Public Inspection Copy

EXTENDED TO NOVEMBER 15, 2023
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>	For the	2022 calendar year, or tax year beginning and e	ending							
	Check if applicable	C Name of organization		D Employer identific	cation number					
	Addres	wellpoint care network, inc.								
	Name change		39-13383	54						
	Initial return		Room/suite	E Telephone number						
	Final return/	8901 W CAPITOL DRIVE								
	termin ated			G Gross receipts \$	29,801,904.					
	Ameno return	MILWAUKEE, WI 53222		H(a) Is this a group re	eturn					
	Applic tion	F Name and address of principal officer: ANN LEINFELDER GROV	Έ	for subordinates	? Yes X No					
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No					
<u>1</u>	Tax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions					
_	Websit			H(c) Group exemption						
		organization: X Corporation Trust Association Other	L Year	of formation: 1850 $ m N$	N State of legal domicile: WI					
P	art I	Summary								
ø	1	Briefly describe the organization's mission or most significant activities: TO FA			LEARNING,					
anc		HEALING AND WELLNESS BY RESTORING THE FAM:								
Governance	2	Check this box if the organization discontinued its operations or dispose		1 . 1						
Š	3			3	17 17					
∞ ≪	4	Number of independent voting members of the governing body (Part VI, line 1b)			429					
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			19					
Ę.	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.					
Š	h	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
_	"	Net dirictated business taxable income from 500 f, f art f, line ff		Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		1,440,647.						
Revenue	9	Program service revenue (Part VIII, line 2g)		27,134,073.	28,402,000.					
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,440.	1,019.					
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,410.	49,190.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,630,570.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		21,424,290.	21,272,605.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
χ	. b	Total fundraising expenses (Part IX, column (D), line 25) 319,66	8.							
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,694,237.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		29,118,527.	30,384,970.					
_		Revenue less expenses. Subtract line 18 from line 12		-487,957.	-583,066.					
s or	G H		Ве	ginning of Current Year	End of Year					
Net Assets	20	Total assets (Part X, line 16)		8,696,347.	11,889,613.					
et A	21	Total liabilities (Part X, line 26)		6,351,423.	10,127,755.					
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		2,344,924.	1,761,858.					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etateme	inter and to the heet of my	knowledge and helief it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			knowledge and belief, it is					
truc	, 601166	t, and complete. Declaration of preparer (other than officer) is based on an information of win	ich proparci	nas any knowledge.						
Sig	n	Signature of officer		Date						
Hei		ANN LEINFELDER GROVE, CEO								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Pai	d		PA 1	0/30/23 if self-employ	ed P01246734					
	parer	Firm's name SIKICH LLP			6-3168081					
	Only	Firm's address 17335 GOLF PARKWAY, SUITE 500								
		BROOKFIELD, WI 53045		Phone no. (2	62)754-9400					
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No					

Pai	Till Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: TO FACILITATE EQUITY, LEARNING, HEALING AND WELLNESS BY RESTORING THE
	CONNECTIONS THAT HELP CHILDREN AND FAMILIES THRIVE.
	CONNECTIONS THAT HELP CHILDREN AND FAMILIES THRIVE.
	Did the annual ation and atole and airciff and annual and airciff and the annual field and the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	· / /1 · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 17,147,050 . including grants of \$) (Revenue \$ 21,175,667 .)
4a	(Code:) (Expenses \$17,147,050 \cdot on including grants of \$) (Revenue \$21,175,667 \cdot on ONGOING CASE MANAGEMENT: THE ONGOING CASE MANAGEMENT PROGRAM PROVIDES
	CASE MANAGEMENT: THE ONGOING CASE MANAGEMENT PROGRAM PROVIDES CASE MANAGEMENT SERVICES WHICH FOCUS ON MAINTAINING CHILD SAFETY WHILE
	CHILDREN ARE PLACED IN OUT-OF-HOME CARE AND FOLLOWING REUNIFICATION
	WITH BIRTH PARENTS ALONG WITH ACHIEVING PERMANENCY FOR CHILDREN IN THE
	MOST EXPEDITIOUS MANNER POSSIBLE. CASE MANAGERS CONTINUOUSLY ASSESS
	FOR SAFETY AT EACH HOME VISIT THROUGH ACTIVE COMMUNICATION WITH ALL
	CAREGIVERS WITHIN THE HOME. ALONG WITH ASSESSING FOR SAFETY, CASE
	MANAGERS CONDUCT PARENTAL PROTECTIVE CAPACITY ASSESSMENT, DEVELOP
	SERVICE PLANS, REFER FAMILIES TO FORMAL AND INFORMAL SUPPORTS, MONITOR
	PARENTAL PROGRESS AND PREPARE AND PARTICIPATE IN LEGAL PROCESSES SUCH
	AS PERMANENCY HEARINGS, EXTENSION HEARINGS, AND HEARINGS REGARDING
	TERMINATION OF PARENTAL RIGHTS.
4b	(Code:) (Expenses \$ 2,788,423. including grants of \$) (Revenue \$ 3,062,085.)
	MENTAL HEALTH PROGRAMS AT WELLPOINT CARE NETWORK INC. INCLUDE THE
	OUTPATIENT CLINIC AND COMPREHENSIVE COMMUNITY SERVICES (CCS). CCS
	PROVIDES THERAPEUTIC AND MENTAL HEALTH CONSULTATION SERVICES TO
	CHILDREN AND FAMILIES THROUGHOUT SOUTHEASTERN WISCONSIN. THE OUTPATIENT
	CLINIC PROVIDES INDIVIDUAL, FAMILY AND GROUP OUTPATIENT MENTAL HEALTH
	SERVICES, INCLUDING TALK AND OCCUPATIONAL THERAPY, THERAPLAY, ART
	THERAPY AND A RANGE OF OTHER INTERVENTIONS. CLIENTS ARE SERVED AT BOTH
	THE CAPITOL CAMPUS AND AT SCHOOLS THROUGHOUT SOUTHEASTERN WISCONSIN.
4c	(Code:) (Expenses \$1,571,438. including grants of \$) (Revenue \$2,027,379.)
	TREATMENT FOSTER CARE: PROVIDES TREATMENT FOSTER HOMES FOR BOYS AND
	GIRLS AGES 0 TO 18 THAT HAVE SPECIAL EMOTIONAL, BEHAVIORAL, AND
	ACADEMIC NEEDS. ALSO, PROVIDES SPECIALIZED SERVICES TO PREVENT
	PLACEMENT DISRUPTION, MEET INDIVIDUAL TREATMENT NEEDS, AND ACHIEVE BEST
	POSSIBLE OUTCOMES FOR CHILDREN AND THEIR FAMILIES. THE FOUR LEVELS OF
	TREATMENT FOSTER CARE ARE SUPPORTIVE, ENHANCED, INTENSIVE, AND
	EXCEPTIONAL
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 3,201,430 · including grants of \$) (Revenue \$ 2,136,869 ·)
4e	Total program service expenses 24,708,341.
	Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>_</u> _
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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31 Did the orga 32 Did the orga Schedule N, 33 Did the orga sections 30° 34 Was the orga Part V, line 1 35a Did the orga b If "Yes" to lin within the m 36 Section 501 If "Yes," con 37 Did the orga and that is the 38 Did the orga Note: All Fo Part V State Check 1a Enter the nu	ganization receive contributions of art, h					l		٠,,
32 Did the orgal Schedule N, 33 Did the orgal sections 30° 34 Was the orgal Part V, line 1 35a Did the orgal bid if "Yes" to liming within the middle of the orgal and that is the section 501 if "Yes," conditions and that is the conditions of the orgal Note: All Foliations Check the orgal conditions of the orgal orgal conditions of the orgal	ons? If "Yes," complete Schedule M					30		X
Schedule N, 33 Did the orgate sections 30 Sections 30 Sections 30 Did the orgate by If "Yes" to liming within the miles of the orgate and that is the section 501 Section 501 Did the orgate and that is the section 501 Section 501 Did the orgate and that is the section 501 Section 501 Did the orgate and that is the section 501 Did the orgate Note: All Formatty State Check Section 501 Did the orgate Note: All Formatty State Check Section 501 Did the orgate Note: All Formatty State Check Section 501 Did the orgate Note: All Formatty State Check Section 501 Did the orgate Note: All Formatty State Check Section 501 Did the orgate Note: All Formatty State Section 501 Did the orgate Note: All Formatty State Section 501 Did the orgate Note: All Formatty State Section 501 Did the orgate Note: All Formatty State Section 501 Did the orgate Note: All Formatty Section 501 Did the Organization 501 Did the Organiz	ganization liquidate, terminate, or dissolv					31		Х
33 Did the orgal sections 30° sections 30° sections 30° and the orgal by the orgal by the orgal by the orgal section 50° and the orgal section 50° and that is the orgal section 50° and 5	ganization sell, exchange, dispose of, or	transfer more than 25% of its net	assets? If "Yes,"	comp	lete			
sections 30- 34 Was the org Part V, line 1 35a Did the orga b If "Yes" to lii within the m 36 Section 501 If "Yes," con 37 Did the orga and that is to 38 Did the orga Note: All Fo Part V Stat	N, Part II					32		X
34 Was the org Part V, line 1 35a Did the orga b If "Yes" to lin within the m 36 Section 501 If "Yes," con 37 Did the orga and that is t 38 Did the orga Note: All Fo Part V Stai Chec	ganization own 100% of an entity disrega							
Part V, line 1 35a Did the orga b If "Yes" to lin within the m 36 Section 501 If "Yes," con 37 Did the orga and that is to 38 Did the orga Note: All Fo Part V Stat Chec	301.7701-2 and 301.7701-3? <i>If</i> "Yes," co.	mplete Schedule R, Part I				33		X
35a Did the orga b If "Yes" to lin within the m 36 Section 501 If "Yes," con 37 Did the orga and that is t 38 Did the orga Note: All Fo Part V Stat Chec	organization related to any tax-exempt or	taxable entity? <i>If</i> "Yes," complete	Schedule R, Part	· II, III,	or IV, and			
b If "Yes" to lin within the m 36 Section 501 If "Yes," con 37 Did the orga and that is to the orga Note: All Fo Part V State Check 1a Enter the nu	e 1					34	X	
within the m 36 Section 501 If "Yes," con 37 Did the orga and that is t 38 Did the orga Note: All Fo Part V State Check 1a Enter the nu	ganization have a controlled entity withir					35a	Х	
36 Section 501 If "Yes," con 37 Did the orga and that is t 38 Did the orga Note: All Fo Part V Stai Chec	line 35a, did the organization receive an	y payment from or engage in any	transaction with a	contr	olled entity			
If "Yes," com 37 Did the orga and that is to 38 Did the orga Note: All Fo Part V Stat Chec	meaning of section 512(b)(13)? If "Yes,"					35b	X	
37 Did the orga and that is to 38 Did the orga Note: All Fo Chect 1a Enter the nu	01(c)(3) organizations. Did the organiza	tion make any transfers to an exe	mpt non-charitabl	e relat	ed organization?			
and that is to a second	omplete Schedule R, Part V, line 2					36		X
Note: All Fo Part V Stat Chec 1a Enter the nu	ganization conduct more than 5% of its a	activities through an entity that is r	not a related orgai	nizatio	n			
Note: All Fo Part V Stat Chec 1a Enter the nu	s treated as a partnership for federal inco					37		X
Chec	ganization complete Schedule O and pro							
Chec	Form 990 filers are required to complete	Schedule O				38	X	
Chec	Form 990 filers are required to complete atements Regarding Other IRS	Filings and Tax Complian	ice					
	eck if Schedule O contains a response o	r note to any line in this Part V		<u></u>	<u></u>	<u></u>		
							Yes	No
h Entartha nu	number reported in box 3 of Form 1096.	Enter -0- if not applicable		1a	170			
b Enter the flu	number of Forms W-2G included on line	1a. Enter -0- if not applicable		1b	0	Ц		

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Form **990** (2022)

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

022) WELLPOINT CARE NETWORK, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 429								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X					
g									
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
_	sponsoring organization have excess business holdings at any time during the year?								
	9 Sponsoring organizations maintaining donor advised funds.								
_	a Did the sponsoring organization make any taxable distributions under section 4966?								
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b							
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
-	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization 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?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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Form **990** (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u> </u>						X				
Sec	tion A. Governing Body and Management									
		ı	1 17		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	17							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	dired	t supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5										
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					Х				
	more members of the governing body?			7a		х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st									
				7b		х				
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			, 0						
		-	=	8a	Х					
_				8b	X					
b				OD	21					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					х				
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Λ				
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	: Code.)			·				
	51111				Yes	No v				
	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, affiliates,							
	· · · · · · · · · · · · · · · · · · ·			10b	37					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	X					
b										
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	'es," (lescribe							
	on Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approva	l by ir	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization			15b	X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent v	vith a							
	taxable entity during the year?			16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	n's							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed WI									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	0-T (section 501(c)(3)s	only)	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain	on S	chedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial					
	statements available to the public during the tax year.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records							
-	LESLIE HAYES - 414-463-1880									
	8901 W CAPITOL DRIVE, MILWAUKEE, WI 53222									

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	Position (do not check more than box, unless person is bo officer and a director/tru		than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ANN LEINFELDER GROVE PRESIDENT & CEO	39.00			Х				249,268.	0.	41,061.
(2) JODY PAHLAVAN	40.00			- 22				245,200.	0.	41,001.
VP OF CLINICAL SERVICES	40.00	1			Х			174,889.	0.	20,737.
(3) POLINA MAKIEVSKY	40.00							174,000.	.	20,737
VP OF STRATEGY AND INNOVAT	10.00	1				x		153,539.	0.	24,885.
(4) KRISTI SCHARL	39.00							·		•
CHIEF FINANCIAL OFFICER	1.00			Х				153,837.	0.	19,576.
(5) SONJA WILLIAMS	40.00							·		•
VP OF HUMAN RESOURCES						Х		146,023.	0.	4,012.
(6) STARLET HAYES	40.00									
VP OF DEVELOPMENT						Х		119,355.	0.	19,863.
(7) JENNIFER KEEFE	40.00									
VP OF CHILD AND FAMILY WELL-BEING						X		100,747.	0.	10,041.
(8) AKEL AKEL	1.00									
BOARD MEMBER /TREASURER	1.00	Х		Х				0.	0.	0.
(9) WILLIAM HARRIGAN	1.00									
BOARD MEMBER /VICE CHAIR	1.00	Х		Х				0.	0.	0.
(10) MARY L. MCCORMICK	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) JACQUELINE HERD-BARBER	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) TIM HERMAN	1.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) MONICA G. MINOR	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) JAMES MADLOM	1.00									
BOARD MEMBER/VICE CHAIRPERSON	1.00	Х		Х				0.	0.	0.
(15) JACK NELSON	1.00								•	•
BOARD MEMBER		Х						0.	0.	0.
(16) ANDREW REBSTOCK	1.00	٠,								^
BOARD MEMBER	1.00	Х			_	-		0.	0.	0.
(17) JAMES PETERSON	1.00	.							_	^
BOARD MEMBER	1.00	X			<u> </u>			0.	0.	990 (2022)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other					
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18) BRIAN E. PIER	1.00								_		
BOARD MEMBER	1.00	Х						0.	0.	0.	
(19) AL PINCKNEY BOARD MEMBER	1.00	х						0.	0.	0.	
(20) PAUL T. RIEDL, JR.	1.00										
BOARD MEMBER	1.00	Х						0.	0.	0.	
(21) JOHN TEEVAN	1.00										
BOARD MEMBER	1.00	Х						0.	0.	0.	
(22) CLYDE TINNEN BOARD MEMBER	1.00	Х						0.	0.	0.	
(23) JAMES BURNETT BOARD MEMBER	1.00	х						0.	0.	0.	
1b Subtotal c Total from continuation sheets to Part VII, Section A							1,097,658. 0. 1,097,658.	0. 0.	140,175. 0. 140,175.		
d Total (add lines 1b and 1c)										1 140,110.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Hoport compensation for the calcular year chains with or within	T the organization of tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
	'	
ASSOCIATION OF COMMUNITY EMPOWERMENT LLC	SUPERVISED	
3500 N SHARMAN BLVD, MILWAUKEE, WI 53216	VISITATION AND TRANS	512,470.
JUST SHUTTLE LLC		
6648 WEST GIRARD AVE, MILWAUKEE, WI 53210	TRANSPORTION	212,314.
REVERSING THE TREND, INC.	SUPERVISED	
2865 N SHERMAN BLVD, MILWAUKEE, WI 53210	VISITATION	190,480.
ABOVE AND BEYOND TRANSPORTATION, LLC	SUPERVISED	
4618 W WOOLWORTH AVE, MILWAUKEE, WI 53218	VISITATION	173,132.
CHILDREN'S SERVICES SOCIETY OF WI DBA CHILD		
620 S 76TH STREET #120, MILWAUKEE, WI 5321	CLIENT TRANSPORTION	167,573.
2 Total number of independent contractors (including but not limited to those listed	l above) who received more than	
\$100,000 of compensation from the organization 6		
	<u> </u>	- 000 ()

Form 990 (2022)

Form 990 (2022) WELLPOI
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	a Federated campaigns 1a					
ant							
S S		b Membership dues 1b c Fundraising events 1c					
fts,		d Related organizations 1d	1,329,358.				
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions)					
Sin		f All other contributions, gifts, grants, and					
utic		similar amounts not included above 1f	20,337.				
Ģ.Ē.		g Noncash contributions included in lines 1a-1f	20,007.				
no.		h Total. Add lines 1a-1f		1,349,695.			
0 10			Business Code	_,,			
	2 :	a	624100	21,175,667.	21175667.		
ļice	2 (b OTHER PROGRAM SERIVCE	624100	6,881,144.	6,881,144.		
Ser	'	c RENTAL INCOME	624100	339,747.	339,747.		
Program Service Revenue		d AGENCY	624100	5,442.	5,442.		
		<u> </u>	021200	,	0,112.		
Pro		f All other program service revenue					
		g Total. Add lines 2a-2f		28,402,000.			
-	3	Investment income (including dividends, interes		20,102,000.			
	3			1,019.			1,019.
	4	other similar amounts) Income from investment of tax-exempt bond pro		_,			
	5	Royalties					
	3	(i) Real	(ii) Personal				
	6	47 267	()				
		b Less: rental expenses 6b 0.					
		c Rental income or (loss) 6c 47,267.					
		d Net rental income or (loss)		47,267.			47,267.
		a Gross amount from sales of (i) Securities	(ii) Other	,			, , ,
	•	assets other than inventory 7a	(.,				
		b Less: cost or other basis					
<u>o</u>		and sales expenses 7b					
nue		c Gain or (loss) 7c					
Seve		d Net gain or (loss)					
her Revenue		a Gross income from fundraising events (not					
Đ Đ	•	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
		Part IV, line 19					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a					
	ı	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 :	a MISCELLANEOUS REVENUE	900099	1,923.			1,923.
ane Duc	ı	b					
eve		С					
Aisc B		d All other revenue					
		e Total. Add lines 11a-11d		1,923.			
	12	Total revenue. See instructions		29,801,904.	28402000.	0.	50,209.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 659,368. 659,368. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 16,279,844. 14,370,506. 1,724,366. 184,972. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,107,541. 2,785,021. 298,512. 24,008. Other employee benefits 9 225,852. 1,049,145. 163,044. 13,663. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,115,069. 426,700. 634,327. 54,042. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 913,301. 363,975. 528,294. 21,032 Office expenses 13 Information technology 14 15 Royalties 1,811,097. 837,831. 973,266. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 496,997. 2,628. 499,851. 226. Depreciation, depletion, and amortization 22 173,988. 126,179. 46,613. 1,196. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 17,942. 3,413,310. 3,393,828. 1,540. DIRECT CLIENT ASSISTANC STAFF DEVELOPMENT 708,663. 517,508. 185,368. 5,787. 25,245. 348,947. 311,356. 12,346. MISCELLANEOUS EXPENSE 19,504. 128,139. 107,779. 856. TELEPHONE EXPENSE e All other expenses 30,384,970. 24,708,341. 5,356,961. 319,668. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			958,772.	1	935,243.
	2	Savings and temporary cash investments			1,647,347.	2	198,358.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,817,797.	4	1,727,364.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net			284,249.	7	78,904.
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			251,047.	9	306,309.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	18,624,219.			
	b	Less: accumulated depreciation	9,980,784.	3,737,135.	10c	8,643,435.	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0 606 245	15	11 000 (12		
	16	Total assets. Add lines 1 through 15 (must equ		8,696,347.		11,889,613.	
	17	Accounts payable and accrued expenses	1,697,845.	17	2,139,147.		
	18	Grants payable		1,581,054.	18	924,854.	
	19	Deferred revenue			1,301,034.	19	924,034.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or form					
bilit		trustee, key employee, creator or founder, subscontrolled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela	-	: F		23	
	24	Unsecured notes and loans payable to unrelate		' F	3,072,524.		7,063,754.
	25	Other liabilities (including federal income tax, pa		Г	3,072,324.	24	7,003,734.
	23	parties, and other liabilities not included on lines					
		of Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25			6,351,423.	26	10,127,755.
		Organizations that follow FASB ASC 958, che	ck her	e X			
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions	1,923,558.	27	1,349,987.		
Bala	28	Net assets with donor restrictions	421,366.	28	411,871.		
pu		Organizations that do not follow FASB ASC 9					
Fu		and complete lines 29 through 33.					
o.	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,344,924.	32	1,761,858.
	33				8,696,347.	33	11,889,613.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,80			
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,38			
3	Revenue less expenses. Subtract line 2 from line 1	3	-58	3,0	66.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,34	4,9	24.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	1,76	1,8	<u>58.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			l	
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			l	
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X		
			Form	990	(2022)	

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

WELLPOINT CARE NETWORK,

Employer identification number

OMB No. 1545-0047

39-1338354 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publi					Г	
	Public support percentage for 2022 (I			column (f))		14	<u>%</u>
	Public support percentage from 2021	•				15	%
16a	33 1/3% support test - 2022. If the o	-			14 is 33 1/3% or m	ore, check this box	< and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the contract the state of						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	•		· ·	
	meets the facts-and-circumstances te	-			-	7	
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu		-	•	• • •		H
18	Private foundation. If the organization	in dia not check a	box on line 13, 16a	a, 100, 17a, 0r 17b	o, check this box ai		
						ochedule A	(Form 990) 2022

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	882,660.	862,332.	2030455.	1440647.	1349695.	6565789.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	27410747.	27949200.	23489304.	27179673.	28449267.	134478191
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	28293407.	28811532.	25519759.	<u> 28620320.</u>	29798962 .	<u>141043980</u>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						141043980
Sec	ction B. Total Support	1			Г		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	28293407.	28811532.	25519759.	28620320.	29798962.	141043980
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	73,673.	110,353.	78,601.	7,440.	1,019.	271,086.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	73,673.	110,353.	78,601.	7,440.	1,019.	271,086.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		56.	46.	2,810.	1,923.	4,835.
13	Total support. (Add lines 9, 10c, 11, and 12.)	28367080.	28921941.	25598406.	28630570.	29801904.	141319901
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, 1	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
							<u></u>
	ction C. Computation of Publi						00.00
	Public support percentage for 2022 (I	, (,,	,	column (f))		15	99.80 %
	Public support percentage from 2021					16	99.76 %
	ction D. Computation of Inves			101 (*)		47	10 ~
	Investment income percentage for 20					17	.19 % .23 %
	Investment income percentage from			on line 14, and line		18 3 1/3% and line 1	,-
าษล	33 1/3% support tests - 2022. If the						r is not
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che			•		•	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	За		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	O		
	9a		
	9b		
	9c		
	10a		
	iva		
	10b		
ule	A (Forn	n 990)	2022

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Saat	super	vised, or controlled the supporting organization.	2		
Seci	1011	C. Type II Supporting Organizations		1	
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sect	the su	upported organization(s). D. All Type III Supporting Organizations	1		
		Divin Typo in Supporting Significations		Yes	No
4	Did #h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	_	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined	_		
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in	OL		
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	_ iu ii	to organization occided a depotential adgree of another ever the policies, producting, and activities of Cacil			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	emergency temporary reduction (see instructions).	0		
7	Check here if the current year is the organization's first as a non-functionally in	ntegra	ted Type III supporting organ	nization (see
	instructions)			

5

Schedule A (Form 990) 2022

5

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
_	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Part \	Part IV, Se line 1; Part	nental ection A, t IV, Sect lines 5, 6	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, ion D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHE	DULE A,	PART	III, LINE 12, EXPLANATION FOR OTHER INCOME:
OTHE	R INCOME	l I	
2019	AMOUNT:	\$	56.
2020	AMOUNT:	\$	46.
2021	AMOUNT:	\$	2,810.
2022	AMOUNT:	\$	1,923.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

WELLPOINT CARE NETWORK, INC.

Employer identification number 39-1338354

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Bonor advised funds	(b) i and and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
			I I
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation eas		_
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		
U	Stan and volunteer riours devoted to monitoring, inspecting,	Thandling of violations, and emorning co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements during the year
	3,		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	ments that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022

232051 09-01-22

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

- Complete it the organization answered in	1	1,	, , , , , , , , , , , , , , , , , , , ,	
Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
	basis (investment)	basis (other)	depreciation	
1a Land		343,470.		343,470.
b Buildings		11,710,954.	6,685,575.	5,025,379.
c Leasehold improvements				
d Equipment		4,591,782.	3,201,526.	1,390,256.
e Other		1,978,013.	93,683.	1,884,330.
Total. Add lines 1a through 1e. (Column (d) must equa	8,643,435.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 WELLPOINT CAPART VII Investments - Other Securities.	ARE NETWORK,	INC. 39	-1338354 Page
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			1 - 6
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. Gee Form Goo, Fart X, line To.	(b) Book value
(1)			(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.,		I
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

(6) (7) (8)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements	Sche	dule D (Form 990) 2022 WELLPOINT CARE NETWORK, INC.			1338354	Page ²
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVIII, line 7b 4 Other (Describe in Part XIII.) c Add lines 4a and 4b	Paı	t XI Reconciliation of Revenue per Audited Financial Statements \	With Revenue per Ret	turn.		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) c Add lines 2a through 2d 2 Amounts included on Form 990, Part IX, line 25: a Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 12a. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b 4 Amounts included on Fart Part XIII.) b Other (Describe in Part XIII.) c Add lines 4a and 4b		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2 d 2 d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 C Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 25; but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b 4 Amounts included on Form 990, Part IX, line 25; but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII.) c Add lines 4a and 4b	1	Total revenue, gains, and other support per audited financial statements		1		
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue and losses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
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c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 2a and 4b c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 7b 4 Amounts included on Form 990, Part IX, line 25; a Donated services and use of facilities 2 a 2a 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b	b	Donated services and use of facilities	tb			
E Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3	С	Recoveries of prior year grants	lc			
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Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	С	Add lines 4a and 4b		4c		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 3 Subtract line 2e from g90, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII.) c Add lines 4a and 4b 4 Add lines 4a and 4b	5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Investment expenses and losses per audited financial statements I I I I I I I I I I I I I	Pa	t XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per R	eturi	٦.	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	1	Total expenses and losses per audited financial statements		1		
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 2b 2c 4c	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 2b 2c 4c	а	Donated services and use of facilities	la l			
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c			?b			
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 2e 3 4a 4a 4b 4c	С		2c			
3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	d	Other (Describe in Part XIII.)	2d			
3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	е	Add lines 2a through 2d		2e		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c				3		
b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	4					
c Add lines 4a and 4b 4c	а	Investment expenses not included on Form 990, Part VIII, line 7b	a			
	b	Other (Describe in Part XIII.)	b			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	С	Add lines 4a and 4b		4c		
	5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE FOUNDATION HAS RECEIVED SEVERAL GIFTS OR ENDOWMENTS IN WHICH THE DONORS HAVE STIPULATED THAT THESE FUNDS BE INVESTED AND MAINTAINED PERMANENTLY TO GENERATE ANNUAL INCOME TO SUPPORT CERTAIN ACTIVITIES OF THE FOUNDATION. THE BOARD OF DIRECTORS HAS ALSO DESIGNATED FUNDS TO FUNCTION AS AN ENDOWMENT. THESE FUNDS ARE MAINTAINED BY THE FOUNDATION IN VARIOUS INVESTMENTS AND THE FOUNDATION IS RESPONSIBLE FOR INVESTMENT DECISIONS. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. THE UTILIZATION OF SUCH FUNDS BY THE ORGANIZATION ARE CONSISTENT WITH DONOR STIPULATIONS, THE BOARD APPROVED SPENDING POLICY AND IN THE CASE OF THE QUASI-ENDOWMENT BOARD APPROVED PROGRAM ACTIVITIES AND PROJECT PLANS.

Schedule D (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Go to www.irs.gov/Form990 for instructions and the latest information.

WELLPOINT CARE NETWORK, INC.

 $Employer\ identification\ number\\ 39-1338354$

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х Х Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			77
	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
а	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title (1) ANN LEINFELDER GROVE PRESIDENT & CEO (2) JODY PAHLAVAN (i) VP OF CLINICAL SERVICES (ii) (3) POLINA MAKIEVSKY (i) VP OF STRATEGY AND INNOVAT (ii) (4) KRISTI SCHARL (CHIEF FINANCIAL OFFICER (iii) (5) SONJA WILLIAMS (i) VP OF HUMAN RESOURCES (ii) (iii)		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990		
(1) ANN LEINFELDER GROVE	(i)	247,828.	600.	840.	25,190.	15,871.	290,329.	0.		
PRESIDENT & CEO		0.	0.	0.	0.	0.	0.	0.		
(2) JODY PAHLAVAN	(i)	173,929.	600.	360.	18,846.	1,891.	195,626.	0.		
VP OF CLINICAL SERVICES		0.	0.	0.	0.	0.	0.	0.		
(3) POLINA MAKIEVSKY	(i)	152,579.	600.	360.	14,330.	10,555.	178,424.	0.		
VP OF STRATEGY AND INNOVAT		0.	0.	0.	0.	0.	0.	0.		
(4) KRISTI SCHARL	(i)	152,877.	600.	360.	16,111.	3,465.		0.		
CHIEF FINANCIAL OFFICER		0.	0.	0.	0.	0.	0.	0.		
(5) SONJA WILLIAMS	(i)	145,063.	600.	360.	2,699.	1,313.	150,035.	0.		
VP OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
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	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

WELLPOINT CARE NETWORK, INC.	39-1338354
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
OTHER PROGRAMS	
EXPENSES \$ 3,201,430. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 2,136,869.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE CFO REVIEWS THE 990. A COPY IS SENT TO THE BOARD OF D	IRECTORS VIA
E-MAIL PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CFO OVERSEES AND SIGNS OFF ON ALL VENDORS AND CONTRACT	ING ISSUES. THE
PRESIDENT AND CFO ARE AWARE OF BOARD CONNECTIONS AND ARE C	OGNIZANT OF THOSE
CONNECTIONS WHEN DOING PURCHASING.	
FORM 990, PART VI, SECTION B, LINE 15:	
FOR THE CEO, COMPENSATION IS DETERMINED BY THE BOARD OF DI	RECTORS THROUGH
INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION STUDY, R	EVIEW OF OTHER
ORGANIZATIONS FORM 990. FOR THE CFO, COMPENSATION IS DETE	RMINED BY THE CEO
AND THE DIRECTOR OF HUMAN RESOURCES.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQU	EST. THE ANNUAL
AUDIT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Go to www.irs.gov/Form990 for instructions and the latest information.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

WELLPOINT CARE NETWORK, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 39-1338354

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea	r assets Direct	(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34,	pecause it had one	e or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
WELLPOINT CARE FOUNDATION, INC 39-0806249				501(c)(3))		Yes	No
8901 W. CAPITOL DRIVE MILWAUKEE, WI 53222	SUPPORT WELLPOINT CARE NETWORK INC.	WISCONSIN	501(C)(3)	LINE 12B, II	WELLPOINT CARE NETWORK, INC.	х	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Share of Dispressitionata Code \		Code V-UBI	General c	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	1										
	1										
	1										
	1										
	1			1					1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Couriery)						Yes	No
								Ь	<u> </u>
								↓	<u> </u>

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a	X		
С	Gift, grant, or capital contribution from related organization(s)				1c	Х		
					1d		X	
					1e		X	
	, , , , , , , , , , , , , , , , , , , ,							
f	Dividends from related organization(s)				1f		X	
					1g		X	
h	Purchase of assets from related organization(s)				1h		X	
(a) Name of related organization Transaction type (a-s) (b) Transaction type (a-s) (c) Amount involved Method of determining amount involved (d) Method of determining amount involved 1) WELLPOINT CARE FOUNDATION, INC. C 1,329,358. CASH RECEIVED 2) 3) 4) 6)					1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	contribution to related organization(s) 1b contribution from related organization(s) 1ct tees to or for related organization(s) 1dt threes by related organization(s) 1dt threes by related organization(s) 1ft tees the organization(s) 1ft tees or membership or fundraising solicitations for related organization(s) 1ft tees or membership or fundraising solicitations by related organization(s) 1ft tees or membership or fundraising solicitations the related organization(s) 1ft tees or membership or fundraising solicitations by related organization(s) 1ft tees or membership or fundraising solicitations by related organization(s) 1ft tees or membership or fundraising solicitations by related organization(s) 1ft tees or membership or fundraising solicitations for related organization(s) 1ft tees or membership or fundraising solicitations by related organization(s) 1ft tees or membership or fundraising solicitations by related organization(s) 1ft tees or membership or fundraising solicitations by related organization(s) 1ft tees or membership or fundraising solicitations by related organization(s) 1ft tees organ			X			
I Performance of services or membership or fundraising solicitations for related organization(s) 1I m Performance of services or membership or fundraising solicitations by related organization(s) 1m n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n								
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees to or for related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) m Performance of services or membership or fundraising solicitations for related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) P Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses G Nother transfer of cash or property to related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization Method of determining amount involved type (as)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
					1n		X	
	•							
р	Reimbursement paid to related organization(s) for expenses				1p		Х	
	b Giff, grant, or capital contribution for related organization(s) 6 (c Giff, grant, or capital contribution from related organization(s) 6 (b Loans or loan guarantees to or for related organization(s) 16 (b Loans or loan guarantees to or for related organization(s) 16 (b Loans or loan guarantees by related organization(s) 16 (b Loans or loan guarantees by related organization(s) 17 (b Dividends from related organization(s) 17 (b Loans or loan guarantees by related organization(s) 19 (b Loans or loan guarantees by related organization(s) 19 (b Loans or loans guarantees by related organization(s) 19 (b Loans or loans guarantees by related organization(s) 19 (b Loans or loans guarantees by related organization(s) 19 (b Loans or loans guarantees) 19 (b Loans guarantees) 19			1q		X		
·					•			
r	Other transfer of cash or property to related organization(s)				1r		Х	
					1s		X	
	·							
	Name of related organization				olved			
		type (a-s)						
1) \	WELLPOINT CARE FOUNDATION, INC.	С	1,329,358.	CASH RECEIVED				
2)								
3)								
4)								
5)								
6)								
3216	3 09-14-22	2.5		Schedule	R (Forr	n 990)	2022	

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000