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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.

1912

OMB No 1545-0047

2019

Open to Public Inspection

For calendar year 2019 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) 737-3792

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

MARYLAND HEIGHTS, MO 63043

C If exemption application is pending, check here ▶ ☐

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

☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

04

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) ▶ $ **24,684.**

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)	636,242.			
	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				
	5 a Gross rents				
	b Net rental income or (loss)				
	6 a Net gain or (loss) from sale of assets not on line 10	323			
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10 a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	636,242.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16 a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	12,989.			12,989.
	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	12,989.			12,989.
	25 Contributions, gifts, grants paid	598,578.			598,578.
	26 **Total expenses and disbursements.** Add lines 24 and 25	611,567.			611,567.
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	24,675.			
	b **Net investment income** (if negative, enter -0-)				
	c **Adjusted net income** (if negative, enter -0-)				

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Form **990-PF** (2019)

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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.	8,017.	8,017.
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges		16,667.	16,667.
	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)	2,509.	24,684.	24,684.
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 ▶)			
	23	**Total liabilities** (add lines 17 through 22)	2,500.		
Net Assets or Fund Balances		**Foundations that follow FASB ASC 958, check here** ▶ ☐ **and complete lines 24, 25, 29, and 30.**			
	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.**			
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg , and equipment fund	9.	24,684.	
	28	Retained earnings, accumulated income, endowment, or other funds			
	29	**Total net assets or fund balances** (see instructions)	9.	24,684.	
	30	**Total liabilities and net assets/fund balances** (see instructions)	2,509.	24,684.	

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	9.
2	Enter amount from Part I, line 27a	2	24,675.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	24,684.
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	24,684.

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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
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))
2018	563,594.	6,072.	92.8185
2017	597,930.	54,205.	11.0309
2016			
2015			
2014			

2	**Total** of line 1, column (d)	2	103.8494
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	20.7699
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	613.
5	Multiply line 4 by line 3	5	12,732.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	
7	Add lines 5 and 6	7	12,732.
8	Enter qualifying distributions from Part XII, line 4	8	611,567.

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	
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		2	
3	Add lines 1 and 2		3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-		5	
6	Credits/Payments			
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a			
b	Exempt foreign organizations - tax withheld at source — 6b			
c	Tax paid with application for extension of time to file (Form 8868) — 6c			
d	Backup withholding erroneously withheld — 6d			
7	Total credits and payments Add lines 6a through 6d		7	
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ 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 2020 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 ▶ $ _____ (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	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 ▶ 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 *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 2019 or the tax year beginning in 2019? 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	10	X	

Part VII-A Statements Regarding Activities *(continued)*

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	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://www.magellanhealth.com/about/magellan-cares/magellan

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

Located at ▶ 125 PLANTATION CENTRE DR Ste. BLDG 500D MACON, GA 31210 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 2019, 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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
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 2019?	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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions)	2b		X
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2019 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 2019)	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 2019?	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
BARRY M SMITH 4800 N SCOTTDALE RD Ste STE 4400 SCOTTSDALE, AZ 85251	DIRECTOR			
LEE ELLEN MEISS 55 NOD RD AVON, CT 06001	PRESIDENT & EXEC DIREC 08.00			
MICHAEL P MCQUILLEN 6950 COLUMBIA GATEWAY Ste. #4 COLUMBIA, MD 21046	VP & SEC & DIRECTOR 01.00			
LINTON C NEWLIN 14100 MAGELLAN PLAZA Ste MO-08 TAX MARYLAND HEIGHTS, MO 630	VP & TREAS & DIRECTOR			

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

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

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

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

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

(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 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 ▶	

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	622.
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, b, and c)	1d	622.
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	622.
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see instructions)	4	9.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	613.
6	**Minimum investment return.** Enter 5% of line 5	6	31.

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	31.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	0.		
b	Income tax for 2019 (This does not include the tax from Part VI)	2b	0.		
c	Add lines 2a and 2b			2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	31.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	31.
6	Deduction from distributable amount (see instructions)			6	0.
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	31.

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	611,567.
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	611,567.
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	611,567.

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 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				31.
2	Undistributed income, if any, as of the end of 2019				
a	Enter amount for 2018 only				
b	Total for prior years				
3	Excess distributions carryover, if any, to 2019				
a	From 2014				
b	From 2015				
c	From 2016				
d	From 2017 595,220.				
e	From 2018 563,290.				
f	**Total** of lines 3a through e	1,158,510.			
4	Qualifying distributions for 2019 from Part XII, line 4 ▶ $ 611,567.				
a	Applied to 2018, 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 2019 distributable amount				31.
e	Remaining amount distributed out of corpus	611,536.			
5	Excess distributions carryover applied to 2019 (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	1,770,046.			
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 2018 Subtract line 4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				
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 2014 not applied on line 5 or line 7 (see instructions)				
9	**Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	1,770,046.			
10	Analysis of line 9				
a	Excess from 2015				
b	Excess from 2016				
c	Excess from 2017 595,220.				
d	Excess from 2018 563,290.				
e	Excess from 2019 611,536.				

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 2019, 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) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test – enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test–enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year– see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc , to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed

DEANNA JOHNSON (619) 326-9409 DKJohnston@magellanhealth.com
14100 MAGELLAN PLAZA Ste. MO-08 TAX MARYLAND HEIGHTS, MO 63043

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

SEE STATEMENT ATTACHED

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

SEE STATEMENT ATTACHED

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*				
ABILITY 360 5025 E WASHINGTON PHOENIX, AZ 85034	N/A	PC	ASSIST FOR HANDICAP AND DISABLED PERSO	500.
ALZHEIMERS ASSOCIATION 9370 OLIVE BLVD SAINT LOUIS, MO 63132	N/A	PC	SERVICES FOR PEOPLE WITH ALZHEIMER'S	12,500.
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	N/A	PC	CANCER RESEARCH, PATIENT SUPPORT AND P	2,500.
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	N/A	PC	FOR ASSISTANCE OF HEART RELATED DISEAS	45,000.
AMERICAN RED CROSS 10195 CORPORATE SQUARE DRIVE SAINT LOUIS, MO 63132	N/A	PC	NATURAL DISASTER RELIEF.	5,000.
ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES 1100 WAYNE AVENUE SILVER SPRING, MD 20910	N/A	PC	SUPPORT FOR POLICIES AND PRACTICES THA	5,000.
BUFFALO PRENNATAL-PERINATAL NETWORK 625 DELAWARE AVENUE BUFFALO, NY 14202	N/A	PC	FOR ASSISTANCE TO INDIGENT FAMILIES	500.
CHILD & FAMILY SERVICES OF NEWPORT COUNTY 31 JOHN CLARKE ROAD MIDDLETOWN, RI 02842	N/A	PC	FOR REHABILITATIVE TREATMENT IN COMMUN	2,500.
Total			▶ 3a	598,578.
b *Approved for future payment*				
Total			▶ 3b	

Part XV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT CHILDRENS MEDICAL CENTER 282 WASHINGTON STREET HARTFORD, CT 06106	N/A	PC	ASSISTANCE FOR HANDICAP AND DISABLED P	5,000.
ENDEPENDENCE CENTER, INC. 6300 E VIRGINIA BEACH BLVD NORFOLK, VA 23502	N/A	PC	ASSISTANCE FOR THE HANDICAP.	2,500.
EPILEPSY FOUNDATION OF EASTERN PA 919 WALNUT STREET Ste. 700 PHILADELPHIA, PA 19107	N/A	PC	SERVICES FOR PEOPLE WITH EPILEPSY	2,500.
EQUALITY CALFIORNIA INSTITUE 202 W 1ST STREET LOS ANGELES, CA 90012	N/A	PC	HEALTH SERVICES FOR MINORITIES	1,000.
GIRLS ON THE RUN 287 INDEPENDENCE BLVD VIRGINIA BEACH, VA 23462	N/A	PC	FOR ASSISTANCE TO INDIGENT FAMILIES	2,500.
ICAN: POSITIVE PROGRAMS FOR YOUTH 650 EAST MORELOS STREET CHANDLER, AZ 85225	N/A	PC	SUPPORTING PROGRAMS FOR AT-RISK YOUTH	2,500.
JDRF INTERNATIONAL 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	N/A	PC	RESEARCH FOR A CURE TO TYPE 1 DIABETES	5,000.
JOURNEY HOME 255 MAIN STREET Ste. 2ND FLOOR HARTFORD, CT 06106	N/A	PC	FOR ASSISTANCE TO INDIGENT FAMILIES	10,000.
Total . . . . . ▶ 3a				
b *Approved for future payment*				
Total . . . . . ▶ 3b				

Part XV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES FOUNDATION 300 CEDAR RIDGE DRIVE PITTSBURGH, PA 15205	N/A	PC	SUPPORTING FAMILIES OF CRITICALLY ILL	5,000.
MENTAL HEALTH AMERICA NE FLORIDA, INC. 4615 PHILIPS HWY JACKSONVILLE, FL 32207	N/A	PC	MENTAL HEALTH CRISIS INTERVENTION	1,000.
NATIONAL ALLIANCE ON MENTAL ILLNESS 3803 NORTH FAIRFAX DRIVE Ste. 100 ARLINGTON, VA 22203	N/A	PC	MENTAL HEALTH CRISIS INTERVENTION	46,500.
NATIONAL ALLIANCE ON MENTAL ILLNESS VALLEY OF THE SUN 5025 E WASHINGTON STREE Ste. 112 PHOENIX, AZ 85034	N/A	PC	MENTAL HEALTH CRISIS INTERVENTION	2,500.
NEW ENGLAND HEMOPHILIA ASSOCIATION, INC. 347 WASHINGTON STREET Ste. 405 DEDHAM, MA 02026	N/A	PC	SUPPORTING FAMILIES OF HEMOPHILIACS	1,000.
PATHWAYS DROP IN CENTER 1313 30TH STREET ORLANDO, FL 32805	N/A	PC	MENTAL HEALTH CARE.	1,500.
PREVENT CHILD ABUSE TN 600 HILL AVENUE Ste. 2020 NASHVILLE, TN 37210	N/A	PC	SUPPORTING PROGRAMS TO PROMOTE POSITIV	2,500.
PREVENT CHILD ABUSE VA 8100 THREE CHOPT ROAD Ste. 212 HENRICO, VA 23229	N/A	PC	SUPPORTING PROGRAMS TO PROMOTE POSITIV	2,500.
Total . . . . . ▶ 3a				
b *Approved for future payment*				
Total . . . ▶ 3b				

Part XV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREVENT SUICIDE PA 525 S 29TH ST HARRISBURG, PA 17104	N/A	PC	SUPPORT FOR PROGRAMS TO PREVENT SUICID	3,000.
PTA CALIFORNIA CONGRESS OF PARENTS TEACHERS & STUDENTS 1709 REMINGTON TRL S SOUTH LAKE TAHOE, CA 96150	N/A	PC	SUPPORT FOR MISSION TO POSITIVELY IMPA	4,500.
RECOVERY EPICENTER FOUNDATION 1270 ROGERS ST CLEARWATER, FL 33756	N/A	PC	SUPPORT FOR EDUCATION IN THE GREATER T	500.
RECOVERY IDAHO 3313 W CHERRY LANE MERIDIAN, ID 83642	N/A	PC	SUPPORT FOR PROGRAMS FOR ADDICTION AND	2,000.
RHODE ISLAND PARENT INFORMATION NETWORK, INC. 1201 PONTIAC AVENUE CRANSTON, RI 02920	N/A	PC	SUPPORTING PROGRAMS FOR AT-RISK YOUTH	1,000.
RONALD MCDONALD HOUSE 100 N ACADEMY CARE LANE DANVILLE, PA 17821	N/A	PC	SUPPORTING FAMILIES OF CRITICALLY ILL	5,000.
ROOFTOP OF VA CAP P.O. BOX 853 GALAX, VA 24333	N/A	PC	SUPPORT FOR PROGRAMS TO EMPOWER INDIVI	1,250.
RUGIERO PROMISE FOUNDATION 24619 FORD ROAD DEARBORN, MI 48128	N/A	PC	SUPPORT FOR IMPROVING QUALIT OF LIFE I	1,000.
Total			▶ 3a	
b *Approved for future payment*				
Total			▶ 3b	

Part XV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET ST Ste. 400 SAN FRANCISCO, CA 94103	N/A	PC	PROMOTE HEALTH WELLNESS AND SOCIAL JUS	20,000.
SEAMEN'S CHURCH INSTITUTE NEWPORT 18 MARKET SQ NEWPORT, RI 02840	N/A	PC	ADVOCATE FOR PERSONAL PROFESSIONAL AND	1,500.
SHEPPARD PRATT HEALTH SYSTEM 6501 N CHARLES STREET TOWSON, MD 21204	N/A	PC	MENTAL HEALTH CRISIS INTERVENTION	1,000.
SONARAN PREVENTION WORKS 3201 N 16TH STREET Ste. 9 PHOENIX, AZ 85016	N/A	PC	SUPPORT FOR PEOPLE AFFECTED BY DRUG US	4,000.
SPHS CONNECT INC. 302 CHAMBER PLZ CHARLEROI, PA 15022	N/A	PC	SUPPORT FOR FULL CONTINUUM OF CARE TO	1,500.
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	N/A	PC	SUPPORT FOR CRITICALLY ILL CHILDREN	2,500.
ST LOUIS CHILDREN'S RESEARCH HOSPITAL 1001 HIGHLANDS PLAZA DRIVE W Ste. 160 SAINT LOUIS, MO 63110	N/A	PC	RESEARCH IN SERIOUS CHILDHOOD ILLNESS	3,060.
ST LOUIS CRISIS NURSERY 11710 ADMINISTRATION DRIVE Ste. 18 SAINT LOUIS, MO 63146	N/A	PC	SUPPORT FOR CHILDREN IN ABUSIVE HOMES	2,500.
Total . . . . . ▶ 3a				
b *Approved for future payment*				
Total . . . . . ▶ 3b				

Part XV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY'S FOODBANK ALLIANCE 2831 NORTH 31ST AVENUE PHOENIX, AZ 85009	N/A	PC	FOR ASSISTANCE TO INDIGENT FAMILIES	1,500.
STRAY RESCUE OF ST LOUIS 2320 PINE STREET SAINT LOUIS, MO 63103	N/A	PC	ASSIST IN THE PREVENTION OF ANIMAL CRU	2,500.
SUBSTANCE ABUSE SERVICES, INC. 100 N CAMERON STREET Ste. 401E HARRISBURG, PA 17101	N/A	PC	ALCOHOL, DRUG AND SUBSTANCE ABUSE ASSI	500.
TEXAS CONSERVATIVE COALITION RESEARCH INSTITUTE P.O. BOX 2659 AUSTIN, TX 78768	N/A	PC	FOR ASSISTANCE TO INDIGENT FAMILIES	7,500.
THE BRIDGE FAMILY CENTER 1022 FARMINGTON AVENUE WEST HARTFORD, CT 06107	N/A	PC	SUPPORTING PROGRAMS FOR AT-RISK YOUTH	5,000.
THE CARTER CENTER ONE COPENHILL 453 FREEDOM PKWY NE ATLANTA, GA 30307	N/A	PC	FOR ASSISTANCE TO INDIGENT FAMILIES	15,000.
THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE Ste. 200 PORT CHESTER, NY 10573	N/A	PC	SUPPORT FOR A CURE FOR LEUKEMIA, LYMPO	1,000.
THE SETON FUND 1345 PHILOMENA ST Ste. 400 AUSTIN, TX 78723	N/A	PC	SUPPORT FOR THE DAUGHTERS OF CHARITY H	5,000.
Total			▶ 3a	
b *Approved for future payment*				
Total			▶ 3b	

Part XV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAKD 3962 CHESTER CHESTER, VA 23831	N/A	PC	SUPPORT FOR EDUCATION AND CULTURE APPR	2,500.
TWIN COUNTY UNITED WAY P.O. BOX 1660 LEWISTON, ID 83501	N/A	PC	SUPPORT TO IDENTIFY NEEDS, UNITE PEOPL	5,000.
UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER AVE NORFOLK, VA 23513	N/A	PC	SUPPORT TO IDENTIFY NEEDS, UNITE PEOPL	5,000.
UNIVERSITY OF UTAH COLLEGE OF PHARMACY 201 PRESIDENT CIRCLE Ste. 411 SALT LAKE CITY, UT 84112	N/A	PC	FOR RESEARCH AND SCHOLARSHIPS.	8,500.
URBAN COALITION FOR HIV-AIDS PREVENTION SERVICES 1012 14TH ST NW WASHINGTON , DC 20005	N/A	PC	PREVENT THE SPREAD OF HIV DISEASE AMOU	10,000.
UNITED WAY VALLEY OF THE SUN 3200 E CAMELBACK RD Ste. 375 PHOENIX, AZ 85018	N/A	PC	SUPPORT TO IDENTIFY NEEDS, UNITE PEOPL	2,500.
VIBRANT EMOTIONAL HELATH (NATIONAL SUICIDE HOTLINE) 50 BROADWAY Ste. FL 19 NEW YORK, NY 10004	N/A	PC	SERVICES AND SUPPORT FOR INDIVIDUALS A	35,000.
VIETNAM VETERANS OF SAN DIEGO 4141 PACIFIC HWY SAN DIEGO, CA 92110	N/A	PC	SUPPORT FOR VETERANS OVERCOMING HOMELE	5,000.
Total . . . . . ▶ 3a				
b *Approved for future payment*				
Total . . . . . ▶ 3b				

Part XV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA HEALTH CATALYST 4200 INNSLAKE DRIVE Ste. 103 GLEN ALLEN, VA 23060	N/A	PC	EDUCATION OF ORAL HEALTH IN INDIGENT F	2,500.
VIRGINIA HEALTHCARE FOUNDATION 707 E MAIN STREET RICHMOND, VA 23219	N/A	PC	ASSISTANCE TO INDIGENT FAMILIES	10,000.
WATERFIRE PROVIDENCE 475 VALLEY ST PROVIDENCE, RI 02908	N/A	PC	SUPPORT THE REVITALIZATION OF PROVIDEN	1,000.
AIDS CARE OCEAN STATE 18 PARKIS AVE PROVIDENCE, RI 02907	N/A	PC	SUPPORT FOR INDIVIDUALS AND FAMILIES W	5,000.
AIDS UNITED 1101 14TH ST NW Ste. 300 WASHINGTON, DC 20005	N/A	PC	SUPPORT FOR MISSION TO END THE AIDS EP	10,000.
ARIZONA ASTHMA COALITION 7729 E GREENWAY RD Ste. 300 SCOTTSDALE, AZ 85260	N/A	PC	CONTINUING SCHOOL INHALER PROGRAM REAC	2,500.
NEW YORK ARTHRITIS FOUNDATION 122 EAST 42ND ST Ste. 2315 NEW YORK, NY 10168	N/A	PC	SUPPORT FOR HELPING PEOPLE LIVE THIER	5,000.
PROMOTERS HOPE NETWORK, LLC (ASU FOUNDATION) 300 EAST UNIVERSITY DR TEMPE, AZ 85281	N/A	PC	SUPPORT SUCCESS OF ASU AS A NEW AMERIC	3,500.
Total . . . . . ▶ 3a				
b *Approved for future payment*				
Total . . . . . ▶ 3b				

Part XV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF GREEN COUNTY 1505 9TH ST MONROE, WI 53566	N/A	PC	TO MATCH CHILDREN WITH A CARING ADULT	5,000.
BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM, INC 780 ALBANY ST BOSTON, MA 02118	N/A	PC	ASSURE ACCESS TO QUALITY HEALTH CARE F	5,000.
BRETHREN HOUSING ASSOCIATION 219 HUMMEL ST HARRISBURG, PA 17104	N/A	PC	PROVIDING A HOLISTIC PROGRAM OF SECURE	1,500.
BREVARD HOMELESS COALITION 300 N COCOA BLVD COCOA, FL 32922	N/A	PC	SUPPORT THE PREVENTION AND ELIMINATION	1,000.
BRIDGE FOR COMMUNITY LIFE, INC. 651 BRAKKE DR HUDSON, WI 54016	N/A	PC	COLLABORATE WITH SCHOOL AND COMMUNITY	2,500.
NORTHEAST BROOKLYN COMMUNITY LAND CORP 132 RALPH AVENUE 11233	N/A	PC	PROVIDE AFFORDABLE HOUSING FOR INDIGEN	2,000.
CALIFORNIA PRIMARY CARE ASSOCIATION 1231 I ST Ste. 400 SACRAMENTO, CA 95814	N/A	PC	SUPPORT COMMUNITY HEALTH CLINICS IN CO	15,000.
CAMP HAWKINS P.O. BOX 1294 WEST JORDAN, UT 84084	N/A	PC	SUPPORT FOR SPECIAL CAMP FOR YOUTH WIT	3,000.
Total ▶ 3a				
b *Approved for future payment*				
Total ▶ 3b				

Part XV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA PACIFICA CENTERS FOR CHILDREN & FAMILIES 1722 SOUTH LOUIS RD CAMARILLO, CA 93012	N/A	PC	SUPPORT FOR RESIDENTIAL TREATMENT CENT	2,500.
CENTRAL ARIZONA SHELTER SERVICES P.O. BOX 18250 PHOENIX, AZ 85005	N/A	PC	SUPPORT FOR PREVENTION HOMELESSNESS IN	2,500.
SEE STATEMENT 1 VARIOUS	N/A	PC	VARIOUS	186,268.
Total ▶ 3a				
b *Approved for future payment*				
Total ▶ 3b				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(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)					
13 **Total.** Add line 12, columns (b), (d), and (e)				13	

(See worksheet in line 13 instructions to verify calculations)

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

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

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

			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

2 a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ 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

Margie M. Smith | 11/13/2020 | ASST. SEC.

Signature of officer or trustee | Date | Title

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

Paid Preparer Use Only

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

Firm's name ▶ | Firm's 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

2019

Name of the organization

MAGELLAN CARES FOUNDATION, INC.

Employer identification number

46-0730555

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000, or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, 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-EZor 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 ROAD Ste. STE 4400 SCOTTSDALE, AZ 85251	$ 613,642.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	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

Name of organization
MAGELLAN CARES FOUNDATION, INC.

Employer identifying number
46-0730555

Form 990-PF Professional Fees Expense

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

(a) Description	(b) Revenue and expenses per books	(c) Net investment income	(d) Adjusted net income	(e) Disbursement for charitable purpose
Legal fees:				
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
Accounting fees:				
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
Other professional fees:				
BANK FEES	604.	0.	0.	604.
DONATION TRANSACTION FEES	1,971.	0.	0.	1,971.
SOFTWARE MAINTENANCE	10,414.	0.	0.	10,414.

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

0.

Name of organization	Employer identifying number
MAGELLAN CARES FOUNDATION, INC.	46-0730555

Form 990-PF Substantial Contributors

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

(a) Name (enter either the person's name or the business's name	(b) Address			
Person	Street address			Room or suite no
	4800 N SCOTTSDALE ROAD			STE 400
Business	City, town or post office		State	ZIP Code
MAGELLAN HEALTH, INC.	SCOTTSDALE		AZ	85251
	Foreign country	Foreign province/county		Foreign postal code
Person	Street address			Room or suite no
Business	City, town or post office		State	ZIP Code
	Foreign country	Foreign province/county		Foreign postal code
Person	Street address			Room or suite no
Business	City, town or post office		State	ZIP Code
	Foreign country	Foreign province/county		Foreign postal code
Person	Street address			Room or suite no
Business	City, town or post office		State	ZIP Code
	Foreign country	Foreign province/county		Foreign postal code
Person	Street address			Room or suite no
Business	City, town or post office		State	ZIP Code
	Foreign country	Foreign province/county		Foreign postal code

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

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

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

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

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

Comments for Form 990-PF, Part XV, Line 2b

Application is located at the following website:
https://www.magellanhealth.com/about/magellan-cares/magellan-cares-foundation/ation/

Comments for Form 990-PF, Part XV, Line 2d

MUST SUPPORT THE FOUNDATION'S MISSION TO IMPROVE THE HEALTH AND WELL-BEING OF THE LIVES AND COMMUNITIES WE SERVE.

MAGELLAN CARES FOUNDATION, INC
FEIN # 46-0730555
14100 MAGELLAN PLAZA - MO-08 TAX
MARYLAND HEIGHTS, MO 63043

STATEMENT 1

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

Name and Address	Individual relationship to foundation manager or substantial contributor	Foundation Status of Recipient	Purpose	Amount
Circle of the City 300 W Clarendon Ave Suite #200 Phoenix, AZ 85013 USA	N/A	PC	Programs for homelessness in AZ	2,500 00
Chandler Compadres PO Box 11038 Chandler, AZ 85248	N/A	PC	A service club for Chandler, AZ	5,000 00
Children's Home Society of Idaho 740 Warm Springs Ave Boise, ID 83712 USA	N/A	PC	Operates the Warm Springs Counseling Center, which provides superior mental, emotional and behavioral health services to children and their families, regardless of ability to pay	5,000 00
Children's Advocacy centers of Texas Inc 1501 W Anderson Lane Bldg B-1 Austin, TX 78757 USA	N/A	PC	To restore the lives of abused children in Texas by supporting CACs in partnership with local communities and agencies investigating and prosecuting child abuse	7,500 00
Coalition for the Homeless of Pasco 5652 Pine St New Port Richey FL 34652-4029	N/A	PC	To end homelessness in Pasco county through technical assistance, supportive services and educational opportunities	1,000 00
Community Foundation of Greater Johnstown dba Community Foundation for the Alleghenies 216 Franklin Street Suite 400 Johnstown, PA 15901	N/A	PC	The Community Foundation supports the work of nonprofits through grants to organizations directly from our donors, competitive grant making to fund strategic change in Bedford, Cambria, Somerset, and Indiana counties, and nonprofit capacity building	1,500 00
Community Health Association Island Southern Region 621 E Carnegie Drive Suite 180 San Bernardino, CA 92408	N/A	PC	We exist to support our members and community partners to ensure accessible, high-quality, and cost effective health services	5,000 00
Council of Community Clinics 7535 Metropolitan Drive San Diego, CA 92108	N/A	PC	The vision of Health Center Partners of Southern California is to serve as the nexus for our members and partners to transform primary care through the power of innovation and collaboration	5,000 00
Cystic Fibrosis Foundation 4550 Montgomery Avenue, Ste 1100N Bethesda, MD 20814 USA	N/A	PC	To cure cystic fibrosis and to provide all people with CF the opportunity to lead long, fulfilling lives by funding research and drug development, partnering with the CF community, and advancing high-quality, specialized care	3,000 00
Elder Services of the Merrimack Valley, Inc 280 Merrimack Street Suite 400 Lawrence, MA 01843 USA	N/A	PC	We have a range of in-home services for elders to maintain their independence and continue to live at home Our Care Managers will assist the elder with developing a plan of care that best fits their needs	3,000 00
Faces and Voices of Recovery 10 G ST NE STE 600 Washington DC 20002-4253	N/A	PC	Is dedicated to organizing and mobilizing the over 23 million Americans in recovery from addiction to alcohol and other drugs, our families, friends and allies into recovery community organizations and networks, to promote the right and resources to recover through advocacy, education and demonstrating the power and proof of long-term recovery	10,000 00

MAGELLAN CARES FOUNDATION, INC.
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MARYLAND HEIGHTS, MO 63043

STATEMENT 1

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

Name and Address	Individual relationship to foundation manager or substantial contributor	Foundation Status of Recipient	Purpose	Amount
Fayette County Community Action Agency, Inc 108 North Beeson Ave Uniontown, PA 15401	N/A	PC	To provide programs that will enable low income individuals to attain the necessary skills, knowledge, and motivation needed to become self-sufficient	3,000 00
Feeding America Southwest VA 1025 Electic Road Salem, VA 24153	N/A	PC	Support for feeding indigent families in the communities we serve	5,000 00
Florida Education Foundation 325 W Gaines St STE 1524 Tallahassee, FL 32399	N/A	PC	Support programs for the benefit of public pre-kindergarten through twelfth grade education in communities we serve	5,000 00
Floridians for Recovery 2868 MAHAN DR STE 1 Tallahassee FL 32308-5469	N/A	PC	Eliminate the stigma of addiction, Build vibrant recovery ready communities, Represent the voice of recovery, and those individuals and communities impacted by addiction	500 00
For Kids 4200 Colley Avenue P O Box 6044 Norfolk, VA 23508	N/A	PC	ForKids' Haven House Emergency Shelter opened in 1988 in Norfolk, Virginia providing emergency shelter to families experiencing homelessness	2,500 00
Fundamental Change 777 S FIGUEROA ST STE 4050 Los Angeles CA 90017-5864	N/A	PC	To advance our mission, Fundamental Change has identified and is engaging in a number of strategies, events, and initiatives that leverage Fundamental Change's biggest strength as a convener of important policy leaders, community leaders, grassroots leaders, and residents across the San Fernando Valley and beyond regarding mental health	2,500 00
Golf Charitable Foundation PO Box 93905 Des Moines, IA 50393	N/A	PC	To act as the hosting charity for the annual principal charity classic golf event	3,000 00
Harvest Full of Hope 427 E 4TH ST Bethlehem, PA 18015-1801	N/A	PC	We seek to provide information to the community on new topics in mental health, increase mental health awareness, and decrease the stigma of mental illness	2,000 00
Home of Our Own W6159 Legler Valley Rd New Glarus, WI 53574-9718	N/A	PC	To find homes for a group of adult children with developmental, physical, or intellectual disabilities HOOO envisioned creating a place in the New Glarus area that would allow these young adults to live as independently as possible in a stable, safe and familiar setting—a place where they can be integral and valued members of their larger community	2,500 00
Homeless Services Network of Central Florida 4065-D LB McLeod Road Orlando, FL 32811	N/A	PC	To facilitate a comprehensive and integrated system of services in central Florida designed to ensure that any experience of homelessness is brief and rare	2,000 00
Honor and Remember PO BOX 16834 Chesapeake, VA 23328	N/A	PC	Recognizing our military's fallen heroes	2,500 00
Hospice of the Valley 1510 East Flower Street Phoenix, AZ 85014	N/A	PC	Bringing comfort and dignity as life nears its end	2,500 00

MAGELLAN CARES FOUNDATION, INC
FEIN # 46-0730555
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MARYLAND HEIGHTS, MO 63043

STATEMENT 1

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

Name and Address	Individual relationship to foundation manager or substantial contributor	Foundation Status of Recipient	Purpose	Amount
Idaho Federation of Families 704 N 7th Street Boise, ID 83704	N/A	PC	To assist in providing access to child-focused and family-centered mental health, education, and juvenile correction services that are sensitive to cultural, ethnic and lifestyle diversities focusing on the unique needs and the maximum potential of each child	2,000 00
Idaho Rural Health Association PO BOX 2012 Eagle, ID 83616-9110	N/A	PC	The Mission of the Idaho Rural Health Association is to provide leadership on issues related to rural health in Idaho through advocacy, communication, and education	1,200 00
Independent Health Foundation 777 International Drive Buffalo, NY 14221	N/A	PC	Through our programs, seminars and events, our goal is to Promote positive healthy changes and behaviors in our community Provide health education and wellness screenings to underserved populations Empower individuals to become educated health care consumers Collaborate with local schools, community groups and businesses	5,000 00
Indiana University Health North Hospital 950 N Meridian St , Suite 300 Indianapolis, IN 46204	N/A	PC	IU Health North takes seriously, through rich community involvement, IU Health's pledge to enrich the lives of those we serve through a variety of free screenings and seminars, which provide members of our community the tools needed to live a healthier, more active life	5,000 00
Inspire to Rise 5927 Old Timuquana Rd Jacksonville, FL 32210-7889	N/A	PC	To inspire and empower children, families, and individuals to rise, overcome, and shine through their most challenging moments in life and become their best self	1,500 00
Lions Sight and Hearing Foundation of Southern California 3450 E Spring Street Long Beach, CA 90806	N/A	PC	Healthcare resources for indigent families	5,000 00
Los Angeles Regional Food Bank 1734 East 41st Street Los Angeles, CA 90058	N/A	PC	Support to fight hunger in communities we serve	5,000 00
Mental Health Partnerships, Inc (MHASP) 1211 Chestnut St, 11th FL Philadelphia, PA 19107	N/A	PC	Support for the mentally diseased in communities we serve	3,500 00
Metanoia Inc PO BOX 87279 Baton Rouge, LA 70879	N/A	PC	To deliver a model program of recovery and rehabilitation for youth victims of human trafficking	5,000 00
Mini-Cassia Suicide Prevention Awareness and Support Corporation PO Box 464 Heyburn, ID 83336-0464	N/A	PC	Support suicide prevention programs	5,000 00
Montana Hope Project PO Box 5927 Helena, MT 59604	N/A	PC	Support for programs that provide terminally ill children opportunities to fulfill their dreams	2,000 00
Multicultural Health Foundation 292 Euclid Avenue # 210 San Diego, CA 92114	N/A	PC	Support programs to bring health justice and wellness to multicultural, medically underserved communities we serve	5,000 00
Mystic Valley Elder Services 300 Commercial St # 19 Malden, MA 02148	N/A	PC	Support programs to assist older residents living with disabilities with services to enhance their quality of life	3,000 00

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STATEMENT 1

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

Name and Address	Individual relationship to foundation manager or substantial contributor	Foundation Status of Recipient	Purpose	Amount
National Alliance on Mental Illness - NAMI Keystone 105 Braunlich Drive # 200 Pittsburgh, PA 15237-3351	N/A	PC	Support for improving lives of individuals and families affected by mental illness	2,500 00
Pedal the Cause 9288 Dielman Industrial Drive St Louis, MO 63132	N/A	PC	Support for program to raise awareness and funds for cancer research	3,000 00
Peer Support Coalition Of Florida Inc 8000 Killian Drive Orlando, FL 32822-7611	N/A	PC	Here at Peer Support Coalition of Florida (PSCFL), we are passionate about peer support because through peer support, we have the opportunity to role model our own recovery and offer hope and a sense of belonging within the community to those seeking recovery for themselves	4,000 00
PIN Ministry 1164 Millers Lane Ste A Virginia Beach, VA 23451	N/A	PC	Support for programs providing food, clothing, hygiene supplies, shelter and medical/dental care to indigent and homeless	1,250 00
Pinellas County Homeless Leadership Board AKA Homeless Leadership Alliance of Pinellas Inc 647 - 1st Avenue N Saint Petersburg, FL 33701	N/A	PC	Support for programs providing assistance to homeless individuals in communities we serve	1,000 00
Positive Resource Center (PRC) 785 Market Street San Francisco, CA 94103	N/A	PC	Support assistance for people affected by or at risk for HIV/AIDS through culturally appropriate counseling, education, training and advocacy	5,000 00
Matching Donations for various charities above	N/A	PC	Various	39,818 00
				186,268 00
			Charities included on Form 990-PF Part XV	412,310 00
			Total grants contributions paid during 2019	598,578 00