

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

OMB No. 1545-0052

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2017 or tax year beginning

, 2017, and ending

, 20

Name of foundation

MAGELLAN CARES FOUNDATION, INC.

Number and street (or P.O. box number if mail is not delivered to street address)

PO BOX 28737

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

MACON GA 31221

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 27,206.00
J Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

A Employer identification number

46-0730555

B Telephone number (see instructions)

256-737-3792

C If exemption application is pending, check here ▶ ☐**D** 1. Foreign organizations, check here . . . ▶ ☐2. Foreign organizations meeting the 85% test, check here and attach computation . . . ▶ ☐**E** If private foundation status was terminated under section 507(b)(1)(A), check here . . . ▶ ☐**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)

		(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)	596,410.00			
	2 Check ▶ <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.00		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)	0.00			
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	596,410.00	0.00	0.00	
	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.	830.00			830.00
	24 Total operating and administrative expenses. Add lines 13 through 23	830.00	0.00	0.00	830.00
	25 Contributions, gifts, grants paid	597,100.00			597,100.00
	26 Total expenses and disbursements. Add lines 24 and 25	597,930.00	0.00	0.00	597,930.00
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	(1,520.00)			
	b Net investment income (if negative, enter -0-)		0.00		
	c Adjusted net income (if negative, enter -0-)			0.00	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. MAGELLAN CARES FOUNDATION, INC.	Employer identification number (EIN) or 46-0730555
Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 2577	Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. CULLMAN, AL 35056-3922		

Enter the Return Code for the return that this application is for (file a separate application for each return) **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► MARGIE M. SMITH

Telephone No. ► 256-737-3792

Fax No. ► 256-739-3821

• If the organization does not have an office or place of business in the United States, check this box ► ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . . . ► ☐. If it is for part of the group, check this box . . . ► ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 20 17 or

► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.00
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.00

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

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MAGELLAN CARES FOUNDATION INC
% MAGELLAN HEALTH SERVICES INC
PO BOX 2577
CULLMAN AL 35056-2577



380627

Notice	CP211A
Tax period	December 31, 2017
Notice date	October 8, 2018
Employer ID number	46-0730555
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

Page 1 of 1

Important information about your December 31, 2017 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
December 31, 2017 Form 990.

Your new due date is November 15, 2018.

What you need to do

File your December 31, 2017 Form 990 by November 15, 2018. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

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	3,520.00		
	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			27,206.00
	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)	3,520.00	0.00	27,206.00
Liabilities	17 Accounts payable and accrued expenses	2,000.00		
	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 ▶ <u>Cash Overdraft</u>)		27,206.00	
	23 Total liabilities (add lines 17 through 22)	2,000.00	27,206.00	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> 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 ▶ <input checked="" type="checkbox"/> 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			
	29 Retained earnings, accumulated income, endowment, or other funds	1,520.00	0.00	
	30 Total net assets or fund balances (see instructions)	1,520.00	0.00	
	31 Total liabilities and net assets/fund balances (see instructions)	3,520.00	27,206.00	

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	1,520.00
2 Enter amount from Part I, line 27a	2	(1,520.00)
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	0.00
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	0.00

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)	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> </div>		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.

(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))
2016			
2015			
2014			
2013			
2012			
2 Total of line 1, column (d)			2
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
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4
5 Multiply line 4 by line 3			5
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7
8 Enter qualifying distributions from Part XII, line 4 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.			8

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> 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	0	00
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	0	00
6	Credits/Payments:			
a	2017 estimated tax payments and 2016 overpayment credited to 2017	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	0	00
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0	00
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0	00
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax Refunded	11	0	00

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ 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.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. NONE		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation		
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. Stmnt 2	X	

Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► https://www.magellanhealth.com/mh/about/magellan-cares2.aspx	X	
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		<input type="checkbox"/>
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>	1b	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2017 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 2017.)	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 2017?	4b	X

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

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b	
Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," attach the statement required by Regulations section 53.4945–5(d).		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b	
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	

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 NONE

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 ▶	0.00

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	0.00
b	Average of monthly cash balances	1b	55,030.00
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	55,030.00
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	55,030.00
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	825.00
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	54,205.00
6	Minimum investment return. Enter 5% of line 5	6	2,710.25

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	2,710.25
2a	Tax on investment income for 2017 from Part VI, line 5	2a	0.00
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	0.00
c	Add lines 2a and 2b	2c	0.00
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,710.25
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,710.25
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	2,710.25

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	597,930.00
b	Program-related investments—total from Part IX-B	1b	0.00
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.00
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	597,930.00
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	597,930.00

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				2,710.25
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			0.00	
b Total for prior years: 20____, 20____, 20____		0.00		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.00			
4 Qualifying distributions for 2017 from Part XII, line 4: ► \$ 597,930.00				
a Applied to 2016, but not more than line 2a			0.00	
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 2017 distributable amount				2,710.25
e Remaining amount distributed out of corpus	595,219.75			
5 Excess distributions carryover applied to 2017 (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	595,219.75			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.00		
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		0.00		
d Subtract line 6c from line 6b. Taxable amount—see instructions		0.00		
e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount—see instructions			0.00	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				0.00
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 2012 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	595,219.75			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017	595,219.75			

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 2017, 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				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					0.00
b 85% of line 2a	0.00	0.00	0.00	0.00	0.00
c Qualifying distributions from Part XII, line 4 for each year listed					0.00
d Amounts included in line 2c not used directly for active conduct of exempt activities					0.00
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	0.00	0.00	0.00	0.00	0.00
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					0.00
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.00
b "Endowment" alternative test—enter ^{2/3} of minimum investment return shown in Part X, line 6 for each year listed					0.00
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)					0.00
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.00
(3) Largest amount of support from an exempt organization					0.00
(4) Gross investment income					0.00

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:

MagellanCares@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 <i>Paid during the year</i> Statement 4				
Total			▶ 3a	597,100.00
b <i>Approved for future payment</i> NONE				
Total			▶ 3b	0.00

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue:					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate:					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal. Add columns (b), (d), and (e)		0.00		0.00	0.00
13	Total. Add line 12, columns (b), (d), and (e)				13	0.00

(See worksheet in line 13 instructions to verify calculations.)

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

[illegible]

Schedule B(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2017▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.**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 foundationCheck 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 $\frac{1}{3}$ % 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-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

MAGELLAN CARES FOUNDATION, INC.

Employer identification number

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	\$ 586,410	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BARRY M. SMITH 4800 N. SCOTTSDALE RD., STE. 4400 SCOTTSDALE, AZ 85251	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

46-0730555

Part II

[illegible]

Name of organization

MAGELLAN CARES FOUNDATION, INC.

Employer identification number

46-0730555

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
-------------------------	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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MAGELLAN CARES FOUNDATION, INC.
FEIN # 46-0730555
PO BOX 28737
125 PLANTATION CENTRE DRIVE, BLDG. 500D
MACON, GA 31221

STATEMENT 1

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

Bank Fees	794.00
Postage	<u>36.00</u>
	<u>830.00</u>

MAGELLAN CARES FOUNDATION, INC.
FEIN # 46-0730555
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MACON, GA 31221

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 31221

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
Sam K. Srivastava 55 Nod Rd, Avon, CT 06001	Director & Vice President 0.2	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. 500D
MACON, GA 31221

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
CONNECTICUT CHILDRENS MEDICAL CENTER 282 Washington St., Hartford, CT 06106-3322	N/A	PC	Assistance for handicap and disabled persons	5,000.00
CHILD & FAMILY SERVICES OF NEWPORT COUNTY 31 John Clarke Road; Middletown, RI 02842	N/A	PC	For rehabilitative treatment	2,000.00
COMMUNITY BRIDGES INC 1855 W Baseline Road Ste 101; Mesa, AZ 85202	N/A	PC	For rehabilitative treatment	5,000.00
AMERICAN RED CROSS 10195 Corporate Square Drive; St. Louis, MO 63132	N/A	PC	Disaster relief MO Floods	5,000.00
MENTAL HEALTH ASSOCIATION OF SW PA 409 Coulter Ave; Greensburg, PA 15601	N/A	PC	Services for the mentally ill	950.00
EPILEPSY FOUNDATION OF EASTERN PA 919 Walnut St., Ste 700; Philadelphia, PA 19107	N/A	PC	Services for people with epilepsy	6,500.00
AMERICAN BAR ASSOCIATION FUND FOR JUSTICE & EDUCATION 321 N Clark Street; Chicago, IL 60654	N/A	PC	Military Veteran Support	5,000.00
YMCA 400 Fayette St. Ste 250; Conshohocken, PA 19428	N/A	PC	Supporting programs for at-risk youth	3,000.00
BOYS AND GIRLS CLUB 1701 Elk St; Casper, WY 82601	N/A	PC	Supporting programs for at-risk youth	1,500.00
NAMI 3803 North Fairfax Dr. Ste 100; Arlington, VA 22203	N/A	PC	Mental Health Crisis Intervention	56,000.00
BJC HEALTH SYSTEM 9890 Clayton Road; St. Louis, MO 63124	N/A	PC	For rehabilitative treatment	2,500.00
SUSAN G KOMEN BREAST 500 LBJ Freeway 526; Dallas, TX 75244	N/A	PC	Support for breast cancer research	1,000.00
RONALD MCDONALD HOUSE 100 N Academy Care Lane; Danville, PA 17821	N/A	PC	Supporting families of critically ill children	5,000.00
AMERICAN DIABETES ASSOCIATION 2002 Clipper Park Road Ste 110; Baltimore, MD 21211	N/A	PC	Support for diabetes research	10,000.00
AMERICAN HEART ASSOCIATION 7272 Greenville Avenue; Dallas, TX 75231	N/A	PC	For assistance of heart related disease	28,000.00
CRISIS RESPONSE NETWORK 1275 W Washington St Ste 201; Temple, AZ 85281	N/A	PC	Mental Health Crisis Intervention	2,500.00
ACCESS TO INDEPENDENCE, INC. 3810 Milwaukee St; Madison, WI 53714	N/A	PC	For aiding handicap and disabled persons	2,500.00
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 Danny Thomas Pl; Memphis, TN 38105	N/A	PC	Support for critically ill children	2,500.00
MENTAL HEALTH ASSOC OF BEAVER COUNTY 105 Brighton Ave; Rochester, PA 15074	N/A	PC	Mental Health Crisis Intervention	2,500.00
AMERICAN SCHOOL FOR THE DEAF 139 N Main St; West Hartford, CT 06107	N/A	PC	Support for deaf children	3,500.00
FAMILIES TOGETHER IN NEW YORK STATE, INC. 737 Madison Ave; Albany, NY 12208	N/A	PC	For assistance to indigent families	3,000.00
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
CHANDLER COMPADRES INC P O Box 11038; Chandler, AZ 85248	N/A	PC	For assistance to indigent families	1,900.00
MENTAL HEALTH ASSOCIATION IN NEW YORK STATE, INC. 194 Washington Ave; Albany, NY 12210	N/A	PC	Mental Health Crisis Intervention	2,750.00

MAGELLAN CARES FOUNDATION, INC.
FEIN # 46-0730555
PO BOX 28737
125 PLANTATION CENTRE DRIVE, BLDG. 500D
MACON, GA 31221

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
PATIENT ACCESS NETWORK 1331 F Street NW Ste 975; Washington DC 20004	N/A	PC	For assistance to indigent families	3,000.00
MENTAL HEALTH ASSOC OF CENTRAL FLORIDA, INC. 1525 E Robinson St; Orlando, FL 32801	N/A	PC	Mental Health Crisis Intervention	1,000.00
CAMILLUS HOUSE Total 1603 NW 7th Ave; Miami, FL 33136	N/A	PC	For assistance to indigent families	2,500.00
BUFFALO PRENATAL-PERINATAL NETWORK 625 Delaware Ave; Buffalo, NY 14202	N/A	PC	For assistance to indigent families	500.00
LATIN AMERICAN YOUTH CENTER 1419 Columbia Rd; Washington DC 20009	N/A	PC	Assistance for Latin youth	5,000.00
MENTAL HEALTH AMERICA NE FLORIDA, INC. 4615 Philips Hwy; Jacksonville, FL 32207	N/A	PC	Mental Health Crisis Intervention	1,000.00
FISHER HOUSE FOUNDATION OF RICHMOND, INC. 300 Arboretum PL Ste 660; N Chesterfld, VA 23236	N/A	PC	Military Veteran Support	2,000.00
FAMILIES FIGHTING FLU 4201 Wilson Blvd; Arlington, VA 22203	N/A	PC	For assistance to indigent families	1,500.00
JOURNEY HOME 255 Main St 2nd Flr; Hartford, CT 06106	N/A	PC	For assistance to indigent families	5,000.00
MARCH OF DIMES 300 Cedar Ridge Dr; Pittsburgh, PA 15205	N/A	PC	Supporting families of critically ill children	2,500.00
DISABILITY RIGHTS WISCINSIN, INC. 131 W Wilson St Ste 700; Madison, WI 53703	N/A	PC	For aiding handicap and disabled persons	5,000.00
VALLEY ASSOCS FOR INDEPENDENT LIVING, INC. 3210 Peoples Dr; Harrisonburg, VA 22801	N/A	PC	For aiding handicap and disabled persons	2,500.00
TEXAS CONSERVATIVE COALITION RESEARCH INSTITUTE P O Box 2659; Austin, TX 78768	N/A	PC	For assistance to indigent families	10,000.00
VOLUNTEER FLORIDA FOUNDATION 3800 Esplanade Way; Tallahassee, FL 32311	N/A	SO I	Disaster relief	50,000.00
SHEPPARD PRATT HEALTH SYSTEM 6501 N Charles St; Baltimore, MD 21204	N/A	PC	Mental Health Crisis Intervention	2,500.00
THE QUELL FOUNDATION P O Box 1924; N Falmouth, MA 02556	N/A	PC	Mental Health Crisis Intervention	50,000.00
CENTER FOR PUBLIC POLICY PRIORITIES 7020 Easy Wind Dr; Austin, TX 78752	N/A	PC	For assistance to indigent families	5,000.00
VIRGINIA HEALTHCARE FOUNDATION 707 E Main St; Richmond, VA 23219	N/A	PC	For assistance to indigent families	7,500.00
BARRY ROBINSON CENTER 443 Kempsville Rd; Norfolk, VA 23502	N/A	PC	Behavioral health for youth	5,000.00
SHEPHERD CENTER FOUNDATION, INC. 2020 Peachtree Rd; Atlanta, GA 30309	N/A	PC	Military Veteran Support	5,000.00
EQUALITY CALIFORNIA INSTITUTE 202 W 1st St; Los Angeles, CA 90012	N/A	PC	Health services for minorities	1,000.00
CLEAN OCEAN ACCESS 23 Johnnycake Hill; Middletown, RI 02842	N/A	PC	Provide supplies for beach cleanup	250.00
GDMCF GOLF CHARITY LLC 2771 104th St; Urbandale, IA 50322	N/A	PC	For assistance to indigent families	3,000.00
NOLAN ROBISON FOUNDATION P O Box 5961; Lutherville Timonium, MD 21094	N/A	PC	For assistance to indigent families	1,500.00

MAGELLAN CARES FOUNDATION, INC.
FEIN # 46-0730555
PO BOX 28737
125 PLANTATION CENTRE DRIVE, BLDG. 500D
MACON, GA 31221

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
HABITAT FOR HUMANITY 3800 NW 22nd Ave; Miami, FL 33142	N/A	PC	For assistance to indigent families	2,000.00
ARIZONA AUTISM UNITED, INC. 5025 E Washington St; Phoenix, AZ 85034	N/A	PC	Services for adults and children with autism	10,000.00
BUILDING BRIDGES INITIATIVE, INC. 16 Wright Lane; Housatonic, MA 01236	N/A	PC	Mental Health Crisis Intervention	3,000.00
FRIENDLY LOVING OPPORTUNITIES 5401 Loch Raven Blvd; Baltimore, MD 21239	N/A	PC	For assistance to indigent families	2,500.00
GIRLS ON THE RUN 287 Independence Blvd; Virginia Beach, VA 23462	N/A	PC	For assistance to indigent families	2,500.00
GATEWAY BLUE STAR MOTHERS 24 Kent Ct; Silex, MO 63377	N/A	PC	Military Veteran Support	1,000.00
RESOURCE RECOVERY PROJECT, INC. 11811 Borman Dr; St. Louis, MO 63146	N/A	PC	Services for children with down syndrome	1,000.00
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOC 9370 Olive Blvd; St. Louis, MO 63132	N/A	PC	Services for people with Alzheimer's	2,500.00
CAMP RISING SUN P O Box 472; Branford, CT 06405	N/A	PC	Supporting programs for at-risk youth	2,500.00
VETFUND FOUNDATION 1415 L St Ste 1100; Sacramento, CA 95814	N/A	PC	Military Veteran Support	1,000.00
ALASKA COMMUNITY FOUNDATION 3201 C St 110; Anchorage, AK 99503	N/A	PC	Suicide prevention and awareness	2,500.00
STS JOACHIM AND ANN CARE SERVICE 4116 McClay Rd; St Charles, MO 63304	N/A	PC	For assistance to indigent families	1,000.00
PENNSYLVANIA KIWANIS 2793 Old Post Rd; Harrisburg, PA 17110	N/A	PC	For assistance to indigent families	2,500.00
WYAKIN WARRIOR FOUNDATION 960 S Broadway Ave; Boise, ID 83706	N/A	PC	Military Veteran Support	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
GREATER HOUSTON STORM RELIEF FUND 5120 Woodway Dr; Houston, TX 77056	N/A	PC	Disaster relief	25,000.00
WEST PLACE CLUBHOUSE 409 Coulter Ave; Greensburg, PA 15601	N/A	PC	Mental Health Crisis Intervention	2,500.00
MENTAL HELATH ASSOCIATION OF FAYETTE COUNTY 100 New Salem Rd; Uniontown, PA 15401	N/A	PC	Mental Health Crisis Intervention	2,500.00
PATCHES PLACE INC 217 N Mill St; New Castle, PA 16101	N/A	PC	For assistance to indigent families	2,500.00
BOYS&GIRLS CLUB ALLIANCE of ID 610 E 42nd St; Garden City, ID 83714	N/A	PC	Supporting programs for at-risk youth	1,500.00
CT COALITION AGAINST DOMESTIC VIOLENCE 912 Silas Deane Hwy; Westfield, CT 06109	N/A	PC	Assist victims of domestic abuse	1,000.00
FRIENDS OF LOUDOUN MENTAL HEALTH P O Box 4452; Leesburg, VA 20177	N/A	PC	Mental Health Crisis Intervention	2,500.00
IDAHO FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH 704 N 7th St; Boise, ID 83702	N/A	PC	Mental Health Crisis Intervention	1,500.00
IDAHO SUICIDE PREVENTION 802 W Bannock St; Boise, ID 83702	N/A	PC	Suicide prevention and awareness	2,000.00

MAGELLAN CARES FOUNDATION, INC.
FEIN # 46-0730555
PO BOX 28737
125 PLANTATION CENTRE DRIVE, BLDG. 500D
MACON, GA 31221

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
LOUDOUN HUNGER RELIEF 750 Miller Dr; Leesburg, VA 20175	N/A	PC	For assistance to indigent families	2,500.00
RECOVERY EMPOWERMENT 212 E Osborn Rd; Phoenix, AZ 85012	N/A	PC	For assistance to indigent families	2,500.00
STEINBERG INSTITUTE 1130 K Street; Sacramento, CA 95814	N/A	PC	Mental Health Crisis Intervention	2,500.00
THE OXFORD HOUSES OF GREEN COUNTY 90 S Cumberland St; Waynesburg, PA 15370	N/A	PC	Addiction treatment	2,500.00
THE UNCOMMON GROUNDS P O Box 413; Aliquippa, PA 15001	N/A	PC	Mental Health Crisis Intervention	2,500.00
WOMEN IN CALIFORNIA LEADERSHIP 1127 11st St; Sacramento, CA 95814	N/A	PC	Addiction treatment	1,000.00
CAPITAL HOSPICE 2900 Telestar Ct; Falls Church, VA 22042	N/A	PC	For assisting the critically ill	10,000.00
CLUB SERENITY INC 422 Fallowfield; Charleroi, PA 15022	N/A	PC	Addiction treatment	2,500.00
CRANBERRY TOWNSHIP EMERGENCY MGMT SERVICES 20727 Route 19; Cranberry Township, PA 16066	N/A	PC	Mental Health Crisis Intervention	5,000.00
ASIAN PACIFIC ISLANDER CAPITOL ASSOC 1017 L Street; Sacramento, CA 95814	N/A	PC	For assistance to indigent families	1,000.00
CHILDRENS HOME INC 10909 Memorial Hwy; Tampa, FL 33615	N/A	PC	Supporting programs for at-risk youth	2,000.00
FEDERATION OF FAMILIES 1402 Royal Palm Beach Blvd; Royal Palm Beach, FL 33411	N/A	PC	Supporting programs for at-risk youth	2,500.00
FEEDMORE 1415 Rhoadmiller St; Richmond, VA 23220	N/A	PC	For assistance to indigent families	2,000.00
FOCUS MARINES FOUNDATION 15455 Manchester Rd; Ballwin, MO 63022	N/A	PC	Military Veteran Support	2,000.00
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
MERRIMACK VALLEY ASSISTANCE PROGRAM, INC. 8 Wall St; Concord, NH 03301	N/A	PC	For assisting people with HIV / AIDS	3,000.00
NCPDP FOUNDATION 9240 East Raintree Dr; Scottsdale, AZ 46216	N/A	PC	Assiting in more effective healthcare through technology	5,000.00
NY ASSOC OF PSYCHIATRIC REHAB SERVICES, INC. 194 Washington Ave; Albany, NY 12210	N/A	PC	Addiction treatment	2,750.00
RHODE ISLAND PARENT INFORMATION NETWORK, INC. 1201 Pontiac Ave; Cranston, RI 02920	N/A	PC	Supporting programs for at-risk youth	2,000.00
SUNBURST PROJECTS 2143 Hurley Way; Sacramento, CA 95825	N/A	PC	For assisting people with HIV / AIDS	5,000.00
VA NATIONAL MEDICAL MUSICAL GROUP 1700 17th St; Washington DC 20009	N/A	PC	Military Veteran Support	2,500.00
HELPING PAWS OF MINNESOTA, INC. P O Box 634; Hopkins, MN 55343	N/A	PC	Military Veteran Support	2,500.00
COALITION OF TEXANS WITH DISABILITIES 1716 San Antonio St; Austin, TX 78701	N/A	PC	Assistance for handicap and disabled persons	10,000.00
ABILITY 360 5025 E Washington St; Phoenix, AZ 85034	N/A	PC	Assistance for handicap and disabled persons	2,000.00

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Name and Address	Individual relationship to foundation manager or substantial contributor	Foundation Status of Recipient	Purpose	Amount
LATINO LEGISLATIVE CAUCUS FOUNDATION 777 S Figueroa St; Los Angeles, CA 90017	N/A	PC	Assist minorities culture education	2,000.00
CA LEGISLATIVE BLACK CAUCUS State Capitol; Sacramento, CA 95814	N/A	PC	Assist minorities culture education	2,000.00
COMMUNITY ACTION STOPS ABUSE P O Box 414; St Petersburg, FL 33731	N/A	PC	For assistance to indigent families	2,000.00
GREATER RICHMOND SCAN 103 E Grace ST; Richmond, VA 23219	N/A	PC	For assistance to indigent families	2,000.00
MEADOWS FOUNDATION INC. 3003 Swiss Ave; Dallas, TX 75204	N/A	PF	For assistance to indigent families	10,000.00
THE FAISON CENTER INC 1701 Byrd Ave; Richmond, VA 23230	N/A	PC	For assistance of autistic youth and adults	2,000.00
WISCONSIN FAMILY TIES 16 N Carroll St; Madison, WI 53703	N/A	PC	Supporting programs for at-risk youth	2,500.00
GOODWILL INDUSTRIES 5400 S 60T St; Greendale, WI 53129	N/A	PC	Assistance for handicap and disabled persons	2,500.00
IDAHO FOODBANK 3562 S TK Ave; Boise, ID 83705	N/A	PC	For assistance to indigent families	2,000.00
LIVING OUR VISIONS INC. 122 E Olin Ave; Madison, WI 53713	N/A	PC	Assistance for handicap and disabled persons	2,500.00
CHILDREN OF INMATES INC. 1835 E Hallandale; Hallandale Beach, FL 33009	N/A	PC	Assistance for children of inmates	2,000.00
COALITION FOR THE HOMELESS 808 Federal St; Orlando, FL 32805	N/A	PC	For assistance to indigent families	2,500.00
HEALTHY START COALITION 2300 High Ridge Rd; Boynton Beach, FL 33426	N/A	PC	For assistance to indigent families	1,500.00
MEB MAINTAINING EXCELLENT BALANCE FOUNDATION A CAL CORP 300 N Meridian St; Indianapolis, IN 46204	N/A	PC	Supporting programs for at-risk youth	1,000.00
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
IMPROVING CHANDLERS AREA 650 E Morelos St; Chandler, AZ 85225	N/A	PC	Supporting programs for at-risk youth	5,000.00
INSTITUTE FOR DISABILITY ACCESS, INC. 1640 E 2nd St; Austin, TX 78702	N/A	PC	Assist minorities culture education	10,000.00
GREENCO INDUSTRIES INC. 1601 4th Ave W; Monroe, WI 53566	N/A	PC	Assistance for handicap and disabled persons	2,000.00
KARNS CITY COMMUNITIES THAT CARE P O Box 121; East Brady, PA 16028	N/A	PC	For assistance to indigent families	5,000.00
ST LUKES HEALTH FOUNDATION LTD 190 E Bannock St; Boise, ID 83712	N/A	PC	Supporting programs for at-risk youth	1,500.00
SHATTERPROOF 101 Merritt; Norwalk, CT 06851	N/A	PC	Addiction treatment	5,000.00
FOUNDATION FOR FLINT 500 S Saginaw St; Flint, MI 48502	N/A	SO I	Supporting programs for at-risk youth	5,000.00
M&M AREA COMMUNITY FOUNDATION P O Box 846; Menominee, MI 49858	N/A	PC	For assistance to indigent families	5,000.00
ARMSTRONG HEALTH & EDUCATION FOUNDATION 1 Nolte Dr; Kittanning, PA 16201	N/A	SO I	Supporting programs for at-risk youth	5,000.00

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THE HOME PARTNERSHIP 565 W Myrtle; Boise, ID 83707	N/A	PC	For assistance to indigent families	1,500.00
AIDS PROJECT LOS ANGELES 611 S Kingsley Dr; Los Angeles, CA 90005	N/A	PC	Healthcare for minorities	1,000.00
AFRICAN-AMERICAN AIDS 1833 W 8th; Los Angeles, CA 90057	N/A	PC	For assisting people with HIV / AIDS	1,000.00
VENICE FAMILY CLINIC 604 Rose Ave; Venice, CA 90291	N/A	PC	For assistance to indigent families	1,000.00
WAKING THE VILLAGE P O Box 160085; Sacramento, CA 95816	N/A	PC	For assistance to indigent families	500.00
CHILDRENS ADVOCACY CTR P O Box 16834; Bristol, VA 24209	N/A	PC	Supporting programs for at-risk youth	1,000.00
VIRGINIA ASSOCIATION OF FREE AND CHARITABLE CLINICS, INC. 1801 Libbie Ave; Richmond, VA 23226	N/A	PC	For assistance to indigent families	1,000.00
VIRGINIA ORAL HEALTH COALITION 4200 Innslake Dr; Glen Allen, VA 23060	N/A	PC	For assistance to indigent families	2,500.00
VIRGINIA PRIMARY CARE ASSN, INC. 3831 Westerre Pkwy; Henrico, VA 23233	N/A	PC	For assistance to indigent families	2,500.00
MAKE A WISH FNDTN GREATER VA 2810 N Parham Rd; Richmond, VA 23294	N/A	PC	For assistance to indigent families	1,000.00
THE SALT LAKE EDUCATION FOUNDATION 440 E 100 S; Salt Lake City, UT 84111	N/A	PC	Supporting programs for at-risk youth	1,500.00
PHOENIX SHANTI GROUP INC. 2345 W Glendale Ave; Phoenix, AZ 85021	N/A	PC	For assisting people with HIV / AIDS	1,000.00
PSA BEHAVIORAL HEALTH 2255 W Northern Ave; Phoenix, AZ 85021	N/A	PC	For assistance to indigent families	1,500.00
JEWISH FAMILY AND CHILDREN'S SERVICE 4747 N 7th St Ste 100; Phoenix, AZ 85014	N/A	PC	Supporting programs for at-risk youth	2,000.00
ARIZONA SUICIDE PREVENTION COALITION P O Box 47338; Phoenix, AZ 85068	N/A	PC	Suicide prevention and awareness	4,000.00
Grand Total				<u>597,100.00</u>