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Form 990-PF

Department of the Treasury
Internal Revenue Service

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

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Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

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	
City or town, state or province, country, and ZIP or foreign postal code MINNETONKA, MN 55343		B Telephone number (see instructions) (952) 936-1754	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
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	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 22,149,941	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual 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	

Part I Analysis of Revenue and Expenses

Revenue

Operating and Administrative Expenses

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc , received (attach schedule)	49,000,000			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	63,009	63,009		
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				
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	49,063,009	63,009		
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)	2,382	0		2,382
b Accounting fees (attach schedule)	24,132	0		24,132
c Other professional fees (attach schedule)	3,531,658	97		3,531,792
17 Interest				
18 Taxes (attach schedule) (see instructions)				
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings	461,494	0		79,793
22 Printing and publications	17,093	0		17,093
23 Other expenses (attach schedule)	84,165	0		74,432
24 Total operating and administrative expenses. Add lines 13 through 23	4,120,924	97		3,729,624
25 Contributions, gifts, grants paid	37,057,713			36,064,327
26 Total expenses and disbursements. Add lines 24 and 25	41,178,637	97		39,793,951
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	7,884,372			
b Net investment income (if negative, enter -0-)		62,912		
c Adjusted net income (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2018)

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	13,069,010	4,903,672	4,903,672
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ 16,011,544 Less allowance for doubtful accounts ▶ _____	17,587	16,011,544	16,011,544
	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 ▶ _____)	1,304,502	1,234,725	1,234,725	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	14,391,099	22,149,941	22,149,941	
Liabilities	17 Accounts payable and accrued expenses	16,149	407,353	
	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 ▶ _____)	6,165,559	5,696,830	
23 Total liabilities (add lines 17 through 22)	6,181,708	6,104,183		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	6,839,581	-1,253,242	
	25 Temporarily restricted	1,369,810	17,299,000	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see instructions)	8,209,391	16,045,758	
31 Total liabilities and net assets/fund balances (see instructions) .	14,391,099	22,149,941		

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	8,209,391
2 Enter amount from Part I, line 27a	2	7,884,372
3 Other increases not included in line 2 (itemize) ▶ _____	3	21,772
4 Add lines 1, 2, and 3	4	16,115,535
5 Decreases not included in line 2 (itemize) ▶ _____	5	69,777
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	16,045,758

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)
1a			

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(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	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	

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

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

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

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

If "Yes," the foundation 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))
2017	40,645,674	13,148,730	3 091224
2016	45,572,424	9,164,524	4 972700
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

2 Total of line 1, column (d)	2	20 801170
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	4 160234
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	3,660,500
5 Multiply line 4 by line 3	5	15,228,537
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	629
7 Add lines 5 and 6	7	15,229,166
8 Enter qualifying distributions from Part XII, line 4	8	39,793,951

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)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	629
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	629
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	629
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	3,000
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	3,000
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	26
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	2,345
11	Enter the amount of line 10 to be Credited to 2019 estimated tax <input type="checkbox"/> 2,345 Refunded <input type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
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 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MN		
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 .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW UNITEDHEALTHFOUNDATION ORG	13	Yes	
14	The books are in care of GRETCHEN KORF Telephone no (952) 936-1754			

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

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶	16	Yes	No

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(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? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2018 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 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2018?	4b		No

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

		Yes	No
5a	During the year did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input 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	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b No
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870		6b No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

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
ARUNDEL METRICS 175 ARUNDEL STREET ST PAUL, MN 55102	CONSULTING FOR AMERICA'S HEALTH RANKINGS	1,486,803
THE GLOVER PARK GROUP LLC 1025 F ST NW 9TH FLR WASHINGTON, DC 20004	CONSULTING FOR KEY PROGRAMS	834,735
RESERVOIR COMMUNICATIONS GROUP 1200 NEW HAMPSHIRE AVE NW STE 502 WASHINGTON, DC 20036	CONSULTING FOR AMERICA'S HEALTH RANKINGS	730,949
J WALTER THOMPSON 1300 NICOLLET MALL 5TH FL MINNEAPOLIS, MN 55403	CONSULTING FOR KEY PROGRAMS	279,018
PERISCOPE 921 WASHINGTON AVE S MINNEAPOLIS, MN 55415	CONSULTING FOR KEY PROGRAMS	75,439
Total number of others receiving over \$50,000 for professional services. ►		6

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 AMERICA'S HEALTH RANKINGS THE FOUNDATION CONDUCTS THE AMERICA'S HEALTH RANKINGS, WHICH IS A STATE-BY-STATE ANALYSIS OF THE NATION'S HEALTH. AMERICA'S HEALTH RANKINGS HAS SERVED AS A CALL TO ACTION FOR HEALTHIER PEOPLE AND THEIR COMMUNITIES FOR NEARLY 30 YEARS, AND HAS GROWN TO INCLUDE REPORTS THAT EXAMINE THE HEALTH OF SENIORS AGED 65+, WOMEN AND CHILDREN, AND THOSE WHO HAVE SERVED IN THE U.S. ARMED FORCES.	3,167,698
2 TRANSFORMING HEALTH WITH COMMUNITIES THE 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. AS AN EXAMPLE, THE FOUNDATION RECENTLY PARTNERED WITH THE CANKDESKA CIKANA COMMUNITY COLLEGE, A TRIBAL COLLEGE IN NORTH DAKOTA, TO ADDRESS HIGH RATES OF SUBSTANCE ABUSE IN THE COMMUNITY. SUPPORT FROM THE FOUNDATION FUNDS THE RENOVATION OF A FORMER GROUP HOME INTO THE REGION'S ONLY RESIDENTIAL SUBSTANCE ABUSE TREATMENT CENTER, AND ALSO PROVIDES TECHNICAL ASSISTANCE TO DEVELOP A WORKFORCE STAFFING MODEL THAT ENABLES CULTURALLY-COMPETENT CARE AND PROMOTES LONG-TERM RECOVERY.	100,040
3 DIVERSE SCHOLARS INITIATIVE DEVELOPING THE FUTURE HEALTH WORKFORCE AND IMPROVING COMMUNITY WELL-BEING 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.	2,986,481
4 _____	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 _____	

2 _____	

All other program-related investments. See instructions.	
3 _____	

Total. Add lines 1 through 3. ►	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	3,716,244
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	3,716,244
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	3,716,244
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	55,744
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,660,500
6	Minimum investment return. Enter 5% of line 5.	6	183,025

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

1	Minimum investment return from Part X, line 6.	1	183,025
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	629
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	629
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	182,396
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	182,396
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	182,396

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	39,793,951
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	39,793,951
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	629
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	39,793,322

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				182,396
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.	22,556,702			
b From 2014.	26,719,335			
c From 2015.	29,660,314			
d From 2016.	45,114,610			
e From 2017.	40,381,025			
f Total of lines 3a through e.	164,431,986			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>39,793,951</u>				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				182,396
e Remaining amount distributed out of corpus	39,611,555			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	204,043,541			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	22,556,702			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	181,486,839			
10 Analysis of line 9				
a Excess from 2014.	26,719,335			
b Excess from 2015.	29,660,314			
c Excess from 2016.	45,114,610			
d Excess from 2017.	40,381,025			
e Excess from 2018.	39,611,555			

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 2018, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

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

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	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)				
a <i>Paid during the year</i> See Additional Data Table				
Total ► 3a				
b <i>Approved for future payment</i> BENEVITY 203 32 W 25TH AVE SAN MATEO, CA 94403		PC	CORPORATE MATCH FOR EMPLOYEE GIVING - DETAILED LISTING AVAILABLE UPON REQUEST	5,051,985
METHODIST HEALTHCARE FOUNDATION 1211 UNION AVENUE 450 MEMPHIS, TN 38104		PC	2018 SUPPORT OF METHODIST HEALTHCARE FOUNDATION	5,000
Total ► 3b				

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2018)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	*****	2019-11-13	*****	May the IRS discuss this return with the preparer shown below? (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LAWRENCE H MOHR CPA		2019-11-13		P00447603
	Firm's name BAKER TILLY VIRCHOW KRAUSE LLP				Firm's EIN 39-0859910
Firm's address 225 S 6TH ST 2300 MINNEAPOLIS, MN 55402					Phone no (612) 876-4500

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				
TRACY MALONE	PRESIDENT 25 00	0	0	0
9900 BREN ROAD EAST MINNETONKA, MN 55343				
PETER RAINEY	TREASURER 0 50	0	0	0
9900 BREN ROAD EAST MINNETONKA, MN 55343				
FARAZ CHOUDHARY	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				
HEATHER CIANFROCCO	DIRECTOR 0 50	0	0	0
9900 BREN ROAD EAST MINNETONKA, MN 55343				
TERRY CLARK	DIRECTOR 0 50	0	0	0
9900 BREN ROAD EAST MINNETONKA, MN 55343				
KRISTY DUFFEY	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				
CHRISTOPHER STIDMAN	PRESIDENT-OUTGOING 25 00	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)				
a <i>Paid during the year</i>				
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221		PC	UNITED HEALTH FOUNDATION TRIBAL SCHOLARS PROGRAM	230,000
AMERICAN NURSES FOUNDATION 8515 GEORGIA AVE 400 SILVER SPRING, MD 20910		PC	CREATION OF THE JEANNINE RIVET FELLOWSHIP IN PARTNERSHIP WITH THE AMERICAN NURSES FOUNDATION	120,000
APPALACHIAN AGENCY FOR SENIOR CITIZENS PO BOX 765 CEDAR BLUFF, VA 24609		PC	2018 SUPPORT OF APPALACHIAN AGENCY FOR SENIOR CITIZENS	5,000
Total ▶ 3a				36,064,327

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)				
a <i>Paid during the year</i>				
ARIZONA PUBLIC HEALTH ASSOC 700 E JEFFERSON ST STE 100 PHOENIX, AZ 85034		PC	2018 SPRING CONFERENCE SPONSORSHIP & EXHIBITION	4,000
ASIAN & PACIFIC ISLANDER AMERICAN 2025 M ST NW 610 WASHINGTON, DC 20036		PC	APIASF / UNITED HEALTH FOUNDATION SCHOLARSHIP	185,000
BEST PREP7100 NORTHLAND CIR N 120 MINNEAPOLIS, MN 55428		PC	BESTPREP/UNITEDHEALTH EMENTORS AND CAREER DAY PARTNERSHIP	10,000
Total ► 3a				36,064,327

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)				
a <i>Paid during the year</i>				
BLACK GIRLS CODE2323 BROADWAY OAKLAND, CA 94612		PC	2018 DATAPALOOZA CHARITABLE GIFT	2,000
BLUE STAR FAMILIESPO BOX 230637 ENCINITAS, CA 92023		PC	WHITE OAK SPONSORSHIP & CELEBRATION SPONSORSHIP	50,000
BOYS & GIRLS CLUB690 JACKSON ST ST PAUL, MN 55130		PC	2018 CLUB LEVEL SPONSOR - FOR THE KIDS!	20,000
Total ▶ 3a				36,064,327

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)				
a <i>Paid during the year</i>				
BYTE BACK899 N CAPITOL ST NE WASHINGTON, DC 20002		PC	2018 DATAPALOOZA CHARITABLE GIFT	1,000
CANKDESKA CIKANA COMMUNITY COLLEGE PO BOX 269 FT TOTTEN, ND 58335		PC	TIOSPAYE OKCIYAPI TIPI (HOME OR PLACE FOR FAMILIES HELPING FAMILIES) FOR THE SPIRIT LAKE DAKOTA RESERVATION COMMUNITY	738,000
CHILD HEALTH INVESTMENT PARTNERSHIP 1201 3RD ST SW ROANOKE, VA 24016		PC	2018 SUPPORT OF CHILD HEALTH INVESTMENT PARTNERSHIP	5,000
Total ▶ 3a				36,064,327

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)				
a <i>Paid during the year</i>				
CHILDRENS HEARTLINK 5075 ARCADIA AVE MINNEAPOLIS, MN 55436		PC	2018 HEARTLINK GALA PLATINUM SPONSORSHIP	25,000
CHILDRENS HOSPITALS & CLINICS OF MN 5901 LINCOLN DR EDINA, MN 55436		PC	2018 STAR GALA SUPPORT	25,000
CIRCLE THE CITY 300 W CLARENDON AVE STE 200 PHOENIX, AZ 85013		PC	INTEGRATIVE HEALTH ASSESSMENT AND TREATMENT FOR VULNERABLE HOMELESS INDIVIDUALS	375,000
Total ▶ 3a				36,064,327

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)				
a <i>Paid during the year</i>				
CLIMB1001 WEST 31ST STREET CHEYENNE, WY 82001		PC	SCALING THE CLIMB WYOMING MODEL TO IMPROVE SOCIAL DETERMINANTS OF HEALTH OUTCOMES FOR SINGLE MOTHERS IN POVERTY	500,000
CONGRESSIONAL BLACK CAUCUS FOUNDATION 1720 MASSACHUSETTS AVE NW WASHINGTON, DC 20036		PC	SUPPORT CBCF LOUIS STOKES HEALTH SCHOLARS PROGRAM	70,638
CONGRESSIONAL HISPANIC CAUCUS INSTITUTE 1128 16TH ST NW WASHINGTON, DC 20036		PC	CHCI-UNITED HEALTH SPONSORSHIP	287,750
Total ► 3a				36,064,327

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)				
a <i>Paid during the year</i>				
DISPENSARY OF HOPE 2700 BRICK CHURCH PIKE NASHVILLE, TN 37207		PC	2018 SUPPORT OF DISPENSARY OF HOPE	5,000
FHI360359 BLACKWELL STREET DURHAM, NC 27701		PC	2018 SUPPORT OF FHI360	5,000
FOUNDATION FOR WOMANS 100 WOMANS WAY BATON ROUGE, LA 70817		PC	PREGNANCY SUBSTANCE MISUSE CASE MANAGEMENT PROGRAM	500,000
Total ▶ 3a				36,064,327

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)				
a <i>Paid during the year</i>				
FREE MEDICAL CLINIC OF OAK RIDGE 116 E DIVISION ROAD OAK RIDGE, TN 37830		PC	2018 SUPPORT OF FREE MEDICAL CLINIC OF OAK RIDGE	5,000
GUTHRIE THEATER818 S 2ND ST MINNEAPOLIS, MN 55415		PC	2017/2018 GUTHRIE THEATRE SPONSORSHIP	50,000
HELEN ROSS MCNABB CENTER 201 W SPRINGDALE AVE KNOXVILLE, TN 37921		PC	ENGAGING INDIVIDUALS WHO HAVE BEEN ADMINISTERED NARCAN IN COMMUNITY SERVICES THROUGH HARM REDUCTION AND CONTINUAL ENGAGEMENT	175,000
Total ▶ 3a				36,064,327

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)				
a <i>Paid during the year</i>				
HELPING HANDS OF VEGAS VALLEY INC 2320 PASEO DEL PRADO B203-204 LAS VEGAS, NV 89102		PC	SOCIAL RESPONSIBILITY DONATIONS - 2018 APC SUMMIT	5,000
HOPE FAMILY HEALTH SERVICES 1124 NEW HIGHWAY 52 E WESTMORELAND, TN 37186		PC	INTEGRATING PHARMACY SERVICES WITHIN THE PRIMARY CARE SETTING TO OPTIMIZE MEDICATION-RELATED OUTCOMES	203,345
JACKIE ROBINSON FOUNDATION INC 75 VARICK ST 2ND FLOOR NEW YORK, NY 10013		PC	MENTORING AND LEADERSHIP DEVELOPMENT PROGRAM (MLDP)	140,094
Total ▶ 3a				36,064,327

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)				
a <i>Paid during the year</i>				
LIGHTHOUSE YOUTH SERVICES 401 E MCMILLAN ST CINCINNATI, OH 45206		PC	IMPROVE SERVICE DELIVERY FOR CLIENTS ACROSS THE AGENCY BY PROVIDING ENHANCED CARE COORDINATION AND INCREASED ACCESS TO ASSESSMENTS AND MENTAL AND PHYSICAL HEALTH SERVICES	215,000
LOUISIANA CANCER RESEARCH CENTER 1700 TULANE AVE NEW ORLEANS, LA 70112		PC	CREATION AND IMPLEMENTATION OF A LOUISIANA STATEWIDE CANCER STRATEGY	250,000
MCKESSON MEDICAL SURGICAL P O BOX 630693 CINCINNATI, OH 45263		PC	2018 UNITED HEALTH FOUNDATION SUPPORT FOR HURRICANE FLORENCE RELIEF EFFORTS - SUPPLIES	6,554
Total ► 3a				36,064,327

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)				
a <i>Paid during the year</i>				
MINNEAPOLIS INSTITUTE OF ARTS 2400 THIRD AVE SOUTH MINNEAPOLIS, MN 55404		PC	2018 SUPPORT FOR MINNEAPOLIS INSTITUTE OF ART	73,200
NATIONAL ASSOC OF HISPANIC NURSES 1500 SUNDAY DRIVE 120 RALEIGH, NC 27607		PC	UNITED HEALTH FOUNDATION NATIONAL ASSOCIATION OF HISPANIC NURSES SCHOLARSHIP	97,192
NATIONAL HISPANIC HEALTH FOUNDATION 1920 L STREET NW SUITE 725 WASHINGTON, DC 20036		PC	NATIONAL HISPANIC HEALTH PROFESSIONAL STUDENT SCHOLARSHIP AND MENTORSHIP PROGRAM	141,500
Total ▶ 3a				36,064,327

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)				
a <i>Paid during the year</i>				
NATIONAL MEDICAL FELLOWSHIPS INC 347 5TH AVE 510 NEW YORK, NY 10016		PC	THE UNITED HEALTH FOUNDATION/NMF DIVERSE MEDICAL SCHOLARS PROGRAM	259,250
OPERATION GRATITUDEPO BOX 260257 ENCINO, CA 91426		PC	2018 OPERATIONAL SUPPORT OF OPERATION GRATITUDE	5,000
PARTNERSHIP FOR STRONG COMMUNITIES 227 LAWRENCE ST HARTFORD, CT 06106		PC	PRESENTING SPONSORSHIP - PARTNERSHIP FOR STRONG COMMUNITIES IFORUM 2018	3,000
Total ► 3a				36,064,327

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)				
a <i>Paid during the year</i>				
PATHWAYSPO BOX 790 ASHLAND, KY 41105		PC	THE EXPANSION OF MENTAL HEALTH SERVICES FOR CHILDREN IN EASTERN KENTUCKY USING TELEHEALTH	205,000
RECIPE FOR SUCCESS FOUNDATION PO BOX 56405 HOUSTON, TX 77256		PC	HOPE FARMS SHOWCASE & FARMER TRAINING CENTER	200,000
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY, NY 12180		PC	THE RENSSELAER HEALTH INCITE PIPELINE	383,336
Total ► 3a				36,064,327

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)				
a <i>Paid during the year</i>				
ROCHESTER PRIMARY CARE NTWKPROF FEES 259 MONROE AVE ROCHESTER, NY 14607		PC	BEHAVIORAL HEALTH INTEGRATION IN THE PRIMARY CARE SETTING	488,969
RXOUTREACH 3171 RIVERPORT TECH CENTER DR MARYLAND HEIGHTS, MO 63043		PC	2018 SUPPORT OF RXOUTREACH	5,000
SEED SPOT502 S 2ND STREET PHOENIX, AZ 85004		PC	2018 SUPPORT OF SEED SPOT	1,000
Total ▶ 3a				36,064,327

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)				
a <i>Paid during the year</i>				
SHATTERPROOF 135 WEST 41ST ST 6TH FL NEW YORK, NY 10036		PC	SHATTERPROOF PARENT SUPPORT GROUP MODEL PILOT	125,000
SPECIAL OLYMPICSPO BOX 95005 LAS VEGAS, NV 89193		PC	2018 OPERATIONAL SUPPORT OF SPECIAL OLYMPICS	5,000
SRVS3971 KNIGHT ARNOLD ROAD MEMPHIS, TN 38118		PC	2018 SUPPORT OF SRVS	5,000
Total ▶ 3a				36,064,327

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)				
a <i>Paid during the year</i>				
ST MARYS HEALTH WAGON PO BOX 7070 WISE, VA 24293		PC	FACING HEALTHCARE ACCESS CHALLENGES EXPANSION OF PRIMARY AND SPECIALTY CARE IN CENTRAL APPALACHIA	166,500
STAPLES ADVANTAGE CHARITY PO BOX 70242 PHILADELPHIA, PA 19176		PC	2018 SUPPORT FOR HURRICANE FLORENCE RELIEF EFFORTS - SUPPLIES	11,193
SUSANNAHS HOUSE INC 923 DAMERON AVE KNOXVILLE, TN 37921		PC	2018 SUPPORT OF SUSANNAHS HOUSE	5,000
Total ▶ 3a				36,064,327

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)				
a <i>Paid during the year</i>				
TEXAS HEALTH INSTITUTE 8501 N MOPAC EXPRESSWAY 170 AUSTIN, TX 78759		PC	AMERICAS HEALTH RANKINGS HEALTH OF WOMEN WHO HAVE SERVED REPORT	168,000
THE GOVERNORS PREVENTION PARTNERSHIP 30 JORDAN LN WETHERSFIELD, CT 06109		PC	CLOSING THE GAP TO PREVENT SUBSTANCE ABUSE AMONG HISPANIC/LATINO FAMILIES AND YOUTH IN GRADES 4-12 IN HARTFORD, CONNECTICUT	361,609
THE ST PAUL CHAMBER ORCHESTRA 408 ST PETER ST 3RD FLR ST PAUL, MN 55102		PC	ST PAUL ORCHESTRA ANNUAL FUND SUPPORT	10,000
Total ▶ 3a				36,064,327

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)				
a <i>Paid during the year</i>				
TIDEPOOL555 BRYANT STREET 429 PALO ALTO, CA 94301		PC	2018 SUPPORT OF TIDEPOOL	5,000
UNITED NEGRO COLLEGE FUND INC 1805 7TH ST NW WASHINGTON, DC 20001		PC	UNITED HEALTH FOUNDATION UNCF DIVERSE SCHOLARS INITIATIVE	131,308
UNIVERSITY OF HOUSTON EZEKIEL CULLEN BLDG HOUSTON, TX 77204		PC	A COMMUNITY COLLABORATIVE FOR PREVENTING AND TREATING OBESITY IN UNDERSERVED COMMUNITIES IN HOUSTON	730,096
Total ► 3a				36,064,327

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)				
a <i>Paid during the year</i>				
UNIVERSITY OF KENTUCKY 800 ROSE ST CC453 LEXINGTON, KY 40536		PC	ERADICATE ORAL CANCER IN EASTERN KENTUCKY	200,000
UNIVERSITY OF MINNESOTA 200 OAK ST SE 500 MINNEAPOLIS, MN 55455		PC	THE INTERSECTION OF BUSINESS, ANALYTICS AND HEALTH PREPARING TALENT TO INFLUENCE HEALTHCARE	386,736
UNIVERSITY OF NEVADA LV FOUNDATION 4505 SOUTH MARYLAND PARKWAY LAS VEGAS, NV 89154		PC	UNLV SCHOOL OF MEDICINE SUPPORT	602,000
Total ▶ 3a				36,064,327

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)				
a <i>Paid during the year</i>				
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH UNC 5-59493 ATLANTA, GA 30384		PC	PROJECT ENABLE EXTENSIBLE NETWORK-ACCESSIBLE BIOMEDICAL & HEALTH INFORMATICS LONG-TERM LEARNING ENVIRONMENT	835,358
UNIVERSITY OF WISCONSIN 1848 UNIVERSITY AVE MADISON, WI 53726		PC	HONORARIUM FOR PARTICIPATION IN THE AHR SCIENTIFIC ADVISORY COUNCIL	1,000
VILLAGE FOR FAMILIES AND CHILDREN 1680 ALBANY AVENUE HARTFORD, CT 06105		PC	TWO-GENERATION PEDIATRICS INTEGRATING INTERGENERATIONAL FAMILY SERVICES INTO PRIMARY CARE	459,635
Total ▶ 3a				36,064,327

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)				
a <i>Paid during the year</i>				
WALKER ART CENTER725 VINELAND PL MINNEAPOLIS, MN 55403		PC	2018 SUPPORT- WALKER ART CENTER TOUR PROGRAM	50,000
BENEVITY203 32 W 25TH AVE SAN MATEO, CA 94403		PC	CORPORATE MATCH FOR EMPLOYEE GIVING - DETAILED LISTING AVAILABLE UPON REQUEST	25,730,064
Total ▶ 3a				36,064,327

TY 2018 Accounting Fees Schedule**Name:** UNITED HEALTH FOUNDATION**EIN:** 41-1941615

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDIT	24,132	0		24,132

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

TY 2018 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.	500,000	NONE	NOVEMBER 1, 2017, NOVEMBER 1, 2018	2018-11-01	MORE THAN 300 LETTERS OF INTEREST WERE RECEIVED IN THE INAUGURAL GRANT WINDOW, ULTIMATELY RESULTING IN 9 ORGANIZATIONS BEING AWARDED GRANTS. EACH ORGANIZATION COMPLETED A JOINTLY APPROVED GRANT AGREEMENT INCLUDING A DETAILED REPORTING SCHEDULE. THE TOTAL INVESTED IN THIS ROUND OF GRANTS WAS \$208,000. UHF AND WKF JOINTLY VALUED THE COMBINED EFFORT OF DESIGNING THE PROGRAM, ADMINISTERING IT AND THE GRANT INVESTMENTS AT \$250,000. WKF ALSO DESIGNED AN INVESTMENT STRATEGY THAT RESULTED IN COMMUNITY IMPACT ON CHILDHOOD NUTRITION BY STATE - USING WKF'S CORE PROGRAMS SALAD BARS, SCHOOL GARDENS AND BEEHIVES. FUNDS WERE INVESTED TO PROVIDE GRANTS TO ALL ELIGIBLE APPLICANTS ON-HOLD IN WKF'S SYSTEM. THESE GRANTS ARE ADMINISTERED UNDER WKF'S GENERAL AGREEMENT & SYSTEM. EACH STATE RECEIVED A BLEND OF GRANTS BASED ON QUALIFIED APPLICANTS. SCHOOL GARDEN AND BEE HIVE GRANTS ARE \$2,000 PER SCHOOL. SALAD BAR GRANTS ARE \$3,000 PER SCHOOL.
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. UHF HAS CHANGED ITS POLICY AND NO LONGER GIVES DIRECT GRANTS TO FOREIGN ORGANIZATIONS. THIS GRANTEE IS NO LONGER ELIGIBLE TO RECEIVE FUNDS FROM UHF. THIS WILL BE THE FINAL EXPENDITURE RESPONSIBILITY STATEMENT FILED FOR THIS GRANTEE.
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. UHF HAS CHANGED ITS POLICY AND NO LONGER GIVES DIRECT GRANTS TO FOREIGN ORGANIZATIONS. THIS GRANTEE IS NO LONGER ELIGIBLE TO RECEIVE FUNDS FROM UHF. THIS WILL BE THE FINAL EXPENDITURE RESPONSIBILITY STATEMENT FILED FOR THIS GRANTEE.
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. UHF HAS CHANGED ITS POLICY AND NO LONGER GIVES DIRECT GRANTS TO FOREIGN ORGANIZATIONS. THIS GRANTEE IS NO LONGER ELIGIBLE TO RECEIVE FUNDS FROM UHF. THIS WILL BE THE FINAL EXPENDITURE RESPONSIBILITY STATEMENT FILED FOR THIS GRANTEE.

TY 2018 Legal Fees Schedule**Name:** UNITED HEALTH FOUNDATION**EIN:** 41-1941615

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL-CORPORATE	2,382	0		2,382

TY 2018 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	1,304,502	1,234,725	1,234,725

TY 2018 Other Decreases Schedule

Name: UNITED HEALTH FOUNDATION

EIN: 41-1941615

Description	Amount
CHANGE IN BENEFICIAL INTEREST	69,777

TY 2018 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	4,579	0		4,579
MISCELLANEOUS	10,708	0		975
ADVERTISING	68,878	0		68,878

TY 2018 Other Increases Schedule

Name: UNITED HEALTH FOUNDATION

EIN: 41-1941615

Description	Amount
PRIOR PERIOD RESTATEMENT OF INCOME TAX EXPENSE	21,772

TY 2018 Other Liabilities Schedule**Name:** UNITED HEALTH FOUNDATION**EIN:** 41-1941615

Description	Beginning of Year - Book Value	End of Year - Book Value
GRANTS PAYABLE	4,063,599	5,056,985
OUTSTANDING GRANT CHECKS	1,688,043	639,845
ACCRUED EXCISE TAXES	413,917	0

TY 2018 Other Professional Fees Schedule**Name:** UNITED HEALTH FOUNDATION**EIN:** 41-1941615

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING	3,523,561	0		3,523,792
INVESTMENT FEES	97	97		0
PHYSICIAN ADVISOR FEES	8,000	0		8,000

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047 2018
	Name of the organization UNITED HEALTH FOUNDATION	Employer identification number 41-1941615

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization UNITED HEALTH FOUNDATION	Employer identification number 41-1941615
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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITEDHEALTH GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	\$ 49,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

41-1941615

(d)
Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization UNITED HEALTH FOUNDATION	Employer identification number 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
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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