# \*\* 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

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change WELLPOINT CARE NETWORK, INC. Name change 39-1338354 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 8901 W CAPITOL DRIVE 414-463-1880 36,817,004. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 53222 MILWAUKEE, WI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ANN LEINFELDER GROVE for subordinates? ..... Yes X No SAME AS C ABOVE \_\_Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 527 4947(a)(1) or If "No," attach a list. See instructions J Website: HTTPS://WELLPOINTCARE.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other Year of formation: 1850 M State of legal domicile; WI Part I Summary Briefly describe the organization's mission or most significant activities: TO FACILITATE EQUITY, LEARNING **Activities & Governance** HEALING AND WELLNESS BY RESTORING THE FAMILY CONNECTIONS. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 434 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,349,695. 1,814,456. Contributions and grants (Part VIII, line 1h) 8 28,402,000. 34,843,213. Program service revenue (Part VIII, line 2g) 1,019. 97,387. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 61,948.49,190. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 29,801,904. 36,817,004 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 21,272,605. 26,028,514. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 9,112,365. 10,782,800. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 30,384,970. 36,811,314. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -583,066. 5,690. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 11,889,613. 18,640,499 Total assets (Part X, line 16) 16,872,951. 10,127,755. 21 Total liabilities (Part X, line 26) 761,858. 1,767,548 Net assets or fund balances. Subtract line 21 from line 20 ...... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ANN LEINFELDER GROVE, CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/06/24 self-employed P01246734 JILL M. BOYLE, CPA JILL M. BOYLE, CPA Paid Firm's name SIKICH LLC Firm's EIN 36-3168081 Preparer Firm's address 17335 GOLF PARKWAY, SUITE 500

X Yes

Phone no. (262)754-9400

May the IRS discuss this return with the preparer shown above? See instructions

BROOKFIELD, WI 53045

Use Only

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO FACILITATE EQUITY, LEARNING, HEALING AND WELLNESS BY RESTORING THE
	CONNECTIONS THAT HELP CHILDREN AND FAMILIES THRIVE.
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	ONGOING CASE MANAGEMENT: THE ONGOING CASE MANAGEMENT PROGRAM PROVIDES
	CASE MANAGEMENT SERVICES WHICH FOCUS ON MAINTAINING CHILD SAFETY WHILE
	CHILDREN ARE PLACED IN OUT-OF-HOME CARE AND FOLLOWING REUNIFICATION
	WITH BIRTH PARENTS ALONG WITH ACHIEVING PERMANENCY FOR CHILDREN IN THE
	MOST EXPEDITIOUS MANNER POSSIBLE. CASE MANAGERS CONTINUOUSLY ASSESS
	FOR SAFETY AT EACH HOME VISIT THROUGH ACTIVE COMMUNICATION WITH ALL
	CAREGIVERS WITHIN THE HOME. ALONG WITH ASSESSING FOR SAFETY, CASE
	MANAGERS CONDUCT PARENTAL PROTECTIVE CAPACITY ASSESSMENT, DEVELOP
	SERVICE PLANS, REFER FAMILIES TO FORMAL AND INFORMAL SUPPORTS, MONITOR
	PARENTAL PROGRESS AND PREPARE AND PARTICIPATE IN LEGAL PROCESSES SUCH
	AS PERMANENCY HEARINGS, EXTENSION HEARINGS, AND HEARINGS REGARDING
	TERMINATION OF PARENTAL RIGHTS.
4b	(Code:) (Expenses \$ $\frac{4,520,642.}{}$ including grants of \$) (Revenue \$ $\frac{5,068,699.}{}$ )
	MENTAL HEALTH PROGRAMS AT WELLPOINT CARE NETWORK INC. INCLUDE THE
	OUTPATIENT CLINIC AND COMPREHENSIVE COMMUNITY SERVICES (CCS). CCS
	PROVIDES THERAPEUTIC AND MENTAL HEALTH CONSULTATION SERVICES TO
	CHILDREN AND FAMILIES THROUGHOUT SOUTHEASTERN WISCONSIN. THE OUTPATIENT
	CLINIC PROVIDES INDIVIDUAL, FAMILY AND GROUP OUTPATIENT MENTAL HEALTH
	SERVICES, INCLUDING TALK AND OCCUPATIONAL THERAPY, THERAPLAY, ART
	THERAPY AND A RANGE OF OTHER INTERVENTIONS. CLIENTS ARE SERVED AT BOTH
	THE CAPITOL CAMPUS AND AT SCHOOLS THROUGHOUT SOUTHEASTERN WISCONSIN.
	1 720 242
4c	(Code:) (Expenses \$1,729,343. including grants of \$) (Revenue \$2,293,449.)
	TREATMENT FOSTER CARE: PROVIDES TREATMENT FOSTER HOMES FOR BOYS AND
	GIRLS AGES 0 TO 18 THAT HAVE SPECIAL EMOTIONAL, BEHAVIORAL, AND
	ACADEMIC NEEDS. ALSO, PROVIDES SPECIALIZED SERVICES TO PREVENT
	PLACEMENT DISRUPTION, MEET INDIVIDUAL TREATMENT NEEDS, AND ACHIEVE BEST
	POSSIBLE OUTCOMES FOR CHILDREN AND THEIR FAMILIES. THE FOUR LEVELS OF
	TREATMENT FOSTER CARE ARE SUPPORTIVE, ENHANCED, INTENSIVE, AND
	EXCEPTIONAL
	Otherway and in a (Decelle or Other Le O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 3,011,757. including grants of \$ ) (Revenue \$ 3,047,963.)  Total program service expenses 29,579,395.
40	Total program service expenses 29,579,395.
	Form <b>990</b> (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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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	<u> </u>		
•	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		<del></del>
0	, ,	8		x
•	Schedule D, Part III	<b>├°</b>		
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?			x
40	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		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
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		<u> </u>
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	i		T -
	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,"	"		<del></del>
13	·	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		<del>                                     </del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
21				x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

Form 990 (2023) WELLPOINT CARE NETWORK, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No			
22	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	22		_X_			
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				
240	Schedule J	23					
<b>24</b> a	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						
		24a	х				
h	Schedule K. If "No," go to line 25a	24b	- 21	X			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240					
C		24c		Х			
ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-74					
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х			
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254					
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete						
		25b		Х			
26	Schedule L, Part I  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%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х			
27	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						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х			
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):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>						
-	"Yes," complete Schedule L, Part IV	28a		Х			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X			
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>						
•	"Yes," complete Schedule L, Part IV	28c		Х			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		Х			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>						
	Schedule N, Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
	Part V, line 1	34	X				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х				
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	Х				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?						
	If "Yes," complete Schedule R, Part V, line 2	36		X			
37	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	37		X			
38	8 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?						
	Note: All Form 990 filers are required to complete Schedule O	38	Х				
Par	t V 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			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 153	-					
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c					

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Form **990** (2023)

023) WELLPOINT CARE NETWORK, INC.

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

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 434										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X								
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>							
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		X							
5a	, , , , , , , , , , , , , , , , , , , ,										
b	, , , , , , , , , , , , , , , , , , , ,										
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v							
	any contributions that were not tax deductible as charitable contributions?	6a		_X_							
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Gh.									
7	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х							
a h	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?  If "Yes " did the organization potify the dopor of the yalue of the goods or services provided?	7a 7b									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10									
С	to file Form 8282?	7c		х							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	,,,									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h											
8											
	sponsoring organization have excess business holdings at any time during the year?	8									
9	9 Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	4									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-									
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders	-									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	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.	13a									
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.	138									
h	Enter the amount of reserves the organization is required to maintain by the states in which the										
b	organization is licensed to issue qualified health plans										
c	Enter the amount of reserves on hand	1									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<del></del>							
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		Х							
	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		Х							
	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.										

332005 12-21-23

Form **990** (2023)

WELLPOINT CARE NETWORK, INC. 39-1338354 Form 990 (2023) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 21 1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 21 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a

# exempt status with respect to such arrangements? Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	WI

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Other officers or key employees of the organization

taxable entity during the year?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records KRISTI SCHARL -414-463-1880

8901 W CAPITOL DRIVE, MILWAUKEE, WI 53222

Form **990** (2023)

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15b

16a

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

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

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

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

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

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

(A)  Name and title	(B) Average hours per week	box	not cl , unles	son is	than o	n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ANN LEINFELDER GROVE PRESIDENT & CEO	39.00			Х				299,543.	0.	47,770.
(2) THADDEUS UCZEN	40.00									
COO					х			190,360.	0.	23,301.
(3) JODY PAHLAVAN	40.00									•
VP OF CLINICAL SERVICES					Х			177,045.	0.	23,648.
(4) KRISTI SCHARL	39.00									
CFO	1.00			Х				158,536.	0.	20,080.
(5) SONJA WILLIAMS	40.00									
VP OF HUMAN RESOURCES						X		150,402.	0.	17,157.
(6) TIMOTHY P. GROVE	40.00								_	
SENIOR DIR. TRAUMA INFORMED STRATEGY						X		136,361.	0.	20,621.
(7) STARLET HAYES	40.00					l		106 700		
VP OF DEVELOPMENT	40.00					X		126,798.	0.	22,049.
(8) JENNIFER KEEFE	40.00	-				l		100.065	•	15 000
VP OF CHILD AND FAMILY WELL-BEING	40.00					X		123,965.	0.	15,003.
(9) DENISE G. BUCHANAN	40.00					x		111 626	0.	21 064
DIRECTOR, HR (10) AKEL AKEL	1.00					^		111,626.	0.	21,064.
BOARD MEMBER / TREASURER	1.00	Х		х				0.	0.	0.
(11) WILLIAM HARRIGAN	1.00	Λ		Δ				0.	0.	<u> </u>
BOARD MEMBER / CHAIRPERSON	1.00	Х		Х				0.	0.	0.
(12) MARY MCCORMICK	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) JACQUELINE HERD-BARBER	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) TIM HERMAN	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) MONICA G MINOR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) JAMES MADLOM	1.00								_	_
BOARD MEMBER/ VICE CHAIRPERSON	1.00	Х		Х				0.	0.	0.
(17) JACK NELSON	1.00	<u>_</u> _								_
BOARD MEMBER	1.00	X						0.	0.	990 (2022)

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Part VII Section A Officers Directors Trus					<u>,                                     </u>		• •		77 2000	rago -	
Section A. Onicers, Directors, Trustees, Rey Employees, and Highest Compensated Employees (continued)											
(A)	(D)	(E)	(F)								
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per		, unles					compensation	compensation	amount of	
	week (list any		1		10010	17 11 413	loo,	from	from related	other	
	hours for	irecto						the	organizations	compensation	
	related	ord	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the	
	organizations	ustee	trust		96	npeu		1099-NEC)	1099-NEC)	organization and related	
	below	lual tr	tional		ploy	st con	_	1099-1420)		organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(18) ANDREW REBSTOCK	1.00										
BOARD MEMBER	1.00	Х						0.	0.	0.	
(19) JAMES PETERSON	1.00										
BOARD MEMBER	1.00	Х						0.	0.	0.	
(20) BRIAN PIER	1.00										
BOARD MEMBER	1.00	Х						0.	0.	0.	
(21) PAUL T. RIEDL JR.	1.00										
BOARD MEMBER	1.00	Х						0.	0.	0.	
(22) JOHN TEEVAN	1.00										
BOARD MEMBER	1.00	Х						0.	0.	0.	
(23) CLYDE TINNEN	1.00										
BOARD MEMBER	1.00	Х						0.	0.	0.	
(24) JAMES BURNETT	1.00										
BOARD MEMBER	1.00	Х						0.	0.	0.	
(25) TERRI HOWARD	1.00										
BOARD MEMBER	1.00	Х						0.	0.	0.	
(26) SEBASTIAN JACINTO DIAZ	1.00							_	_	_	
BOARD MEMBER	1.00	Х						0.	0.	0.	
1b Subtotal								1,474,636.	0.	210,693.	
c Total from continuation sheets to Part VI								0.	0.	0.	
d Total (add lines 1b and 1c)								1,474,636.	0.	210,693.	
2 Total number of individuals (including but n	at limitad to th		liata	ط م ام		مارور (	~ ~~	asived mare than \$100	000 of reportable		

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

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

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

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

5 X

#### Section B. Independent Contractors

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

(A)		(0)
(A)	(B)	(C)
Name and business address	Description of services	Compensation
ASSOCIATION OF COMMUNITY EMPOWERMENT LLC	SUPERVISED	
3500 N SHARMAN BLVD, MILWAUKEE, WI 53216	VISITATION AND TRANS	709,065.
JUST SHUTTLE LLC		
6648 WEST GIRARD AVE, MILWAUKEE, WI 53210	TRANSPORTION	521,894.
TEGRETE, 411 MACKENZIE COURT NE, STE 100,	FACILITIES	
ST MICHAEL, MN 55376	MANAGEMENT	510,665.
REVERSING THE TREND, INC.	SUPERVISED	
2865 N SHERMAN BLVD, MILWAUKEE, WI 53210	VISITATION AND TRANS	280,476.
MILWAUKEE AREA PARENT SERVICES	SUPERVISED	
523 S 62ND ST, MILWAUKEE, WI 53214	VISITATION AND TRANS	260,254.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	
\$100,000 of compensation from the organization 18		

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 WELLPOIN	CARE N	ΙΕΊ	'WC	RK	· ,	IN	C.		39-133	8354	
Part VII   Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employ	ees (continued)		
(A) (B) (C) (D) (E) (F)											
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated	
	hours	(cl	heck	all that apply)			ly)	compensation	compensation	amount of	
	per							from	from related	other	
	week	_				yee		the	organizations	compensation	
	(list any	rector				old me		organization	(W-2/1099-MISC)	from the	
	hours for	ordi	e e			ated		(W-2/1099-MISC)		organization	
	related	ustee	trust		ee	Suedi				and related	
	organizations below	lual tr	tional		nploy	st con	_			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) JOANNA KEENE	1.00	_	-	-	-	+	-				
BOARD MEMBER	1.00	Х						0.	0.	0.	
(28) ROBERT LANDWEHR	1.00							, ·	•	•	
BOARD MEMBER	1.00	Х						0.	0.	0.	
(29) MELANIE MADDUX	1.00										
BOARD MEMBER	1.00	х						0.	0.	0.	
_											
		•									
		-									
		-									
		-		-							
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		1									
	I	I		ı	I .		<u> </u>				
Total to Part VII, Section A, line 1c											
								ı	1		

Form 990 (2023) WELLPOI
Part VIII Statement of Revenue

			Check if Schedule O	cont	ains a	response of	or note to any lin				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SS	1 :	<u> </u>	Federated campaigns			1a					
ant						1b					
2 5			Membership dues Fundraising events			1c					
fts, r A						1d	1,768,872.				
ig ic					ione)						
Sin		e Government grants (contributions)  f All other contributions, gifts, grants, and									
utic Je		•	similar amounts not included			1f	45,584.				
ĕ₽		_					43,304.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in	iines	ia-it	1g  \$		1,814,456.			
OB		n	Total. Add lines 1a-1f				Business Code	1,014,430.			
_	•	_	CHILD WELFARE				624100	27,386,304.	27386304.		
/ice	2 :		OTHER PROGRAM SERIVO	~E			624100	7,313,369.	7,313,369.		
Program Service Revenue		b	RENTAL INCOME				624100	133,961.	133,961.		
m S		_	AGENCY 624100					9,579.	9,579.		
gra Re		•	AGENCI				024100	5,515.	5,375.		
ľoć		e	All allegations and a second								
-			All other program service					34,843,213.			
$\longrightarrow$		g	Total. Add lines 2a-2f					34,643,213.			
	3		Investment income (included					97,387.			07 397
								31,301.			97,387.
	4		Income from investment of								
	5		Royalties	·		i) Real					
			•		<u> </u>	•	(ii) Personal				
			Gross rents	6a	1	50,384.					
			Less: rental expenses	6b	1	50,384.					
			Rental income or (loss)	<u> 6c</u>	; [	30,304.		50 384			50 384
			Net rental income or (loss)	)		`aauritiaa	(ii) Othor	50,384.			50,384.
	7 3	a	Gross amount from sales of	_	<del>- ''-</del>	Securities	(ii) Other				
			assets other than inventory	7a	1						
		b	Less: cost or other basis	_							
ă			and sales expenses								
eve			Gain or (loss)								
Æ			Net gain or (loss)								
Other Revenue	8	a	Gross income from fundraising	-	-						
0			including \$								
			contributions reported on			I .					
			Part IV, line 18								
			Net income or (loss) from								
	9 8	а	Gross income from gamin	-		I					
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from	-	-						
	10	a	Gross sales of inventory, I and allowances			I .					
		h	Less: cost of goods sold								
			Net income or (loss) from								
$\overline{}$		_		Jaio	.5 51 111	. 51 1COT y	Business Code				
snc	11 :	а	MISCELLANEOUS REVENU	JΕ			900099	11,564.			11,564.
ine Due		b						·			
ella		С				_					
Miscellaneous Revenue			All other revenue						_		
2			Total. Add lines 11a-11d					11,564.			
	12		Total revenue. See instruction	ons				36,817,004.	34843213.	0.	159,335.

#### 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**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 940,283. 940,283. 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) 19,816,358. 17,926,493. 1,704,840. 185,025. Other salaries and wages 7 Pension plan accruals and contributions (include 898,510. 835,797. 56,543. 6,170. section 401(k) and 403(b) employer contributions) 2,859,411. 2,512,260. 328,606. 18,545. Other employee benefits 9 ,513,952. 1,319,806. 180,470. 13,676. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting 42,915. 42,915. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 551,249. 51,961. 1,014,029. 410,819. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,087,199. 460,164. 602,536. 24,499. Office expenses 13 Information technology 14 15 Royalties 241,231. 1,579,663. 1,820,894. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 775,286. 759,090. 15,725. 471. Depreciation, depletion, and amortization 22 185,072. 127,108. 57,220. 744. 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.) 4,155,769. 4,068,953. 84,289. 2,527. DIRECT CLIENT ASSISTANC STAFF DEVELOPMENT 838,632. 604,207. 227,136. 7,289. 723,417. 57,883. 653,480. 12,054. MISCELLANEOUS EXPENSE 23,747. TELEPHONE EXPENSE 139,587. 115,154. 686. e All other expenses 36,811,314. 29,579,395. 6,908,272. 323,647. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Pai	LA	balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			935,243.	1	688,707
	2	Savings and temporary cash investments			198,358.	2	2,180,644
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,727,364.	4	1,749,907
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			78,904.	7	391,308
Assets	8	Inventories for sale or use				8	
As	9				306,309.	9	199,012.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	24,186,991.			
	b	Less: accumulated depreciation	10b	10,756,070.	8,643,435.	10c	13,430,921
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	l <b>1</b>			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			11,889,613.	16	18,640,499.
	17	Accounts payable and accrued expenses			2,139,147.	17	2,073,357
	18	Grants payable				18	
	19	Deferred revenue			924,854.	19	404,371
	20	Tax-exempt bond liabilities				20	12,254,863.
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to any current or form	er offic	er, director,			
litie		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	I third p	arties	7,063,754.	24	2,140,360.
	25	Other liabilities (including federal income tax, pay	/ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			10,127,755.	26	16,872,951.
		Organizations that follow FASB ASC 958, che	ck here	· X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27				1,349,987.	27	871,516.
Ba	28	Net assets with donor restrictions			411,871.	28	896,032.
pur		Organizations that do not follow FASB ASC 95	58, che	ck here			
r Fi		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
se	30	Paid-in or capital surplus, or land, building, or eq	uipmer	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			4 864 455	31	4 845 545
Ne	32	Total net assets or fund balances			1,761,858.	32	1,767,548.
	33	Total liabilities and net assets/fund balances			11,889,613.	33	18,640,499.

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Form **990** (2023)

Da	rt XI Reconciliation of Net Assets					<u> </u>		
ı a								
	Check if Schedule O contains a response or note to any line in this Part XI	·····						
1 2 3	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1	1 2 3		81	7,0 1,3 5,6	14.		
4								
5	Net unrealized gains (losses) on investments	5		, , ,	1,8	<u> </u>		
6	Donated services and use of facilities	6						
7		7						
8	Investment expenses Prior period adjustments	8						
9		9				0.		
10	Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
10	column (B))	10	1.	76	7,5	48.		
Pa	rt XII Financial Statements and Reporting				. , .			
	Check if Schedule O contains a response or note to any line in this Part XII							
	ones in constant of sometime and soperior of note to any into in the constant				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Γ					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	_					
2a				2a		х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		·····					
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X			

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.

Open In the Internation In the Interna

OMB No. 1545-0047

Open to Public Inspection

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

39-1338354 Page 2 WELLPOINT CARE NETWORK, INC. Schedule A (Form 990) 2023 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2022 (a) 2019 **(b)** 2020 (c) 2021 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 ...... 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 ..... 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 140

12	Gross receipts from related activities, etc. (see instructions)	<u>12</u>		
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 5	01(c)	(3)	
	organization, check this box and stop here			
Se	ction C. Computation of Public Support Percentage			
14	Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14		%
15	Public support percentage from 2022 Schedule A, Part II, line 14	15		%
16	a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore,	check this box and	
	stop here. The organization qualifies as a publicly supported organization			
	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or m	ore, check this box	
	and stop here. The organization qualifies as a publicly supported organization			
17	a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, a	and li	ne 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 ho	w 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, a	and line 15 is 10% or	
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain i	n Pa	t VI how the	
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	zatio	ι[	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	nd se	e instructions[	

Schedule A (Form 990) 2023

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	862,332.	2030455.	1440647.	1349695.	1814456.	7497585.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	27949200.	23489304.	27179673.	28449267.	34843213.	141910657	
3	Gross receipts from activities that							
	are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization'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	28811532.	<u> 25519759.</u>	28620320.	29798962.	36657669.	149408242	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
С	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						149408242	
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6	28811532.	25519759.	28620320.	29798962.	36657669.	149408242	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	110,353.	78,601.	7,440.	1,019.	147,771.	345,184.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	110,353.	78,601.	7,440.	1,019.	147,771.	345,184.	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Depart include action							
_	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	56.	46.	2,810.	1,923.	11,564.	16,399.	
13	or loss from the sale of capital assets (Explain in Part VI.)	28921941.	25598406.	28630570.	29801904.	36817004.	149769825	
13	or loss from the sale of capital assets (Explain in Part VI.)	28921941.	25598406.	28630570.	29801904.	36817004.	149769825	
13 14	or loss from the sale of capital assets (Explain in Part VI.)	28921941.  ne organization's fire	25598406 • st, second, third, 1	28630570 • fourth, or fifth tax y	29801904. vear as a section 5	36817004. 01(c)(3) organizatio	149769825	
13 14 <b>Se</b> c	or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here	28921941. ne organization's file ic Support Per	25598406. rst, second, third, t	28630570 • fourth, or fifth tax y	29801904. vear as a section 5	36817004. 01(c)(3) organization	149769825	
13 14 <b>Sec</b> 15	or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  Etion C. Computation of Public support percentage for 2023 (	28921941.  ne organization's fir  ic Support Per  line 8, column (f), d	25598406. st, second, third, the centage ivided by line 13, control in t	28630570 • fourth, or fifth tax y	29801904 • rear as a section 5	36817004. 01(c)(3) organizatio	149769825 on, 99.76 %	
13 14 <b>Sec</b> 15 16	or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  Etion C. Computation of Public support percentage for 2023 (Public support percentage from 2022)	28921941.  ne organization's finition of the second of the	25598406. st, second, third, the centage ivided by line 13, coll, line 15	28630570 • fourth, or fifth tax y	29801904 • rear as a section 5	36817004. 01(c)(3) organization	149769825	
13 14 Sec 15 16 Sec	or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public support percentage for 2023 (Public support percentage from 2022 ction D. Computation of Investigation 1.	28921941.  ne organization's fire  ic Support Per  line 8, column (f), de  2 Schedule A, Part  stment Income	25598406. est, second, third, 1 centage ivided by line 13, cell, line 15 e Percentage	28630570 • fourth, or fifth tax y	29801904 • rear as a section 50	36817004. 01(c)(3) organizatio	99.76 % 99.80 %	
13 14 Sec 15 16 Sec 17	or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public support percentage for 2023 (Public support percentage from 2022 cotion D. Computation of Investing Investment income percentage for 2023 (Investment income percentage for 2023)	28921941.  ne organization's fire  ic Support Per  line 8, column (f), de Schedule A, Part  stment Income  23 (line 10c, column	25598406. rst, second, third, 1 centage ivided by line 13, cell, line 15 Percentage nn (f), divided by line	28630570 • fourth, or fifth tax y column (f))	29801904 • rear as a section 5	36817004. 01(c)(3) organizatio	99.76 % 99.80 %	
13 14 Sec 15 16 Sec 17 18	or loss from the sale of capital assets (Explain in Part VI.)	28921941.  ne organization's fire  ic Support Per  line 8, column (f), de Schedule A, Part  stment Income  223 (line 10c, colum  2022 Schedule A,	centage ivided by line 13, centage ivided by line 15 Percentage inn (f), divided by line 17	28630570 • fourth, or fifth tax y column (f))	29801904 • rear as a section 5	36817004. 01(c)(3) organizatio	99.76 % 99.80 % .23 % .19 %	
13 14 Sec 15 16 Sec 17 18	or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here check this box and stop here.  Public support percentage from 2022 chion D. Computation of Investment income percentage from 103 1/3% support tests - 2023. If the	28921941.  ne organization's fire Support Per line 8, column (f), de Schedule A, Part stment Income 223 (line 10c, column 2022 Schedule A, e organization did n	centage ivided by line 13, cell, line 15 Percentage inn (f), divided by line 17 ot check the box of	28630570 • fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line	29801904 • rear as a section 50	15 16 17 18 3 1/3%, and line 17	99.76 % 99.80 %  .23 % .19 % 7 is not	
13 14 15 16 Sec 17 18 19a	or loss from the sale of capital assets (Explain in Part VI.)	28921941.  ne organization's fire support Per line 8, column (f), de Schedule A, Part stment Income 223 (line 10c, colum 2022 Schedule A, e organization did nend stop here. The e organization did nere organization did nere support	centage ivided by line 13, or Percentage in (f), divided by line 17 ot check the box or organization quality of check a box on	column (f)) on line 14, and line fies as a publicly so line 14 or line 19a	29801904. rear as a section 56  15 is more than 33 upported organizate, and line 16 is mo	15	99.76 % 99.80 %  .23 % .19 % 7 is not	

### 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
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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		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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 <b>Part VI</b> 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		
	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,			
C1	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	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	-		
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion b. All Type III Supporting Organizations			l
_	Did the constitution and ideals and of the constitution and the last describe (file constitution)		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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 <b>Part VI</b> how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  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 <b>Part VI</b> 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	s).		
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	s).	
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			
	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			
	trustees of each of the supported organizations? If "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			

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

1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion 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	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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	ion 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	Illy integrated	Type III supporting orga	inization (see
	instructions).			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

h Applied to 2023 distributable amount

4 Distributions for 2023 from Section D,

Part VI. See instructions.

a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

#### SCHEDULE C (Form 990)

**Political Campaign and Lobbying Activities** 

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

	Section 501(c)(4), (5), or (6	o) organiza	tions: Complete Part III.		1		
Nam	ne of organization					Emplo	yer identification number
_	WELLPOINT CARE NETWORK, INC.  Part I-A   Complete if the organization is exempt under section 501(c) or is a section 527 or						39-1338354
Pa	rt I-A Complete i	if the org	janization is exempt und	er section 501(c) o	or is a section 52	7 org	anization.
2	Political campaign activity	ty expendit	ration's direct and indirect politic ures gn activities				
Pa	rt I-B   Complete i	if the org	janization is exempt und	er section 501(c)(	3).		
1	Enter the amount of any	excise tax	incurred by the organization und	ler section 4955		\$	
			incurred by organization manage				
			n 4955 tax, did it file Form 4720				
4a	Was a correction made?						Yes No
b	If "Yes," describe in Part	t IV.					
Pa	rt I-C Complete i	if the org	anization is exempt unde	er section 501(c),	except section 5	01(c)	(3).
1	Enter the amount directly	y expended	by the filing organization for sec	ction 527 exempt funct	ion activities	\$ .	
2		0 0	ization's funds contributed to oth	•			
						\$.	
3	•	•	a. Add lines 1 and 2. Enter here a	•			
			4400 DOL 6 H : 0				
			1120-POL for this year?				
5			mployer identification number (El tion listed, enter the amount paid				
	• •	-	omptly and directly delivered to a				•
		-	additional space is needed, prov		·		
	<b>(a)</b> Name		(b) Address	(c) EIN	(d) Amount paid f filing organization funds. If none, enter	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990) 2023

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	( <b>d)</b> 2023	(e) Total		
2a Lobbying nontaxable amount							
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(a)		(b)	
	e lobbying activity.	Yes	No	An	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?		X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
	Media advertisements?		X			
	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?		X			
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
	Other activities?	Х		4	2,915.	
i	Total. Add lines 1c through 1i				2,915.	
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х			
	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or s	ection		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?				+	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				+	
Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		e 3. is	
	answered "Yes."		(,	<b>,</b>	<b>,</b>	
1	Dues, assessments and similar amounts from members		1	l		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2	а		
b	Carryover from last year		2	b		
С	Total		2	С		
3			3	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and productible lobbying an					
_	expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions					
	t IV Supplemental Information		5	<u> </u>		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	liot\: Dort II	Λ lines i	1 and 2 (acc		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	115t), Fait 11-	A, III 165	i aliu z (See		
	RT II-B, LINE 1, LOBBYING ACTIVITIES:					
	, , , , , , , , , , , , , , , , , , , ,					
PA	D FOLEY AND LARDNER FOR LOBBYING					

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

WELLPOINT CARE NETWORK, INC.

**Employer identification number** 39-1338354

Schedule D (Form 990) 2023

1 Total number at end of year 2 Aggregate value of parts from (during year) 3 Aggregate value of parts from (during year) 4 Aggregate value of parts from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermetable private benefit?  Part III Conservation Essements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(9) or conservation assements held by the organization (check all that apply).  Proservation of land for public use (for example, recreation or education) Preservation of a conservation and part of public use (for example, recreation or education) Preservation of a conservation assement and part of the preservation of poen space  2 Complete inse 2s through 2d if the organization held a qualified conservation in the form of a conservation assement is not a conservation assements on a certified historic structure included on line 2a 2 2c d Number of conservation easements and a certified historic structure included on line 2a 2 2c d Number of conservation easements modified in line 2 acquired after July 25, 2006, and not on a historic structure listed in the National Register  Number of states where property subject to conservation easement is holded?  Number of states where property subject to conservation easements is holded or conservation easements during the year oviolators, and enforcement of the conservation easements hiddle of the conservation easements during the year of the organization have a written policy regarding the periodic monitoring, in	Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Funds or Ac	counts. Complete if the
Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of and of year 5 Did the organization in form all donors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organization's exclusive legal control? 6 Did the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimisable phrase benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (chock all that apply).  1 Preservation of part or public use (for example, recreation or education) Preservation of a historically important land area Protection or fatural habitat  1 Protection of natural habitat  1 Protection of natural habitat  1 Preservation of part part part part part protection or fatural habitat  2 Preservation of goes passes 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easements  2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easements  3 Total acreage restricted by conservation easements  4 Number of conservation easements on a certified historic structure included on line 2a  4 Number of conservation easements on a certified historic structure included on line 2a  5 Number of conservation easements on a certified historic structure included on line 2a  6 Number of conservation easements on a certified historic structure included on line 2a  7 Amount of expenses incurred in the National Register  8 Number of conservation easements on a certified historic structure included on line 2a  9 Number of conservation easements on a certified historic st		organization answered Tes OffForm 990, Factiv, iii	1		b) Funds and other accounts
2 Aggregate value of contributions to (during year)  4 Aggregate value at end of year  5 Did the organization informal idonors and donor adviscors in writing that the assets held in donor adviscors funds are the organization informal il grantees, donors, and donor adviscors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor adviscor, or any other purpose conferring impormisable private benefit?  Part II Conservation Eassements. Complete if the organization inchared "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation eassements held by the organization (check all that apply).    Preservation of land for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of land for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of open space  2 Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the liast day of the tax year.  3 Total number of conservation easements  4 Total number of conservation easements included on line 2 acquired after July 25, 2006, and not on a historic structure listed in the National Register  5 Number of conservation easements included on line 2 acquired after July 25, 2006, and not on a historic structure listed in the National Register  5 Number of conservation easements included on line 2 acquired after July 25, 2006, and not on a historic structure listed in the National Register  6 Number of expenses incurred in monitoring, inspection, handling of violations, and enforcing conservation easements the policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspection, handling of violations, and enforcing conservation easements and balance sheet works of art, historical treasures, or other simil	1	Total number at end of year	(a) Borior advised fariate	, ,	b) i dilas ana sinsi assocints
A gargegate value of grants from (during year)  6	_				
4 Aggregate value at ent of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit?  Part II Conservation classments. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education).  Preservation of an attain habitat  Preservation of one page.  Complete lines 2a through 52 off the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  1 Total number of conservation easements  2 Total acreage restricted by conservation easements  3 Total number of conservation easements on a certified historic structure included on line 2a.  4 Number of conservation easements on a certified historic structure included on line 2a.  5 Number of conservation easements on a certified historic structure included on line 2a.  A Number of conservation easements more particular transferred, released, extinguished, or terminated by the organization during the tax year.  Number of states where property subject to conservation easement in located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(l)  and section 170(h)(4)(B)(l)(P)(P	_				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's reportly, subject to the organization's exclusive legal control?					
are the organization's property, subject to the organization's exclusive legal control?				nor advised fund	ls
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part III   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.   Purpose(9) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Preservation of land for public use (for example, recreation or education)   Preservation of a conservation easement and area   Preservation of open space	•	-			
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormissible private benefit?    Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of a natural habitat   Protection of natural habitat   Protection of natural habitat   Preservation of open space   Preservation of open space   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   Preservation of space   Preservation of conservation easements   Preservation of conservation easements   Preservation of conservation easements   Preservation of a certified historic structure   Preservation of a certified historic structure   Preservation of a certified historic structure   Preservation easements   Preservation   P	6				
Impermissible private benefit?	_				
Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Preservation of open space   Preservation of open space   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements.  2 Description of conservation easements on a certified historic structure included on line 2a   2e   2e   2d   2d   2d   2d   2d   2d		• •	•		
Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of open space	Pai				
Protection of natural habitat Preservation of a certified historic structure Preservation of open space Preservation of open space Preservation of pen space Preservation of pen space Preservation of pen space Preservation easement on the last day of the tax year.  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements	1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included on line 2a  d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register  3 Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register  4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)  1 Part XIII describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, edu		Preservation of land for public use (for example, recrea	ttion or education) Prese	ervation of a histo	orically important land area
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Number of conservation easements on a certified historic structure included on line 2a  Number of conservation easements on a certified historic structure included on line 2a  Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements in the star year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year who in Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization easements.  Part III Organization elected, as permitted under FASB ASC 958, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, prov		Protection of natural habitat	Prese	ervation of a certif	fied historic structure
day of the tax year.  a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2a acquired after July 25, 2006, and not on a historic structure listed in the National Register  Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easements it holds?  Nost aff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Poes each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(li)  and section 170(h)(4)(B)(li)?  Per III  Prart XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III  Praralizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered 'Yee's in Form 990, Part IV, line 8.  If the organization elected, as permitt		Preservation of open space			
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2a acquired after July 25, 2006, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or r	2		fied conservation contribution in	the form of a cor	
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement is holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statemen		day of the tax year.			Held at the End of the Tax Year
c Number of conservation easements on a certified historic structure included on line 2a  d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical tre	а	Total number of conservation easements			2a
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(ii)?  Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these	b	Total acreage restricted by conservation easements			2b
on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	С	Number of conservation easements on a certified historic stru	ucture included on line 2a		2c
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	d				
year					
Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Monitor of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Monitor of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Monitor of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Monitor of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Monitor of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Monitor of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Monitor of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Monitor of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Monitor of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Monitor of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Monitor of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Monitor of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Monitor of expenses incurred in monitoring inspecting, h	3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminat	ted by the organiz	zation during the tax
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Form 990, Part XIII, line 1  §  (i) Revenue included on Form 990, Part XIII, line 1  §  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part		-			
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Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  Revenue included on Form 990, Part VIII, line 1  Solution of the provided on Form 990, Part VIII, line 1	5			ndling of	
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii)   and section 170(h)(4)(B)(ii)?	_	·			
B Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$	6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enfor	cing conservation	n easements during the year
B Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$	7	Amount of expenses incurred in monitoring inspecting hand	tling of violations, and enforcing	conservation eas	sements during the year
and section 170(h)(4)(B)(ii)?	•	, thouse or expenses mounted in mornioning, maposing, mane	aming of violations, and officioning	oonservation cae	semente dannig the year
and section 170(h)(4)(B)(ii)?	8	Does each conservation easement reported on line 2d above	satisfy the requirements of sec	tion 170(h)(4)(B)(i)	
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$  [III] Assets included on Form 990, Part VIII, line 1  [III] Assets included on Form 990, Part VIII, line 1  [III] Assets included on Form 990, Part VIII, line 1		organization's accounting for conservation easements.			
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provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	b		· · · · · · · · · · · · · · · · · · ·		
(i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$		•	exhibition, education, or resear	ch in furtherance	of public service,
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>					_
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the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1	_				\$
a Revenue included on Form 990, Part VIII, line 1	2			or tinancial gain, p	provide
	_				¢

332051 09-28-23

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

	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or (	Other 9	Similar	Asse	ts (contin	ued)
3	Using the organization's acquisition, accessio								
	collection items (check all that apply).	,	,	3	3				
а									
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they further th	e organization	's exemp	ot purpos	se in Par	t XIII.	
5	During the year, did the organization solicit or	·	•	ū	•				
_	to be sold to raise funds rather than to be mai						Г	Yes	☐ No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Part		<b> </b>			,	,		
1a	Is the organization an agent, trustee, custodia	n, or other intermedi	ary for contribution	s or other asse	ets not in	ncluded			
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
	gg		- · · · · · · · · · · · · · · · · · · ·					Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII. (				-				
Par									
		(a) Current year	(b) Prior year	(c) Two years		d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	23,311,856.	29,271,214.				91,505		246,197.
	Contributions	, ,	, ,	, ,		· ·			672,165.
	Net investment earnings, gains, and losses	3,635,595.	-4,801,313.	3,369,	369,265. 3,015,445. 4,294,418				
	Grants or scholarships	, ,	, ,	, ,		,		<i>'</i>	
	Other expenditures for facilities								
Ū	and programs	1,157,077.	1,158,045.	877.	000.	5:	28,001	.	921,275.
f	Administrative expenses	, ,	, ,	,					
g g	End of year balance	25,790,374.	23,311,856.	29,271,	214.	26.7	78,949	. 24.	291,505.
2	Provide the estimated percentage of the curre				ı	•		,	
	Board designated or quasi-endowment	99.8700	%	) 11614 do.					
b	Permanent endowment • 0000	%	_/*						
	Term endowment .1300 %								
·	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	•	ion that are held an	nd administered	d for the				
-	organization by:	order or the organization	ion that are note an	ia aariii iiotoro	4 101 1110				Yes No
	•							3a(i)	X
	(m) = 1 · · · · · ·								Х
h	If "Yes" on line 3a(ii), are the related organizat								X
4	Describe in Part XIII the intended uses of the							[52]	
	t VI Land, Buildings, and Equipme		mone rando.						
	Complete if the organization answered		Part IV, line 11a. S	ee Form 990, F	Part X, lir	ne 10.			
	Description of property	(a) Cost or ot		or other		cumulate	d	(d) Book	value
	becomplien or property	basis (investm				eciation	~	(4) 2001	· value
1a	Land	· ·		3,470.				343	3,470.
	Buildings			4,682.	7.13	28,74	14.		5,938.
c	Leasehold improvements		-: , , ,	,	,	- ,		.,	
	Equipment	I	4.83	3,650.	3.4	36,56	59.	1,397	7,081.
	Other			5,189.		90,75			1,432.
	. Add lines 1a through 1e. (Column (d) must ea		•			_		13,430	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 WELLPOINT C	ARE NETWORK,	INC.	9-1338354 Page <b>3</b>
Part VII Investments - Other Securities			9
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	id-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	F 000 Dart IV line	11d Coo Forms 000 Dark V line 15	
Complete if the organization answered "Yes"		Trd. See Form 990, Part X, line 15.	(b) Pook value
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	./ (D))		
Total. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities	n. (B))		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. 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 ... X

Schedule D (Form 990) 2023

(9)

Sche	dule D (Form 990) 2023 WELLPOINT CARE NETWORK,	INC.	39-1338354 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue 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	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
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	4a	
b	Other (Describe in Part XIII.)	4b	
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
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Exper	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

| Part XIII | Supplemental Information

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

#### PART V, LINE 4:

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

Schedule D (Form 990) 2023

#### 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.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service Name of the organization

Department of the Treasury

Open to Public Inspection

OMB No. 1545-0047

WELLPOINT CARE NETWORK, INC.

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

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			77
	The organization?	5a		X
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a		
	REQUIRTIONS SECTION 3.3 4938-NICT/	· u		

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	/-2 and/or 1099-MISC 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)	299,543.	0.	0.	29,989.	17,781.	347,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THADDEUS UCZEN	(i)	190,360.	0.	0.	0.	23,301.	213,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JODY PAHLAVAN	(i)	177,045.	0.	0.	21,691.	1,957.	200,693.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KRISTI SCHARL	(i)	158,536.	0.	0.	16,582.	3,498.	178,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SONJA WILLIAMS	(i)	150,402.	0.	0.	13,003.	4,154.	167,559.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TIMOTHY P. GROVE	(i)	136,361.	0.	0.	19,729.	892.	156,982.	0.
SENIOR DIR. TRAUMA INFORMED STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

#### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Name of the organization

WELLPOINT CARE NETWORK, INC.

Employer identification number 39-1338354

Par	t I Bond Issues SE	E PART VI	FOR COLUM	N (A) CON	TINUAT:	IONS								
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ue price	(f) Descript	ion of purpose	( <b>g</b> ) De	feased	(h) On of is		(i) Po finan	
									Yes	No	Yes	No	Yes	No
	WISCONSIN HEALTH AND						REMODELI							
_A ]	EDUCATIONAL FACILITIES A	39-1337855	000000000	04/20/23	1250	0000.	CONSTRUC	TION		Х		Х		_X_
<u>B</u>														
<u></u>														
D														
Par	t II Proceeds						l						<u> </u>	
1 01	1100000				\		В	С				D		
1	Amount of bonds retired				•									
2	Amount of bonds legally defeased													
3	Total proceeds of issue		1 4 - 1	7,290.										
4	Gross proceeds in reserve funds				-									
5	Capitalized interest from proceeds													
6														
7	Issuance costs from proceeds			25	0,000.	,000.								
8	Credit enhancement from proceeds													
_9_	Working capital expenditures from proceeds													
10	Capital expenditures from proceeds			10,07	2,084.									
11	Other spent proceeds													
12	Other unspent proceeds			. 2,17	77,916.									
13	Year of substantial completion													
				Yes	No	Yes	No	Yes	No	4	Yes		No	
14	Were the bonds issued as part of a refunding i		•											
	if issued prior to 2018, a current refunding issu	•			X					_		_		
15	Were the bonds issued as part of a refunding i		•		77									
	issued prior to 2018, an advance refunding iss				X					+		-		
16	Has the final allocation of proceeds been mad				X					+		-		
17	Does the organization maintain adequate book			v										
	final allocation of proceeds?  Paperwork Reduction Act Notice, see the Inst			X						0-:	dule K	<u></u>	. 000;	

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

Schedule K (Form 990) 2023

Par	t III Private Business Use								
			A	E	3	(	С	Γ	)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		.00 %		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,							i	
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
_6_	Total of lines 4 and 5		.00 %		%		%		%
_7_	Does the bond issue meet the private security or payment test?	X	1						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		<u>%</u>		%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the							i	
	requirements under Regulations sections 1.141-12 and 1.145-2?	X							
Par	t IV Arbitrage								
			<u> </u>	E	3	(	Ç		)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
_2_	If "No" to line 1, did the following apply?		T						ı
	Rebate not due yet?		X						
<u>       b</u>	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed		1						T
3	Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (continued)								
		Yes No X		3	(	)	С	)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X					1		
Part V Procedures To Undertake Corrective Action								
		4	E	3		)		)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	K. See instru	uctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: WISCONSIN HEALTH AND EDUCATIONAL	L FACIL	ITIES A	UTHORIT	ľΥ				

#### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

WELLPOINT CARE NETWORK, INC.	39-1338354									
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:										
OTHER PROGRAMS										
EXPENSES \$ 3,011,757. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 3,047,963.									
FORM 990, PART VI, SECTION B, LINE 11B:										
THE CFO REVIEWS THE 990. A COPY IS SENT TO THE BOARD OF D	THE CFO REVIEWS THE 990. A COPY IS SENT TO THE BOARD OF DIRECTORS VIA									
E-MAIL PRIOR TO FILING.										
FORM 990, PART VI, SECTION B, LINE 12C:	_									
THE CFO OVERSEES AND SIGNS OFF ON ALL VENDORS AND CONTRACT	ING ISSUES. THE									
PRESIDENT AND CFO ARE AWARE OF BOARD CONNECTIONS AND ARE C	OGNIZANT OF THOSE									
CONNECTIONS WHEN DOING PURCHASING.										
FORM 990, PART VI, SECTION B, LINE 15:										
FOR THE CEO, COMPENSATION IS DETERMINED BY THE BOARD OF DI	RECTORS THROUGH									
INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION STUDY, R	EVIEW OF OTHER									
ORGANIZATIONS FORM 990. FOR THE CFO, COMPENSATION IS DETE	RMINED BY THE CEO									
AND THE DIRECTOR OF HUMAN RESOURCES.										
FORM 990, PART VI, SECTION C, LINE 19:										
GOVERNING DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQU	EST. THE ANNUAL									
AUDIT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.										

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name of the organization WELLPOINT CARE	NETWORK, INC.				Employer identifi 39-13383		umber
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.				
(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	(e) me End-of-year	assets Direct of	<b>(f)</b> controlling ntity	9
	-						
	-						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	), Part IV, line 34, t	pecause it had one o	or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
WELLPOINT CARE FOUNDATION, INC 39-0806249 8901 W. CAPITOL DRIVE MILWAUKEE, WI 53222	SUPPORT WELLPOINT CARE NETWORK INC.	WISCONSIN	501(C)(3)		WELLPOINT CARE	x	
	-			,	,		
	-						

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

Schedule R (Form 990) 2023

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

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

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>(b)</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.

Yes No

1a

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		
c Gift, grant, or capital contribution from related organization(s)				1c	Х	
				1d		<u>X</u>
e Loans or loan guarantees by related organization(s)				1e		_X_
f Dividends from related organization(s)				1f		_X_
g 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		<u>X</u>
I Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
m Performance of services or membership or fundraising solicitations by related organ				1m		<u>X</u>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		_X_
Sharing of paid employees with related organization(s)				10	X	
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		_X_
q Reimbursement paid by related organization(s) for expenses				1q		_X_
r Other transfer of cash or property to related organization(s)				1r		_X_
s Other transfer of cash or property from related organization(s)				1s		<u>X</u>
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.			
<b>(a)</b> Name of related organization	_ (b)	(c)	(d)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	olved/		
	type (a-3)					
(1) WELLPOINT CARE FOUNDATION, INC.	C	1 769 972	CASH RECEIVED			
(1) WEDDFOINT CARE FOUNDATION, INC.	<u> </u>	1,700,072.	CASH RECEIVED			
(0)						
(4)						
(2)						
(3)						
(4)						
(5)						
(5)						
(6)						
(6) 332163 09-28-23	<u> </u>		Schedule	B (For	n 000\	2022
002 100 09-20-20			Scriedule	וז נדיטוו	ıı əəu)	2023

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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

332165 09-28-23