** Public Disclosure Copy**

EXTENDED TO NOVEMBER 15, 2024

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending

	heck if	C Name of organization		D Employer identific	cation number
щ	Addre				
	chang Name	· · · · · · · · · · · · · · · · · · ·		39-08062	40
	chang Initial		D / 't-		
	return Final	Number and street (or P.O. box if mail is not delivered to street address) 8901 W CAPITOL DRIVE	Room/suite	E Telephone numbe 414-463-	
	return termin				4,389,488.
	ated Amen			G Gross receipts \$	
	return Applic	<u> </u>	7 Tr	H(a) Is this a group re	
	tion pendir	SAME AS C ABOVE	, 17.	for subordinates H(b) Are all subordinates in	
	-01/ 01/		or 527	7 ` ′	list. See instructions
	Vebsi		<u> </u>	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I Vaar		■ State of legal domicile: WI
Pa	rt I	Summary	L TEAT	or formation. 1050 N	M State of legal doffficite. W -
		Briefly describe the organization's mission or most significant activities: TO St	JPPORT	WELLPOINT (CARE
9		NETWORK, INC.			
Governance	l	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
Ver	l			3	21
	ı	Number of independent voting members of the governing body (Part VI, line 1b)			21
8 8	l	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0
ļţ		Total number of volunteers (estimate if necessary)			20
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
۹		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)		241,659.	1,073,398.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		648,407.	680,607.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		890,068.	1,754,005.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,329,358.	1,768,872.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		72,000.	32,000.
ğ x	l	Total fundraising expenses (Part IX, column (D), line 25) 32,00			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		90,785.	85,047.
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,492,143.	1,885,919.
		Revenue less expenses. Subtract line 18 from line 12		-602,075.	-131,914.
sets or alances			Ве	eginning of Current Year	End of Year
sset Salar	20	Total assets (Part X, line 16)		23,406,460.	26,625,844.
nd As	1	Total liabilities (Part X, line 26)		78,904.	391,308.
2 <u>.</u> Da	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		23,327,556.	26,234,536.
			and statem	anta and to the best of m	Unaviladas and haliaf it is
		alties of perjury, I declare that I have examined this return, including accompanying schedules at, and complete. Declaration of preparer (other than officer) is based on all information of wh			kilowieuge aliu bellei, it is
ue,	Correc	r, and complete. Decidiation of preparer (other than officer) is based on an information of whi [iicii preparei	lias ally kilowieuge.	
Sigr		Signature of officer		I Date	
dere		ANN LEINFELDER GROVE, CEO			
ICI (-	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
aid		1	CPA 1	0/31/24 if self-employ	
	arer	Firm's name SIKICH LLC	 		6-3168081
	Only	Firm's address 17335 GOLF PARKWAY, SUITE 500		THINGE IN S	
	,	BROOKFIELD, WI 53045		Phone no. (2	62)754-9400
Лav	the IF	RS discuss this return with the preparer shown above? See instructions		1. Hono hor (=	X Yes No
		, ,			

	Check if Schedule O contains a response or note to any line in this Part III									
1	Briefly describe the organization's mission: TO SUPPORT WELLPOINT CARE NETWORK, INC.									
2	Did the organization undertake any significant program services during the year which were not listed on the									
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
4	If "Yes," describe these changes on Schedule O. 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.									
4a	(Code:) (Expenses \$ 1,768,872. including grants of \$ 1,768,872.) (Revenue \$ TO SUPPORT WELLPOINT CARE NETWORK, INC. AND RELATED ENTITIES.									
4b	(Code:) (Expenses \$									
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$									
4d	Other program services (Describe on Schedule O.)									
46	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,768,872.									
4e	Form 990 (2023)									

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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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		Х
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,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </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	Х	
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,			
	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			
	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		Х
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		X
h	, , , , , , , , , , , , , , , , , , ,	IZa		1
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		21	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		├^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا		_V
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
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	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
				-

WELLPOINT CARE FOUNDATION, INC. 39-0806249 Page 4 Form 990 (2023) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

332004 12-21-23

Form 990 (2023)

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

(gambling) winnings to prize winners?

023) WELLPOINT CARE FOUNDATION, 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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
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	Г	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	I			
	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)).			
5a	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		Х
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 s				
	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		Х
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			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as req	·	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	1098-C?	7h		
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?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
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				
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		Х
b			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.				

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. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	1			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with	any other				
	officer, director, trustee, or key employee?			2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the						
				3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form			. —		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's as					Х	
6	Did the organization have members or stockholders?					Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?			7a		X	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
	persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			75			
а		,	ŭ	8a	Х		
_							
9	b Each committee with authority to act on behalf of the governing body?						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O						
Sec				. 9	1	X	
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>evenue</u>	e Code.)		Yes	No	
100	Did the organization have local chapters, branches, or affiliates?			10a	163	No X	
	If "Yes," did the organization have written policies and procedures governing the activities of such c			100		1	
ь		•		10b			
44.			ro filing the form?	11a			
11a							
10a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			100	Х		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			. 12b	_ A		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	,		40-	х		
40	on Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?				X		
14	Did the organization have a written document retention and destruction policy?			. 14	<u>^</u>		
15	Did the process for determining compensation of the following persons include a review and approve	•	aepenaent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	v		
a	The organization's CEO, Executive Director, or top management official				X	-	
р	Other officers or key employees of the organization			15b	<u> </u>		
46	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 arrange	ment v	vith a			v	
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation to evaluation of the organization follows a written policy or procedure requiring the organization to evaluation to evaluation of the organization follows a written policy or procedure requiring the organization to evaluation of the organization follows as written policy or procedure requiring the organization to evaluation of the organization follows as written policy or procedure requiring the organization to evaluation of the organization of the organizati		•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's				
800	exempt status with respect to such arrangements?			16b	ļ		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed WI		 //:	2) : :			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	J-1 (section 501(c)(ಚ)s only)	availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, a	ınd finar	icial		
	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 bo	oks an	d records				
	KRISTI SCHARL - 414-463-1880						
	8901 W. CAPITOL DRIVE, MILWAUKEE, WI 53222						

Form **990** (2023)

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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	one 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	$\frac{1}{2}$		Х				0.	299,543.	47,770.
(2) KRISTI SCHARL	1.00							· · ·	233 / 3 13 •	1777700
CFO	39.00			x				0.	158,536.	20,080.
(3) AKEL AKEL	1.00								,	,
BOARD MEMBER / TREASURER	1.00	Х		Х				0.	0.	0.
(4) WILLIAM HARRIGAN	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(5) MARY MCCORMICK	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(6) JACQUELINE HERD-BARBER	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) TIM HERMAN	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(8) MONICA G MINOR	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(9) JAMES MADLOM	1.00									_
BOARD MEMBER/ CHAIRPERSON	1.00	X		Х				0.	0.	0.
(10) JACK NELSON	1.00	l								
BOARD MEMBER	1.00	X						0.	0.	0.
(11) ANDREW REBSTOCK	1.00	l								
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) JAMES PETERSON	1.00	.,							_	•
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) BRIAN PIER	1.00	. ,							0	0
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) PAUL T. RIEDL JR. BOARD MEMBER	1.00	X						0.	0.	0.
(15) JOHN TEEVAN	1.00	Λ						0.	0.	<u> </u>
BOARD MEMBER	1.00	v						0.	0.	0.
(16) CLYDE TINNEN	1.00	122			\vdash			1	0.	<u></u>
BOARD MEMBER / VICE CHAIR	1.00	X		х				0.	0.	0.
(17) JAMES BURNETT	1.00							†	•	<u>.</u>
BOARD MEMBER	1.00	x						0.	0.	0.
									, , , , , , , , , , , , , , , , , , , ,	Form 990 (2022)

Form **990** (2023)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0	•			(D)	(E)			(F)
Name and title	Average	(do	Position (do not check more than one				ono	Reportable	Reportable		Es	timated
	hours per	box	k, unle	ss per	rson i	is both	n an	compensation	compensation		am	nount of
	week	_	icer ar	nd a di	irecto	or/trus	tee)	from	from related			other
	(list any	director						the	organizations	.		pensation
	hours for related	or di	98			ated		organization	(W-2/1099-MISC	/		om the
	organizations	ustee	trust		9	Suedi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anization d related
	below	ual tr	tional		ploye	t col	_	1099-1120)				inizations
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ii iizatioi is
(18) TERRI HOWARD	1.00		-		_	"				╅		
BOARD MEMBER	1.00	Х						0.	().		0.
(19) SEBASTIAN JACINTO DIAZ	1.00											
BOARD MEMBER	1.00	Х				_		0.		١. ١		0.
(20) JOANNA KEENE	1.00								_			
BOARD MEMBER	1.00	Х	-			├		0.	(9.		0.
(21) ROBERT LANDWEHR	1.00	Ψ,							,	,		0
BOARD MEMBER (22) MELANIE MADDUX	1.00	Х	┢			┢		0.		0.		0.
BOARD MEMBER	1.00	Х						0.	(۱. د		0.
	1.00	25				\vdash				$\overset{\cdot \cdot \cdot }{+}$		<u> </u>
						_				\dashv		
		-										
			-			-				\dashv		
		1										
1b Subtotal	1		1			<u> </u>		0.	458,079	, †	6'	7,850.
c Total from continuation sheets to Part VI								0.		5.		0.
d Total (add lines 1b and 1c)								0.	458,079	_	6'	7,850.
2 Total number of individuals (including but n								eceived more than \$100,	000 of reportable			
compensation from the organization												0
										_		Yes No
3 Did the organization list any former officer,												
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su	•							•	•			v
and related organizations greater than \$150											4	Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	•				•			· ·			5	х
Section B. Independent Contractors	<u>ipietė Scrieduli</u>	9 <i>J T</i>	or st	icn į	oers	on					<u> </u>	
Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comper	nsati	ion fro	om
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)			(C	
Name and business	address	N	INC	3				Description of s	ervices	C	omper	nsation
-												
							_					
2 Total number of independent contractors (i	ncluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than			

Form **990** (2023)

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
SΩ	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	.,	Membership dues 1b					
င်္ခ ဗြ		Fundraising events 1c					
fts,	Ì	d Related organizations 1d					
ig je	Ì	e Government grants (contributions)					
Sir	,						
utio	1	All other contributions, gifts, grants, and	1 073 309				
들됨		similar amounts not included above 1f	1,073,398.				
d d	9	Noncash contributions included in lines 1a-1f		1 072 200			
Og		Total. Add lines 1a-1f		1,073,398.			
			Business Code				
Se	2 8	i					
ē <u>Š</u>	ŀ	·					
Sen	•	·					
eve	•	d					
Program Service Revenue	•						
₫	1	All other program service revenue					
	9	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		595,120.			595,120.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)	l				
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2,720,970.	()				
		Less: cost or other basis					
a	•	and sales expenses 7b 2,635,483.					
ğ							
ther Revenue				85,487.			85,487.
ت ح		d Net gain or (loss)		03,407.			03,407.
Ţ.	8 8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	 I				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold 10b					
$\perp \downarrow$	(Net income or (loss) from sales of inventory					
₁₀			Business Code				
ő a	11 a	a					
Miscellaneous Revenue	ı)					
eve	(
Λisc B	(All other revenue					
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,754,005.	0.	0.	680,607.

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 (D) Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,768,872. 1,768,872. 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, 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) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal Accounting Lobbying 32,000. 32,000. Professional fundraising services. See Part IV, line 17 83,905. 83,905. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 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 22 Depreciation, depletion, and amortization 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.) 1,142. 1,142. MISCELLANEOUS EXPENSE d All other expenses 1,885,919. 1,768,872. 85,047. 32,000. 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)

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	,		
	Г		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	735,470.
	3	Pledges and grants receivable, net		3	100,000.
	4	Accounts receivable, net	3,750.	4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
			20 750 040	10c	02 002 705
	11	Investments - publicly traded securities		11	23,093,705.
	12	Investments - other securities. See Part IV, line 11		12	2,696,669.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	22 406 460	15	26 625 044
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	26,625,844.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19 20	
	20 21	Tax-exempt bond liabilities		21	
	22	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director,			
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
Ĭ				22	
Ë	23	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	70 001	25	391,308.
	26	Total liabilities. Add lines 17 through 25	78,904.	26	391,308.
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	23,060,690.	27	25,967,670.
Bai	28	Net assets with donor restrictions	266 266	28	266,866.
р		Organizations that do not follow FASB ASC 958, check here			
Ŀ		and complete lines 29 through 33.			
ğ	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	23,327,556.	32	26,234,536.
_	33	Total liabilities and net assets/fund balances	22 406 460	33	26,625,844.

<u> FOIII</u>	1990 (2023) WEIDI OTHI CARE FOUNDATION, INC.	3,7	00002	ュノ	Pag	ge - 2
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			1,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2				19.
3	Revenue less expenses. Subtract line 2 from line 1	3				14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				56.
5	Net unrealized gains (losses) on investments	5	3,	038	3,8	<u>94.</u>
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,					
	column (B))	10	26,	234	1,5	<u>36.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Щ
			_		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	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	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					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
3а	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		I .			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

332012 12-21-23

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization WELLPOINT CARE FOUNDATION, 39-0806249 INC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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). 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. **X** 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 in 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) Yes above (see instructions)) WELLPOINT CARE 39-1338354 1,768,872. NETWORK, INC. Х

0.

768,872

(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.)

Calendar year (or fiscal year beginning in) 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 instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax reversues levied for the organization is 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 to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Called and the support of called a support supported organization in the subset of support subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Support subsettiles 5 ten like 4. Section B. Total Support 5 ten like 5 ten like 4. Section B. Total Support 5 ten like 6	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any "unusual grants.") 2 Tax revenues levied for the organization is 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 to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, selested inc of trons line 4 8 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from inerest, dividends, payments received on securities loans, rents, royalties, and income from ismilar sources 9 Net income from ismilar sources 9 Net income from ismilar sources 9 Net income from line dealth is sources activities, whether or not the business activities, whether or not the business is regularly carried on the business is regularly carried on the business in city of the property. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 Sa 31/3% support test - 2022. If the organization did not check to box on line 13, flad, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization did not check a box on line 13, flad, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circum	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on the behalf of the property of the portion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 povernmental unit or publicly supported organization junctuded on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Jubinet line's sensitive 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from line 4 8 Gross income from line 4 8 Gross income from line's secreted on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the 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) 1 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years, if the Form 900 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly support percentage for 2023 (line 6, column (f), divided by line 11, column (f) 14 15 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f) 15 3 1/3% support test - 2022. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization indid not check a box on line 13, 16a, or 16b, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check thi		membership fees received. (Do not						
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and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		-		-				
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and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		· · · · · · · · · · · · · · · · · · ·						
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	17a							
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		•		•	•	•	VI how the organiz	zation
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the			-	•		-		
	b		-					10% or
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·						
AS BY A COUNTY OF THE PROPERTY		-		-	• •	•		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

332022 12-21-23

(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.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12) = = =	(2) = = 1	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-)	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u> </u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

332023 12-21-23

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	X	
	2		Х
L	За		_X_
	3b		
	3c		
			v
	4a		X
	4b		
	+n		
	4c		
	5a		X
	5b		
	5c		
	_		Х
	6		
	7		Х
	_		
	8		Х
	9a		Х
	9b		X
	9с		X
			7.5
	10a		X
	401		
	10b	- 000\	0000

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
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		Х
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations			l
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1	Х	
Sect	the supported organization(s). tion D. All Type III Supporting Organizations		21	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	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	instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ola		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

3b

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.								
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)									
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
a	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	on C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see					
	instructions).								

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

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 FOUNDATION, INC.

Employer identification number 39-0806249

Par			unds or Ad	counts. 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 failes		(b) Funds 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 v	Leviting that the assets held in donor	r advised fund	
3	are the organization's property, subject to the organization's	_		
6	Did the organization inform all grantees, donors, and donor a			
U	for charitable purposes and not for the benefit of the donor o			
			•	
Par				
1	Purpose(s) of conservation easements held by the organization		,	
•	Preservation of land for public use (for example, recrea		tion of a histo	orically important land area
	Protection of natural habitat	· —		ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the	form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
С	Number of conservation easements on a certified historic stru	and the first of all and the O.		2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not		
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			ization during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handli	ng of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcin	g conservation	on easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing cor	nservation ea	sements during the year
	Does each concentration accomment reported on line 2d above	action the veguinements of costion	170/b\/4\/D\/;	1
8	Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	on accoments in its revenue and ex		
9	balance sheet, and include, if applicable, the text of the footr		•	
	organization's accounting for conservation easements.	iote to the organization's infancial s	tatements th	at describes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures,	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under FASB ASC 95		ment and bala	ance sheet works
	of art, historical treasures, or other similar assets held for put	·		
	service, provide in Part XIII the text of the footnote to its finar	· · · · · · · · · · · · · · · · · · ·		
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of
	art, historical treasures, or other similar assets held for public			
	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 treation			
	the following amounts required to be reported under FASB A		J /	
а	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	s for Form 990.		Schedule D (Form 990) 2023

332051 09-28-23

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

Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	(continu	ed)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	ignificant	use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma		*	•			Yes	☐ No	
Par	t IV Escrow and Custodial Arrang						ne 9, or		
	reported an amount on Form 990, Par		· ·				ŕ		
1a	Is the organization an agent, trustee, custodia	an, or other intermed	iary for contribution	s or other assets not	included				
	on Form 990, Part X?		•				Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII a								
	· · ·	•	-				Amount		
С	Beginning balance				. 1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				lity?		Yes	No No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been i	provided in Part XIII					
Pai	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four y	ears back	
1a	Beginning of year balance	23,311,856.	29,271,214.	26,778,949.	24,2	291,505.	2	46,197.	
b	Contributions						20,6	72,165.	
С	c Net investment earnings, gains, and losses 3,635,5954,801,313. 3,369,265. 3,015,445. 4,294,418								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	1,157,077.	1,158,045.	877,000.	į	528,001.	9	21,275.	
f	Administrative expenses								
g	End of year balance	25,790,374.	23,311,856.	29,271,214.	26,7	78,949.	24,2	91,505.	
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	99.8700	%	•					
b	Permanent endowment .0000	%	_						
С	Term endowment .1300	 %							
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%.							
За	Are there endowment funds not in the posses		tion that are held an	d administered for the	ne		_		
	organization by:						Y	es No	
	(i) Unrelated organizations?						3a(i)	X	
							3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm	ent							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	line 10.				
	Description of property	(a) Cost or of basis (investm	, , , , , ,	' '	Accumulat epreciation		(d) Book	value	
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
_	l. Add lines 1a through 1e. <i>(Column (d) must</i> ed		K line 10c. column	(B))				0.	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 WELLPOINT	CARE FOUNDATION	N, INC.	39-0806249 _{Page} 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line 1	I1b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) ALTERNATIVE INVESTMENTS	2,696,669.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,696,669.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes	s" on Form 990 Part IV line 1	Id See Form OON Dart Y line	15
-	a) Description	Tru. See Form 990, Fart X, line	(b) Book value
·	a) Description		(b) Book value
(2)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, o	col (B))		
Part X Other Liabilities	501. (2)/		
Complete if the organization answered "Yes	s" on Form 990, Part IV, line 1	I1e or 11f. See Form 990, Part	X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO RELATED PARTIES			391,308.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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) 2023

391,308.

(9)

Sche	edule D (Form 990) 2023 WELLPOINT CARE FOUNDATION, INC.	39-0	0806249	Page
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Re	venue 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	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c		
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. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b **b** Prior year adjustments Other (Describe in Part XIII.) Add lines 2a through 2d 2e 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 4a Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)

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. 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) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

WELLPOINT CARE FOUNDATION, INC.

Employer identification number 39-0806249

Part I Fundraising Activities	6. Complete if the organization answer	ered "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not				
required to complete this pa	art.									
1 Indicate whether the organization ra										
a X Mail solicitations e X Solicitation of non-government grants										
b X Internet and email solicitation			-	nment grants						
c X Phone solicitations	g Special	fundra	ising (events						
d X In-person solicitations										
2 a Did the organization have a written	or oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees, or					
key employees listed in Form 990,	Part VII) or entity in connection with p	rofessi	onal fu	undraising services?	X Yes	☐ No				
b If "Yes," list the 10 highest paid inc	lividuals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fundraiser is to be					
compensated at least \$5,000 by th	e organization.									
(i) Name and address of individual		(iii) fundr	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid				
or entity (fundraiser)	(ii) Activity	have con	ıstody trol of	from activity	fundraiser	to (or retained by) organization				
*		contribu	itions?		listed in col. (i)	organization				
FORWARD COMMUNICATIONS - 2741	CUSTOMIZED CAMPAIGN	Yes	No							
N SUMMIT AVE, MILWAUKEE, WI	CONSULTATION SERVICES		Х	0.	32,000.	-32,000.				
	+									
	+									
					22.22	20.000				
					32,000.	-32,000.				
3 List all states in which the organizat	ion is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from req	gistration				
or licensing.										
WI										

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

	edul ı rt l		NT CARE FOUN			0806249 Page 2
		of fundraising event contributions and gro				ts greater than \$5,000.
			(4) = 1 = 11 = 11	(2) = 1 1 1 1 1	(6)	(d) Total events (add col. (a) through
nue			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8 9	Entertainment Other direct expenses	I			
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lines.	ne 3, column (d)			
Pa	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вè	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct Expo	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac				Yes No

Schedule G (Form 990) 2023

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "No," explain:

b If "Yes," explain: _

332082 09-13-23

Schedule G (Form 990) 2023 WELLPOINT CARE FOUNDATION, INC.	39-0806249 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity former	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and th	ne amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
on res, entername and address of the time party.	
Name	
INAITIE	
Address	
Address	
4C. Coming around information.	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) an	d (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUND	RAISERS:
(I) NAME OF FUNDRAISER: FORWARD COMMUNICATIONS	
(I) ADDRESS OF FUNDRAISER: 2741 N SUMMIT AVE, MILWAUKEE, W	I 53211
· · · · · · · · · · · · · · · · · · ·	

Schedule G	i (Form 990)	WELLE	TNIO	CARE	FOUNDATION,	INC.	39-0806249	Page 4
Part IV	(Form 990) Supplemental Infor	mation $_{\ell}$	continued))				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2023

Name of the organization	Employer identification number $39-0806249$									
WELLPOINT CARE FOUNDATION, INC. 39-0806249 Part I General Information on Grants and Assistance										
1 Does the organization maintain records		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on			
criteria used to award the grants or ass							X Yes No			
2 Describe in Part IV the organization's pr	rocedures for monit	oring the use of grant	funds in the United	States.						
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
WELLPOINT CARE NETWORK, INC. 8901 W. CAPITAL DRIVE										
MILWAUKEE, WI 53222	39-1338354	501(C)3	1,768,872.	0.			GENERAL SUPPORT			
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 	-	=	e line 1 table				1.			

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, columr	n (b); and any other ac	ditional information.	
PART I, LINE 2:					
ALL GRANTS MADE ARE DISBURSED TO A	RELATED	EXEMPT OR	GANIZATIONS	, WELLPOINT	
CARE NETWORK TO SUPPORT THEIR EXEM	PT PURPOS	E. THE BOX	ARD OF DIRE	CTORS	
MONITORS THE USE OF THE FUNDS.					

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.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

WELLPOINT CARE FOUNDATION, INC.

Employer identification number 39-0806249

Pa	Part I Questions Regarding Compensation			
	·		Yes	No
1 a	a Check the appropriate box(es) if the organization provided any of the following to or for a p	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 of	or residence for personal use		
	Travel for companions Payments for busine	ess use of personal residence		
	Tax indemnification and gross-up payments Health or social club	dues or initiation fees		
	Discretionary spending account Personal services (su	uch as maid, chauffeur, chef)		
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regard	rding payment or		
	reimbursement or provision of all of the expenses described above? If "No," complete Part	t III to explain		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurr	red by all directors,		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked of	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 b	y a related organization to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment	contract		
	Independent compensation consultant Compensation surve	ey or study		
	Form 990 of other organizations Approval by the boa	rd or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respec	ct to the filing		
	organization or a related organization:			
а	a Receive a severance payment or change-of-control payment?	4a_		X
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	c 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 it	tem 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 acc	crue any compensation		
	contingent on the revenues of:			
а	a The organization?	5a		X
b	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 acc	crue any compensation		
	contingent on the net earnings of:			
а	a The organization?	6a		X
	b Any related organization?	ا ما		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III			X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract	that was subject to the		1
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," described in Regulations section 53.4958-4(a)(3)?	be in Part III8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure de	escribed in		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W	V-2 and/or 1099-MISO 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)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ANN LEINFELDER GROVE	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT & CEO	(ii)	299,543.	0.	0.	29,989.	17,781.	347,313.	0.	
(2) KRISTI SCHARL	(i)	0.	0.	0.	0.	0.	0.	0.	
CFO	(ii)	158,536.	0.	0.	16,582.	3,498.	178,616.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
-	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)							1 1/5 200) 2000	

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.
PART I, LINE 3:
ALL COMPENSATION IS PAID THROUGH WELLPOINT CARE NETWORK, INC., A RELATED
ORGANIZATION. CEO COMPENSATION FROM WELLPOINT CARE NETWORK, INC. IS
DETERMINED BY THE BOARD OF DIRECTORS THROUGH AN INDEPENDENT COMPENSATION
CONSULTANT, COMPENSATION STUDY, REVIEW OF OTHER ORGANIZATIONS FORM 990. FOR
THE CFO, COMPENSATION IS DETERMINED BY THE CEO AND THE DIRECTOR OF HUMAN
RESOURCES.

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.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

WELLPOINT CARE FOUNDATION, INC.	39-0806249
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 CO	OGNIZANT OF THOSE
CONNECTIONS WHEN DOING PURCHASING.	
FORM 000 PART III GEGETON D. LEVE 15	
FORM 990, PART VI, SECTION B, LINE 15:	
FOR THE CEO THIS IS COMPLETED BY THE BOARD OF DIRECTORS. FOR	OR THE CFO, THIS
IS COMPLETED BY THE CEO AND THE DIRECTOR OF HUMAN RESOURCE	s
FORM 990, PART VI, SECTION C, LINE 19:	_
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. THE ANNUAL	AUDIT IS
AVAILABLE ON THE ORGANIZATION'S WEBSITE.	

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

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WELLPOINT CAR	E FOUNDATION, INC.					39-08062	149	
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Y	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o	(d) or Total inco	me End-of-yea		Direct o	(f) controlling ntity	9
Identification of Related Tax-Exempt Organiz	zatione. Complete if the organization	on annuared "Ven" on Form 000	Dort IV line 24	accounce it had one	or more	rolated tay even	mnt	
organizations during the tax year.	zations. Complete if the organization	on answered tes on Form 990	J, Part IV, IIIIe 34, I	Jecause It Had one	- Or IIIOre	related tax-exel	Прі	
(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) ct controlling entity	conti	g) 512(b)(13) rolled ity?
WELLPOINT CARE NETWORK, INC 39-1338354				501(c)(3))			Yes	No
8901 W. CAPITOL DRIVE	INDIVIDUAL AND FAMILY							
MILWAUKEE, WI 53222	SERVICES	WISCONSIN	501(C)(3)	LINE 10	N/A			Х

		0 11 :011 : 11	"\" F 000	D 10/10 04 1		
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 34, b	ecause it had one or mo	re related
	organizations treated as a partnership during the tax year.		·			
	organizations treated as a partitioning daring the tax year.					

		,	I	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

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

X

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
	Gift, grant, or capital contribution to related organization(s)				1b	X	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
	, , , , , , , , , , , , , , , , , , , ,						
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organ				11		X
	n Performance of services or membership or fundraising solicitations by related organization(s)						X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		Х
	Sharing of paid employees with related organization(s)				10		Х
	•						
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on whether the second seco	ho must complete th	nis line, including covered re	elationships and transaction thresholds.			
		(b)	(c)	(d)			
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)					
1)	WELLPOINT CARE NETWORK, INC.	В	1,768,872.	CASH PAID			
2)							
3)							
4)							
5)							
6)							
3216	3 09-28-23	4.5		Schedule	R (Forn	n 990)	2023

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name WELLPOINT CARE FOUNDATION, INC.	Employer Identificati	on Number 49
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT AC	CTIVITIES	4,939.
FEDERAL CONTRIBUTION - 50% CASH		1.
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ection 382	Annual Limitation		Section 382 Carryover								
Year Drigi-	Original Carryover	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amoun Used fo
ated 2021	Amount 2,802.	Usea									<u> </u>
2021	1,084.										
2023	1,053.										
2023	1,033.										
Detail S Type B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amoun Used fo
ype B C		<u> </u>	<u> </u>								

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KLMNOPQRSTUV	
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Type a	Type and Entity: CONTRIBUTION - 50% CASH FED DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover										
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2023	1.										
/											
Detail Type	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
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