

For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation United Health Foundation		A Employer identification number 41-1941615	
Number and street (or P O box number if mail is not delivered to street address) MN008-W175 9900 Bren Road East		Room/suite	B Telephone number (see instructions) (952) 936-1831
City or town, state or province, country, and ZIP or foreign postal code Minnetonka, MN 55343		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 36,260,752	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis )		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	25,331,522			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments	20,571	20,571		
	4 Dividends and interest from securities . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2) . . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total. Add lines 1 through 11 . . . . .	25,352,093	20,571		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	2,706	0		2,706
	b Accounting fees (attach schedule) . . . . .	19,250	0		19,250
	c Other professional fees (attach schedule) . . . . .	4,233,442	0		4,957,248
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . .				
	19 Depreciation (attach schedule) and depletion . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .	410,014	0		382,793
	22 Printing and publications . . . . .	108,907	0		108,907
	23 Other expenses (attach schedule) . . . . .	775,912	0		775,912
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	5,550,231	0		6,246,816
	25 Contributions, gifts, grants paid . . . . .	35,356,711			39,325,814
	26 Total expenses and disbursements. Add lines 24 and 25	40,906,942	0		45,572,630
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-15,554,849			
	b Net investment income (if negative, enter -0-)		20,571		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .			
	2 Savings and temporary cash investments . . . . .	21,106,594	2,089,586	2,089,586
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ 33,000,655 Less allowance for doubtful accounts ▶ _____	39,671,545	33,000,655	33,000,655
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .			
	c Investments—corporate bonds (attach schedule) . . . . .			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	☞ 1,035,209	☞ 1,170,511	☞ 1,170,511	
16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	61,813,348	36,260,752	36,260,752	
Liabilities	17 Accounts payable and accrued expenses . . . . .	1,876,551	1,179,967	
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ _____)	☞ 10,479,552	☞ 1,043,088	
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	12,356,103	2,223,055	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted . . . . .	8,691,201	-196,812	
	25 Temporarily restricted . . . . .	40,766,044	34,234,509	
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds . . . . .			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 <b>Total net assets or fund balances</b> (see instructions) . . . . .	49,457,245	34,037,697	
	31 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	61,813,348	36,260,752	

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	49,457,245
2 Enter amount from Part I, line 27a . . . . .	2	-15,554,849
3 Other increases not included in line 2 (itemize) ▶ _____ ☞	3	3,311,438
4 Add lines 1, 2, and 3 . . . . .	4	37,213,834
5 Decreases not included in line 2 (itemize) ▶ _____ ☞	5	3,176,137
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	34,037,697

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1a</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	30,087,520	8,545,990	3 520659
2014	27,115,627	7,926,287	3 420975
2013	22,752,989	3,925,899	5 795612
2012	14,616,322	5,508,963	2 653189
2011	11,536,782	6,238,540	1 849276
<b>2 Total</b> of line 1, column (d)			<b>2</b> 17 239711
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 3 447942
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			<b>4</b> 9,164,524
<b>5</b> Multiply line 4 by line 3			<b>5</b> 31,598,747
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 206
<b>7</b> Add lines 5 and 6			<b>7</b> 31,598,953
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 45,572,630

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	206
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	206
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	206
<b>6</b>	Credits/Payments		
<b>a</b>	2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>	850
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	850
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	644
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> <b>Refunded</b> . . . . .	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

<b>1a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	Yes	No
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>		No
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>		No
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <b>\$</b> _____ 0 (2) On foundation managers <b>\$</b> _____ 0			
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>\$</b> _____ 0			
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	<b>2</b>		No
<b>3</b>	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .	<b>3</b>		No
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>		No
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>		
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>		No
<b>6</b>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes	
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . . .	<b>7</b>	Yes	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) <b>MN</b>			
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	<b>8b</b>	Yes	
<b>9</b>	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .	<b>9</b>		No
<b>10</b>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	<b>10</b>		No

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

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.UNITEDHEALTHFOUNDATION.ORG</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>Bradley Schmitz</u> Telephone no ► <u>(952) 936-1831</u>			

Located at ► MN008-W175 9900 BREN ROAD EAST MINNETONKA MN ZIP+4 ► 55343

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	► <b>15</b>		
<b>16</b>	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	<b>16</b>	<b>Yes</b>	<b>No</b>
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►			

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

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

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . .	<b>1b</b>		<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . .			
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions) . . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	<b>4b</b>		<b>No</b>

<b>5a</b>	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?			<b>5b</b>
	Organizations relying on a current notice regarding disaster assistance check here. 	<input type="checkbox"/>		<b>No</b>
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	If "Yes," attach the statement required by Regulations section 53.4945-5(d) 			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<b>6b</b>
	If "Yes" to 6b, file Form 8870			<b>No</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			<b>7b</b>

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

[illegible][illegible]

<b>Total</b> number of other employees paid over \$50,000.	0
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**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
THE GLOVER PARK GROUP LLC 1025 F St NW 9th Flr Washington, DC 20004	consulting for key programs	7,060,197
Reservoir Communications Group 1200 New Hampshire Ave NW ste 502 Washington, DC 20036	Consulting for America's Health Rankings	2,640,552
Arundel Metrics 175 Arundel Street St Paul, MN 55102	Consulting for America's Health Rankings	1,169,332
Periscope 921 Washington Ave S Minneapolis, MN 55415	Consulting for America's Health Rankings	93,723
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ►		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b> AMERICA'S HEALTH RANKINGS America's Health Rankings is an annual state-by-state analysis of the nation's health. This yearly assessment, conducted in partnership with the American Public Health Association and Partnership for Prevention, has been a call to action for people and their communities for more than 25 years. In 2016, the report was again distributed to and used by policymakers, health professionals, individuals, community leaders, and the media.	5,162,079
<b>2</b> Transforming Health with Communities United Health Foundation is committed to sourcing, developing and supporting innovative and evidence-based ideas that will help the health system work better. To do this, we identify meaningful partners and initiatives that we believe have the potential to lead to improved access to care, better health outcomes, and healthier communities, and are scalable. One such initiative is Expect with Me, a group prenatal care project being done in partnership with Yale University's School of Public Health and Vanderbilt University designed to improve mothers and babies' health and well-being during pregnancy, birth and infancy.	652,873
<b>3</b> Diverse Scholars Initiative Developing the future health workforce. This initiative supports the Foundation's commitment to improve health by increasing the number of health professionals from multicultural backgrounds. Hundreds of United Health Foundation Diverse Scholars are working to attain their higher education goals and eventually will start careers in the health industry. These students who often come from lower-income multicultural backgrounds will increase the number of qualified, yet underrepresented, health care professionals entering the workforce.	1,745,953
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	9,304,085
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	9,304,085
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	9,304,085
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	139,561
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	9,164,524
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	458,226

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	458,226
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	206
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	206
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	458,020
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	458,020
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	458,020

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	45,572,630
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	45,572,630
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	206
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	45,572,424

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				458,020
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .	11,224,903			
<b>b</b> From 2012. . . . .	14,340,944			
<b>c</b> From 2013. . . . .	22,556,702			
<b>d</b> From 2014. . . . .	26,719,335			
<b>e</b> From 2015. . . . .	29,660,314			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	104,502,198			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 45,572,630				
<b>a</b> Applied to 2015, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2016 distributable amount. . . . .				458,020
<b>e</b> Remaining amount distributed out of corpus	45,114,610			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	149,616,808			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .	11,224,903			
<b>9</b> <b>Excess distributions carryover to 2017.</b> Subtract lines 7 and 8 from line 6a . . . . .	138,391,905			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .	14,340,944			
<b>b</b> Excess from 2013. . . . .	22,556,702			
<b>c</b> Excess from 2014. . . . .	26,719,335			
<b>d</b> Excess from 2015. . . . .	29,660,314			
<b>e</b> Excess from 2016. . . . .	45,114,610			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**

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

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

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

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

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

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

**c** Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	39,325,814
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	20,571	
<b>4</b> Dividends and interest from securities. . . .					
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). .		0		20,571	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		20,571

(See worksheet in line 13 instructions to verify calculations )

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

[illegible]

## Part XVII

- |       | Yes | No |
|-------|-----|----|
| 1a(1) |     | No |
| 1a(2) |     | No |
| 1b(1) |     | No |
| 1b(2) |     | No |
| 1b(3) |     | No |
| 1b(4) |     | No |
| 1b(5) |     | No |
| 1b(6) |     | No |
| 1c    |     | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No
- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign  
Here**

\* \* \* \* \*

Title

May the IRS discuss this return with the preparer shown below  
(see instr )? ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Marianne Short	CHAIRMAN 0 50	0	0	0
9900 BREN ROAD EAST MINNETONKA, MN 55343				
Chris Stidman	PRESIDENT 25 00	0	0	0
9900 BREN ROAD EAST MINNETONKA, MN 55343				
ROBERT OBERRENDER	TREASURER 0 50	0	0	0
9900 BREN ROAD EAST MINNETONKA, MN 55343				
Jeff Putnam	Assistant Treasurer 0 50	0	0	0
9900 BREN ROAD EAST MINNETONKA, MN 55343				
AMY SCHNEIDER	SECRETARY 10 00	0	0	0
9900 BREN ROAD EAST MINNETONKA, MN 55343				
Dannette Smith	Assistant Secretary 0 50	0	0	0
9900 BREN ROAD EAST MINNETONKA, MN 55343				
cory alexander	director 0 50	0	0	0
9900 BREN ROAD EAST mINNETONKA, MN 55343				
Tina Brown-Stevenson	director 0 50	0	0	0
9900 BREN ROAD EAST mINNETONKA, MN 55343				
Karen Erickson	director 0 50	0	0	0
9900 BREN ROAD EAST mINNETONKA, MN 55343				
catherine palmier	director 0 50	0	0	0
9900 BREN ROAD EAST mINNETONKA, MN 55343				
dan rosenthal	director 0 50	0	0	0
9900 BREN ROAD EAST mINNETONKA, MN 55343				
DAVID WICHMANN	director 0 50	0	0	0
9900 BREN ROAD EAST mINNETONKA, MN 55343				
norman wright	director 0 50	0	0	0
9900 BREN ROAD EAST mINNETONKA, MN 55343				
Thomas Wiffler	Director 0 50	0	0	0
9900 BREN ROAD EAST mINNETONKA, MN 55343				
Tami Reller	Director 0 50	0	0	0
9900 BREN ROAD EAST mINNETONKA, MN 55343				


**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
American College of Preventive Medicine 455 Massachusetts Avenue NW Suite 200 Washington, DC 20001			Continuation of support to the Americas Health Rankings	5,000
AMERICAN LUNG ASSOCIATION 3300 Kelly Lane Springfield, IL 62711			Enhancing Asthma Care for Children with Asthma Across the Upper Midwest	666,457
BEST PREP 7100 Northland Circle Minneapolis, MN 55428			BestPrep/UnitedHealth eMentors and Career Day Partnership	65,000
BLUE STAR FAMILIES PO Box 230637 Encinitas, CA 92023			Blue Star Cares Military Caregiver Training Toolkit	332,580
CHILDRENS HEARTLINK 5075 Arcadia Ave Minneapolis, MN 55436			General Operating Support	25,000
<b>Total . . . . .</b> ► <b>3a</b>				39,325,814

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDRENS HOSPITALS & CLINICS OF MN 2910 Centre Point Drive Roseville, MN 55113			General Operating Support	25,000
CHILDRENS THEATRE COMPANY 2400 Third Ave S Minneapolis, MN 55404			General Operating Support	20,000
COLUMBUS PUBLIC HEALTH 240 Parsons Ave Columbus, OH 43215			Celebrate ONE Community Connector Corps	561,007
COMMUNITY DEVELOPMENT FOR ALL PEOPLE 946 Parsons Ave Columbus, OH 43206			General Operating Support	500
COMMUNITY HEALTH COUNCIL WYANDOTTE 755 Minnesota Avenue 3 Kansas City, KS 66101			Community Health Worker Collaboration	637,776
<b>Total . . . . . ▶</b> <b>3a</b>				39,325,814

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION 1620 I street NW 300 Washington, DC 20006			Capital Area Care Coordination Network (CACCN)	500,000
FISHER HOUSE FOUNDATION INC 1401 Rockville Pike 600 Rockville, MD 20852			Capital Area Care Coordination Network (CACCN)	600,000
FLORIDA DEPT OF HEALTH 224 Southeast 22nd Street Gainesville, FL 32641			Alachua County Dental Emergency Department Diversion Program	614,645
GIVE AN HOUR PO Box 5918 Bethesda, MD 20824			Building comprehensive network of care for active duty members, veterans, and their families	525,500
GODMAN GUILD 303 East 6th Ave Columbus, OH 43201			General Operating Support	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				39,325,814

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GUTHRIE THEATER 818 South 2nd Street Minneapolis, MN 55415			General Operating Support	50,000
HEALTH RESEARCH & EDUCATIONAL TRUST 760 Alexander Road Princeton, NJ 08543			Veteran Mental Health Care Navigators	453,950
HENNEPIN HEALTH FOUNDATION 701 Park Ave South Minneapolis, MN 55415			Care Model Redesign Triple Aim	772,000
HOUSTON GRAND OPERA 510 Preston Street 500 Houston, TX 77002			Houtson Grant Opera Sesonal Support	25,000
LA CASA DE ESPERANZA 410 Arcadian Ave Waukesha, WI 53186			UHF 2016 Cities Project Support for La Casa de Esperanza	5,000
<b>Total</b> . . . . . 				39,325,814
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MARCUS CENTER FOR THE PERFORMING ARTS 929 North Water Street Milwaukee, WI 53202			UHF 2016 Cities Project Support for Marcus Center	25,000
MARICOPA COUNTY 4041 North Central Avenue Phoenix, AZ 85012			East Valley Preventive Health Collaborative (PHC)	350,000
MASSACHUSETTS HOUSING & SHELTER PO Box 120070 Boston, MA 02112			Hospital to Housing (H to H)	566,667
MEDICAL COLLEGE OF WISCONSIN INC 8701 Watertown Plank Road Milwaukee, WI 53226			Perinatal Psychiatric Consultation Program (PPCP)	408,517
MID OHIO FOODBANK 3960 Brookham Drive Grove City, OH 43123			General Operating Support	500
<b>Total</b> . . . . . 				39,325,814
<b>3a</b>				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MILWAUKEE AREA TECH COLLEGE FOUNDATION 700 West State Street S214 Milwaukee, WI 53233			General Operating Support	674,201
MINNEAPOLIS INSTITUTE OF ARTS 2400 Third Ave South Minneapolis, MN 55404			General Operating Support	50,000
MINNESOTA CHILDRENS MUSEUM 10 West Seventh Street St Paul, MN 55102			General Operating Support	38,125
MOREHOUSE SCHOOL OF MEDICINE 720 Westview Drive SW Atlanta, GA 30310			Innovations Learning Laboratory Quality Improvement Care Coordination Dashboard (Phase 3)	316,849
NEW JERSEY HEALTH CARE 247 East Front Street Trenton, NJ 08611			Project Sunshine and UnitedHealth Group 2017 National Volunteer Program Serving Young Patients	180,000
<b>Total . . . . . ▶</b> <b>3a</b>				39,325,814

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PARTNERSHIP FOR STRONG COMMUNITIES 227 Lawrence Street Hartford, CT 06106			Healthy Communities Create Healthy Citizens	145,250
PEAK MILITARY CARE NETWORK 1257 Lake Plaza Drive 220 Colorado Springs, CO 80906			Integrating Health Care and Housing through CCTs	320,000
PROJECT HOPE 255 Carter Hall Lane Millwood, VA 22646			Coordinated Support for Service Members, Vets and Families	140,000
PROJECT SUNShine 211 E 43rd st 401 New York, NY 10017			General Operating Support	200,000
RECIPE FOR SUCCESS FOUNDATION PO Box 56405 Houston, TX 77256			Hope Farms Showcase & Farmer Training Center	275,000
<b>Total . . . . . ▶</b> <b>3a</b>				39,325,814


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
REEB COMMUNITY CENTER 280 Reeb Ave Columbus, OH 43207			General Operating Support	500
ROCHESTER PRIMARY CARE NTWKPROF FEES 259 Monroe Ave Rochester, NY 14607			Behavioral Health Integration in the Primary Care Setting	568,913
SOUTH SIDE LEARNING & DEVELOPMENT CENTER 280 Reeb Ave Columbus, OH 43207			General Operating Support	500
TENNESSEE PRIMARY CARE ASSN 710 Spence Lane Nashville, TN 37217			Tennessee Quality Connect (TQC)	300,000
THE GOVERNORS PREVENTION PARTNERSHIP 30 Jordan Lane Wethersfield, CT 06109			prevent substance abuse among Hispanic/Latino families and youth in grades 4-12 in Hartford, CT	225,601
<b>Total . . . . . ▶</b> <b>3a</b>				39,325,814

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE MINNESOTA OPERA 620 N 1st Street Minneapolis, MN 55401			General Operating Support	50,000
THE SAINT PAUL FOUNDATION 101 5th Street East 2400 St Paul, MN 55101			General Operating Support	35,000
THE ST PAUL CHAMBER ORCHESTRA 408 St Peter St 3rd Floor St Paul, MN 55102			General Operating Support	10,000
The Village for Families & Children 1680 Albany Avenue Hartford, CT 06105			Two-Generation Pediatrics Integrating Intergenerational Family Services into Primary Care	579,754
TREE HOUSE 5666 Lincoln Drive 201 Edina, MN 55436			General Operating Support	14,150
<b>Total . . . . . ▶</b> <b>3a</b>				39,325,814

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF HOUSTON 4302 University Drive Room 316 Houston, TX 77204			Preventing and Treating Obesity in Underserved Communities in Houston	698,527
UNIVERSITY OF NEVADA LV FOUNDATION 4505 South Maryland Parkway Las Vegas, NV 89154			UNLV School of Medicine	600,000
UNIVERSITY OF NORTH CAROLINA CB 7321 Chase Hall Chapel Hill, NC 27599			Continuation of support to the Americas Health Rankings	46,384
UNIVERSITY OF TEXAS RIO GRANDE VALLEY 1201 West University Drive Edinburg, TX 78539			Colonia Integrated Care Program VIDAS	939,781
WADSWORTH ATHENEUM MUSEUM OF ART 600 Main Street Hartford, CT 06103			General Operating Support	20,000
<b>Total . . . . . ▶</b> <b>3a</b>				39,325,814

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Washburn Center for Children 2430 nicollet ave s Minneapolis, MN 55404			General Operating Support	436,200
YALE UNIVERSITY 333 Cedar Street 1-100 SHM New Haven, CT 06520			Development of a Nationally Scalable Model of Group Prenatal Care to Improve Birth Outcomes	73,044
YMCA OF CENTRAL FLORIDA 433 North Mills Orlando, FL 32803			Develop a Personalized Care Management Model Collaboration between Primary Care and the YMCA	718,939
YMCA OF THE GREATER TWIN CITIES 2125 East Hennepin Avenue Minneapolis, MN 55413			Preventing Chronic Disease Initiative	939,200
American Edowment Foundation 1521 georgetown rd 104 Hudson, OH 44236			Corporate Match for Employee Giving program	22,672,311
<b>Total . . . . .</b> ► <b>3a</b>				39,325,814

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
The JK Group 104 Morgan Lane Plainsboro, NJ 08536			Corporate Match for Employee Giving program	821,486
<b>Total . . . . .</b> 				39,325,814
<b>3a</b>				

**TY 2016 Accounting Fees Schedule****Name:** United Health Foundation**EIN:** 41-1941615

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
AUDIT	19,250	0		19,250

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2016 Expenditure Responsibility Statement

**Name:** United Health Foundation

**EIN:** 41-1941615

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
WHOLE KIDS FOUNDATION	550 Bowie Street Austin, TX 78703	2014-12-18	500,000	The Healthy Kids Innovation Grant (HKI) will find the next generation of effective, replicable, and scalable ideas in improving children's health. In Spring 2015, HKI will make an open call for grant submissions. Eligible projects will have an impact on children's nutrition and to be ready for scale across at least one grade level. Nutrition impact metrics can include knowledge (where food comes from), nutrition (an understanding of healthful food choices), curiosity (willingness to try healthy foods) or consumption. These factors are key to improving student health outcomes measured using school metrics that include fitness data, attendance, and academic achievement. All applicants must be associated with a public school or a registered nonprofit organization. Criteria will show preference for projects in elementary schools with high need based on percentage of students eligible for the USDA free and reduced lunch program and which are located in underserved communities.		None	REPORTS NOT YET DUE. GRANT START DATE IS JANUARY 1, 2015.		none of the grant amount has been expended - grantee is working with United Health Foundation to restructure the program.
CHORD - AASHIRWAD	RANGA REDDY DISTRICT GHMC 500090 IN	2014-11-26	143	GENERAL OPERATIONS		NONE	REPORT NOT received		REPORT NOT received - amount has not been expended
LITERACY INDIA	J-1365 PALAM VIHAR GURGAON 122017 IN	2014-11-26	169	GENERAL OPERATIONS		NONE	REPORT NOT received		REPORT NOT RECEIVED - AMOUNT HAS NOT BEEN EXPENDED
VIRLANIE FOUNDATION	4055 YAGUE ST BRGY SINGKAMAS MAKATI CITY METRO MANILA 1204 RP	2014-11-26	65	GENERAL OPERATIONS		NONE	REPORT NOT received		REPORT NOT received - amount has not been expended
C3 COLLABORATING FOR HEALTH	1st Floor 28 Margaret Street London W1W8RZ UK	2013-05-26	250,000	Developing a NCD (non-communicable disease) scorecard/ranking of countries. Overall objective of the project is to spur countries to improve their performance in reducing the rising burden of NCD by using a scorecard/ranking system that monitors in detail how well countries are doing.	250,000	none	march 1, 2014		in the current year, grantee sent the final report and indicated that the project has been finalized and the entire amount was expended toward its intended charitable purpose.

**TY 2016 Legal Fees Schedule****Name:** United Health Foundation**EIN:** 41-1941615

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL-CORPORATE	2,706	0		2,706

# TY 2016 Other Assets Schedule

**Name:** United Health Foundation

**EIN:** 41-1941615

## Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
BENEFICIAL INT CRT	1,035,209	1,170,511	1,170,511

**TY 2016 Other Decreases Schedule**

**Name:** United Health Foundation  
**EIN:** 41-1941615

Description	Amount
donated Services and Rent expense	3,176,137

**TY 2016 Other Expenses Schedule****Name:** United Health Foundation**EIN:** 41-1941615**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Office Expenses	14,338	0		14,338
miscellaneous	375,871	0		375,871
advertising	385,703	0		385,703

**TY 2016 Other Increases Schedule****Name:** United Health Foundation**EIN:** 41-1941615

Description	Amount
Donated Services and Rent Revenue	3,176,137
CHANGE IN BENEFICIAL INTEREST	135,301

**TY 2016 Other Liabilities Schedule****Name:** United Health Foundation**EIN:** 41-1941615

Description	Beginning of Year - Book Value	End of Year - Book Value
GRANTS PAYABLE	4,077,041	193,088
OUTSTANDING GRANT CHECKS	6,402,511	850,000

**TY 2016 Other Professional Fees Schedule****Name:** United Health Foundation**EIN:** 41-1941615

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CONSULTING	4,227,203	0		4,951,009
purchased services	6,239	0		6,239

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ <b>Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u></b>	OMB No 1545-0047  <b>2016</b>
	<b>Name of the organization</b> United Health Foundation	<b>Employer identification number</b> 41-1941615

**Organization type** (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

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

**General Rule**

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

**Special Rules**

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> United Health Foundation	<b>Employer identification number</b> 41-1941615
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<b>Part I</b> <b>Contributors</b> (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	\$ 25,331,522	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )

Employer identification number

41-1941615

<b>Part II</b>	<b>Noncash Property</b>
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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

<b>Name of organization</b> United Health Foundation	<b>Employer identification number</b> 41-1941615
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**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	