO 63103	N/A	PC	Assist in the prevention of animal cruelty	2,500 00
SUBSTANCE ABUSE SERVICES, INC. 100 N Cameron St Ste 401E; Harrisburg, PA 17101	N/A	PC	Alcohol, drug and substance abuse assistance	5,000 00
TEAM RUBICON 6171 W Century Blvd Ste 310; Los Angeles, CA 90045	N/A	PC	For aiding Veterans utilized in disaster relief	23,000 00
TEAMS WORK FOR GOOD, INC. 321 Woodland Avenue; Haddonfield, NJ 08030	N/A	PC	For assistance to indigent families	1,000 00
TETRA STRING QUARTET 864 W 11th PL, Mesa, AZ 85201	N/A	PC	Concerts and workshops for underserved communities in Arizona	1,000 00
TEXAS CONSERVATIVE COALITION RESEARCH INSTITUTE P O Box 2659; Austin, TX 78768	N/A	PC	For assistance to indigent families	15,000 00
THE ARC - DANE COUNTY 6602 Grand Teton Plaza, Madison, WI 53719	N/A	PC	Support for children and adults with intellectual disabilities	2,500 00
THE BRIDGE FAMILY CENTER, INC. 1022 Farmington Ave; West Hartford, CT 06107	N/A	PC	Supporting programs for at-risk youth	4,500 00
THE CARTER CENTER, INC. One Copenhill 453 Freedom Parkway NE, Atlanta, GA 30307	N/A	PC	For assistance to indigent families	5,000 00
THE HOME PARTNERSHIP 565 W Myrtle, Boise, ID 83707	N/A	PC	For assistance to indigent families	5,000 00
THE MENTAL HEALTH ASSCOCIATION OF NEW YORK CITY, INC. 50 Broadway; New York, NY 10004	N/A	PC	Assistance for the serious mentally ill	28,000 00
THE QUELL FOUNDATION P O Box 1924; N Falmouth, MA 02556	N/A	PC	Mental Health Crisis Intervention	7,500 00
THE UNCOMMON GROUNDS P O Box 413; Aliquippa, PA 15001	N/A	PC	Mental Health Crisis Intervention	2,500 00
TOL MINISTRIES, INC 210 N 21st St Unit D, Purcellville, VA 20132	N/A	PC	For assistance to indigent families	2,500 00
ULU A'E LEARNING CENTER 1120 Kakala St Apt 503; Kapolei, HI 96707	N/A	PC	For assistance to indigent families	1,500 00
UNITED AGAINST POVERTY, INC. 2050 40th Ave Ste 9, Vero Beach, FL 32960	N/A	PC	For assistance to indigent families	1,000 00
UNIVERSITY OF UT COLLEGE OF PHARMACY 201 President Circle Rm 411; Salt Lake City, UT 84112	N/A	PC	For research and scholarships	7,000 00
VALLEY ASSOCS FOR INDEPENDENT LIVING, INC. 3210 Peoples Dr; Harrisonburg, VA 22801	N/A	PC	For aiding handicap and disabled persons	1,000 00
VAN GOGHS PALETTE INC. 4801 78th Ave N, Pinellas Park, FL 33781	N/A	PC	Assistance for the serious mentally ill	2,500 00
VETERANS OF FOREIGN WARS OF THE UNITED STATES DEPT OF CT	N/A	NC	Assist families of fallen soldiers	1,000 00

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Form 990-PF, Part XV , Line 3a - Grants & Contributions Paid During the Year

Name and Address	Individual relationship to foundation manager or substantial contributor	Foundation Status of Recipient	Purpose	Amount
P.O. Box 429, Rocky Hill, CT 06067				
VIRGINIA HEAD START ASSOCIATION, INC. P.O. Box 4, Ashland, VA 23005	N/A	PC	For assistance to indigent families	2,500 00
VIRGINIA HEALTHCARE FOUNDATION 707 E Main St; Richmond, VA 23219	N/A	PC	For assistance to indigent families	7,500 00
VOLUNTEER FLORIDA FOUNDATION 3800 Esplanade Way, Tallahassee, FL 32311	N/A	SO I	Disaster relief	25,000 00
VSA WISCONSIN, INC. 1709 Aberg Ave No 1; Madison, WI 53704	N/A	PC	Support for children and adults with disabilities	2,500 00
WHOLESOME WAVE, INC. 855 Main St Ste 910; Bridgeport, CT 06604	N/A	PC	For assistance to indigent families	5,000 00
Grand Total				560,541 00