

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

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-T830 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 checked="" 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) ▶\$ 57,475,923		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here .....	
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.)			

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)	75,000,000			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments	140,054	140,054		
	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) . . . . .	283,953	0		
	12 Total. Add lines 1 through 11 . . . . .	75,424,007	140,054		
	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) . . . . .	668	0		668
	b Accounting fees (attach schedule) . . . . .	23,041	0		23,041
	c Other professional fees (attach schedule) . . . . .	3,265,113	567		3,141,376
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . .				
	19 Depreciation (attach schedule) and depletion . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .	489,500	0		887,119
	22 Printing and publications . . . . .	35,515	0		35,515
	23 Other expenses (attach schedule) . . . . .	59,709	0		56,138
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	3,873,546	567		4,143,857
	25 Contributions, gifts, grants paid . . . . .	40,830,716			39,604,289
	26 Total expenses and disbursements. Add lines 24 and 25	44,704,262	567		43,748,146
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	30,719,745			
	b Net investment income (if negative, enter -0-)		139,487		
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 . . . . .	4,903,672	6,886,357	6,886,357
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ 49,008,681 Less: allowance for doubtful accounts ▶ _____	16,011,544	49,008,681	49,008,681
	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 ▶ _____)	1,234,725	1,580,885	1,580,885	
16 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	22,149,941	57,475,923	57,475,923	
Liabilities	17 Accounts payable and accrued expenses . . . . .	407,353	136,474	
	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 ▶ _____)	5,696,830	10,227,785	
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	6,104,183	10,364,259	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	24 Net assets without donor restrictions . . . . .	-1,253,242	-3,534,529	
	25 Net assets with donor restrictions . . . . .	17,299,000	50,646,193	
	<b>Foundations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds . . . . .			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 <b>Total net assets or fund balances</b> (see instructions) . . . . .	16,045,758	47,111,664	
	30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	22,149,941	57,475,923	

**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 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	16,045,758
2 Enter amount from Part I, line 27a . . . . .	2	30,719,745
3 Other increases not included in line 2 (itemize) ▶ _____	3	346,161
4 Add lines 1, 2, and 3 . . . . .	4	47,111,664
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	47,111,664

**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)	<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))
2018	39,793,322	3,660,500	10.871007
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

<b>2</b> Total of line 1, column (d)	<b>2</b>	25.876565
<b>3</b> 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	<b>3</b>	5.175313
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	6,473,343
<b>5</b> Multiply line 4 by line 3	<b>5</b>	33,501,576
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	1,395
<b>7</b> Add lines 5 and 6	<b>7</b>	33,502,971
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	43,748,146

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>	1,395
<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>	1,395
<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>	1,395
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	2,345
<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>	2,000
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	4,345
<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>	0
<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>▶</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>▶</b>	<b>10</b>	2,950
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <b>▶</b> 2,950 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<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? . . . . .		No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>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.</i>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>▶</b> \$ 0 <b>(2)</b> 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? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>		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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>		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? . . . . .	Yes	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	Yes	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> MN		
<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? <i>If "No," attach explanation .</i>	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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .		No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .		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>DAN CHRISTOPHERSON</u> Telephone no. ► <u>(952) 936-1754</u>			


Located at ► MN008-T830 9900 BREN ROAD EAST MINNETONKA MNZIP+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 2019, 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 the instructions for exceptions and filing requirements for FinCEN Form 114. 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 checked="" type="checkbox"/> Yes <input 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. . . . . ► <input type="checkbox"/>			
<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 2019? . . . . .	<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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <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 2019 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 2019.) . . . . .	<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 2019?	<b>4b</b>		<b>No</b>

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

<b>5a</b>	During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(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 type="checkbox"/> Yes <input checked="" 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>	<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . . 	<input type="checkbox"/>		
<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? . . . . . If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<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? . . . . . If "Yes" to 6b, file Form 8870.		<b>6b</b>	<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>	
<b>8</b>	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**

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

**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	1,472,369
THE GLOVER PARK GROUP LLC 1025 F ST NW 9TH FLR WASHINGTON, DC 20004	CONSULTING FOR KEY PROGRAMS	790,894
RESERVOIR COMMUNICATIONS GROUP 1200 NEW HAMPSHIRE AVE NW STE 502 WASHINGTON, DC 20036	CONSULTING FOR AMERICA'S HEALTH RANKINGS	580,162
J WALTER THOMPSON 1300 NICOLLET MALL 5TH FL MINNEAPOLIS, MN 55403	CONSULTING FOR KEY PROGRAMS	273,849
PERISCOPE 921 WASHINGTON AVE S MINNEAPOLIS, MN 55415	CONSULTING FOR KEY PROGRAMS	89,842
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ►		<b>5</b>

**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: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.	2,968,516
<b>2</b> 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 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.	28,976
<b>3</b> 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.	719,557
<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 . . . . . ►	<b>0</b>

**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>	6,571,922
<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>	6,571,922
<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>	6,571,922
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	98,579
<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>	6,473,343
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	323,667

**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>	323,667
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	1,395
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	1,395
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	322,272
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	283,953
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	606,225
<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>	606,225

**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>	43,748,146
<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>	43,748,146
<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>	1,395
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	43,746,751

**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 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				606,225
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .	26,719,335			
<b>b</b> From 2015. . . . .	29,660,314			
<b>c</b> From 2016. . . . .	45,114,610			
<b>d</b> From 2017. . . . .	40,381,025			
<b>e</b> From 2018. . . . .	39,611,555			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	181,486,839			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 43,748,146				
<b>a</b> Applied to 2018, 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 2019 distributable amount. . . . .				606,225
<b>e</b> Remaining amount distributed out of corpus	43,141,921			
<b>5</b> Excess distributions carryover applied to 2019. (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	224,628,760			
<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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				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 2014 not applied on line 5 or line 7 (see instructions). . . . .	26,719,335			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	197,909,425			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .	29,660,314			
<b>b</b> Excess from 2016. . . . .	45,114,610			
<b>c</b> Excess from 2017. . . . .	40,381,025			
<b>d</b> Excess from 2018. . . . .	39,611,555			
<b>e</b> Excess from 2019. . . . .	43,141,921			

**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 2019, 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) 2019	(b) 2018	(c) 2017	(d) 2016	
<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 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 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>	39,604,289
<b>b</b> <i>Approved for future payment</i> AMERICAN ONLINE GIVING FOUNDATION INC 2454 N MCMULLEN BOOTH RD STE 431 CLEARWATER, FL 33759		PC	CORPORATE MATCH FOR EMPLOYEE GIVING - DETAILED LISTING AVAILABLE UPON REQUEST	6,283,412
<b>Total</b> . . . . .			<b>3b</b>	6,283,412

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	140,054	
<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> RETURN OF PRIOR YEAR GRANTS _____						283,953
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>12</b> Subtotal. Add columns (b), (d), and (e). . .			0		140,054	283,953
<b>13</b> Total. Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)				<b>13</b>		424,007

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

[illegible]

## Part XVII

- |   |  |    |  |    |
|---|--|----|--|----|
| 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. |    |  |    |

[illegible]

- 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 |
|  |                          |                                 |
|  |                          |                                 |
|  |                          |                                 |
|  |                          |                                 |
|  |                          |                                 |

<b>Sign Here</b> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> Signature of officer or trustee	<div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> Date	<div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> Title
---	--	---

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LAWRENCE H MOHR CPA		2020-10-03		P00447603
	Firm's name ▶ BAKER TILLY US 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				
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				
RHONDA RANDALL	DIRECTOR 0.50	0	0	0
9900 BREN ROAD EAST MINNETONKA, MN 55343				
BRETT MANDERFELD	DIRECTOR 0.50	0	0	0
9900 BREN ROAD EAST MINNETONKA, MN 55343				
VAUGHN PAUNOVICH	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 INDIAN COLLEGE FUND ATTN CHERYL CRAZY BULL 8333 GREENWOOD BLVD DENVER, CO 80221		PC	UNITED HEALTH FOUNDATION AMERICAN INDIAN COLLEGE FUND SCHOLARSHIPS	80,000
AMERICAN INDIAN COLLEGE FUND ATTN CHERYL CRAZY BULL 8333 GREENWOOD BLVD DENVER, CO 80221		PC	UNITED HEALTH FOUNDATION AMERICAN INDIAN COLLEGE FUND SCHOLARSHIPS	116,000
AMERICAN INDIAN COLLEGE FUND ATTN CHERYL CRAZY BULL 8333 GREENWOOD BLVD DENVER, CO 80221		PC	UNITED HEALTH FOUNDATION AMERICAN INDIAN COLLEGE FUND SCHOLARSHIPS	125,000
<b>Total . . . . .</b> ▶ <b>3a</b>				39,604,289

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>				
ANY BABY CAN6207 SHERIDAN AVE AUSTIN, TX 78723		PC	PROMOTE EARLY INTERVENTION TO REDUCE THE EFFECTS OF PREECLAMPSIA AND LONG-TERM MENTAL HEALTH ISSUES.	666,667
ASIAN & PACIFIC ISLANDER AMERICAN SCHOLARSHIP FUND 2025 M ST NW 610 WASHINGTON, DC 20036		PC	ASIAN & PACIFIC ISLANDER AMERICAN SCHOLARS PROGRAM	95,000
ASIAN & PACIFIC ISLANDER AMERICAN SCHOLARSHIP FUND 2025 M ST NW 610 WASHINGTON, DC 20036		PC	ASIAN & PACIFIC ISLANDER AMERICAN SCHOLARS PROGRAM	90,000
<b>Total</b> . . . . . ► <b>3a</b>				39,604,289



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>				
ASIAN & PACIFIC ISLANDER AMERICAN SCHOLARSHIP FUND 2025 M ST NW 610 WASHINGTON, DC 20036		PC	ASIAN & PACIFIC ISLANDER AMERICAN SCHOLARS PROGRAM	90,000
BEST PREP 7100 NORTHLAND CIR N STE 120 MINNEAPOLIS, MN 55428		PC	BESTPREP YOUTH EDUCATION PROGRAM SUPPORT (EMENTORS AND CLASSROOM PLUS)	10,000
BREAD FOR THE CITY 1525 SEVENTH ST NW WASHINGTON, DC 20001		PC	CHARITABLE DONATION FOR 2019 DSI FORUM VOLUNTEER PARTNERS	5,000
<b>Total . . . . . ▶ 3a</b>				39,604,289

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>				
CANKDESKA CIKANA COMMUNITY COLLEGE PO BOX 269 FORT TOTTEN, ND 58335		PC	TIOSPAYE OKCIYAPI TIPI (HOME OR PLACE FOR FAMILIES HELPING FAMILIES) FOR THE SPIRIT LAKE DAKOTA RESERVATION COMMUNITY.	100,000
CANKDESKA CIKANA COMMUNITY COLLEGE PO BOX 269 FORT TOTTEN, ND 58335		PC	TIOSPAYE OKCIYAPI TIPI (HOME OR PLACE FOR FAMILIES HELPING FAMILIES) FOR THE SPIRIT LAKE DAKOTA RESERVATION COMMUNITY.	150,000
CHILDRENS HOSPITAL OF WISCONSIN FOUNDATION INC PO BOX 1997 MILWAUKEE, WI 53201		PC	PROVIDE 24/7 MENTAL & BEHAVIORAL HEALTH CRISIS RESPONSE TEAM FOR KIDS	833,333
<b>Total . . . . . ► 3a</b>				39,604,289

**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 MINNESOTA FOUNDATION 5901 LINCOLN DR CDC 3 FOUND EDINA, MN 55436		PC	UNITED HEALTH FOUNDATION 2020 STAR GALA VIP GIFT SPONSORSHIP	23,000
CHILDRENS THEATRE COMPANY 2400 THIRD AVE S MINNEAPOLIS, MN 55404		PC	ACT PASS - TITLE SPONSORSHIP FOR 2018-2019 SEASON	25,000
CHILDRENS THEATRE COMPANY 2400 THIRD AVE S MINNEAPOLIS, MN 55404		PC	ACT PASS - TITLE SPONSORSHIP FOR 2019-2020 SEASON	25,000
<b>Total . . . . .</b> ► <b>3a</b>				39,604,289

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>				
CIRCLE THE CITY 300 W CLARENDON AVE STE 200 PHOENIX, AZ 85013		PC	INTEGRATIVE HEALTH ASSESSMENT AND TREATMENT FOR VULNERABLE HOMELESS INDIVIDUALS	187,500
CIRCLE THE CITY 300 W CLARENDON AVE STE 200 PHOENIX, AZ 85013		PC	INTEGRATIVE HEALTH ASSESSMENT AND TREATMENT FOR VULNERABLE HOMELESS INDIVIDUALS	187,500
CLIMB1001 WEST 31SST STREET CHEYENNE, WY 82001		PC	SCALING THE CLIMB WYOMING MODEL TO IMPROVE SOCIAL DETERMINANTS OF HEALTH OUTCOMES FOR SINGLE MOTHERS IN POVERTY.	125,000
<b>Total . . . . .</b> ► <b>3a</b>				39,604,289

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>				
CLIMB1001 WEST 31SST STREET CHEYENNE, WY 82001		PC	SCALING THE CLIMB WYOMING MODEL TO IMPROVE SOCIAL DETERMINANTS OF HEALTH OUTCOMES FOR SINGLE MOTHERS IN POVERTY.	125,000
COALITION FOR THE HOMELESS OF CENTRAL FL 18 NORTH TERRY AVENUE ORLANDO, FL 32801		PC	2019 UNITED HEALTH FOUNDATION OPTUM CARE SUMMIT SUPPORT	5,000
COLORADO CENTER FOR NURSING EXCELLENCE 5290 E YALE CIRCLE STE 102 DENVER, CO 80222		PC	AN INNOVATIVE PROJECT TO INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES IN RURAL COLORADO	300,000
<b>Total . . . . . ► 3a</b>				39,604,289

**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>				
COLORADO RURAL HEALTH CENTER 3033 S PARKER RD 606 AURORA, CO 80014		PC	2019 UNITED HEALTH FOUNDATION DONATION	5,000
COMMUNITY HEALTH CARE 1148 BROADWAY STE 100 TACOMA, WA 98402		PC	UNITED HEALTH FOUNDATION DONATION FOR COMMUNITY HEALTH CARE	1,000
CONGRESSIONAL BLACK CAUCUS FOUNDATION 1720 MASSACHUSETTS AVE NW WASHINGTON, DC 20036		PC	CBCF LOUIS STOKES HEALTH SCHOLARS PROGRAM, SPONSORED BY UNITED HEALTH FOUNDATION	14,574
<b>Total . . . . . ▶ 3a</b>				39,604,289

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>				
CONGRESSIONAL BLACK CAUCUS FOUNDATION 1720 MASSACHUSETTS AVE NW WASHINGTON, DC 20036		PC	LOUIS STOKES HEALTH SCHOLARS PROGRAM, SPONSORED BY UNITED HEALTH FOUNDATION	25,500
CONGRESSIONAL BLACK CAUCUS FOUNDATION 1720 MASSACHUSETTS AVE NW WASHINGTON, DC 20036		PC	LOUIS STOKES HEALTH SCHOLARS PROGRAM, SPONSORED BY UNITED HEALTH FOUNDATION	25,500
CONGRESSIONAL HISPANIC CAUCUS INSTITUTE 1128 16TH ST NW WASHINGTON, DC 20036		PC	CHCI-UNITED HEALTH FOUNDATION SCHOLARSHIP	56,500
<b>Total . . . . .</b> ▶ <b>3a</b>				39,604,289

**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>				
CONGRESSIONAL HISPANIC CAUCUS INSTITUTE 1128 16TH ST NW WASHINGTON, DC 20036		PC	CHCI-UNITED HEALTH FOUNDATION SCHOLARSHIP PROGRAM	118,000
CONGRESSIONAL HISPANIC CAUCUS INSTITUTE 1128 16TH ST NW WASHINGTON, DC 20036		PC	CHCI-UNITED HEALTH FOUNDATION SCHOLARSHIP PROGRAM	170,500
COVENANT HOUSE PENNSYLVANIA 31 E ARMAT STREET PHILADELPHIA, PA 19144		PC	UNITED HEALTH FOUNDATION DONATION FOR COVENANT HOUSE PENNSYLVANIA	1,000
<b>Total . . . . .</b> ► <b>3a</b>				39,604,289



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>				
DAKOTA MEDICAL FOUNDATION 4141 28TH AVE S FARGO, ND 58104		PC	UNITED HEALTH FOUNDATION SPONSORSHIP OF RECOVERY REINVENTED CONFERENCE	10,000
FAMILY FIRST HEALTH 116 S GEORGE ST 3RD FL YORK, PA 17401		PC	CONNECTIONS FOR HEALTH WILL SUPPORT POSITIVE, SYSTEMIC CHANGE AROUND THE HEALTH AND WELLNESS OF STUDENTS, FAMILIES, AND SCHOOL STAFF AT BOTH AN INDIVIDUAL AND COMMUNITY LEVEL.	668,019
FOUNDATION FOR WOMANS ATTN LEIGH LOW 100 WOMANS WAY BATON ROUGE, LA 70817		PC	PREGNANCY SUBSTANCE MISUSE CASE MANAGEMENT PROGRAM	200,000
<b>Total . . . . . ▶ 3a</b>				39,604,289

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>				
FOUNDATION FOR WOMANS ATTN LEIGH LOW 100 WOMANS WAY BATON ROUGE, LA 70817		PC	PREGNANCY SUBSTANCE MISUSE CASE MANAGEMENT PROGRAM	250,000
FSU RESEARCH FOUNDATION INC 325 W COLLEGE AVE TALLAHASSEE, FL 32301		PC	MILITARY HEALTH CONCENTRATION AND CONTINUED EDUCATION	249,122
GUTHRIE THEATER ATTN DEVELOPMENT 818 SOUTH 2ND ST MINNEAPOLIS, MN 55415		PC	2019 UNITED HEALTH FOUNDATION SPONSORSHIP FOR GUTHRIE THEATER	50,000
<b>Total . . . . . ▶ 3a</b>				39,604,289

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>				
HEALTH CARE CENTER FOR THE HOMELESS 232 N ORANGE BLOSSOM TR ORLANDO, FL 32805		PC	NURSE PRACTITIONER RESIDENCY PROGRAM AT ORANGE BLOSSOM FAMILY HEALTH	157,901
HEALTH FEDERATION OF PHILADELPHIA SUZANNE COHEN 1211 CHESTNUT ST 801 PHILADELPHIA, PA 19107		PC	UNITED HEALTH FOUNDATION DONATION TO HEALTH FEDERATION OF PHILADELPHIA	5,000
HELEN ROSS MCNABB CENTER 201 W SPRINGDALE AVE KNOXVILLE, TN 37917		PC	ENGAGING INDIVIDUALS WHO HAVE BEEN ADMINISTERED NARCAN IN COMMUNITY SERVICES THROUGH HARM REDUCTION AND CONTINUAL ENGAGEMENT	175,000
<b>Total . . . . . ▶ 3a</b>				39,604,289

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>				
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.	203,344
JACKIE ROBINSON FOUNDATION INC ATTN MS DELLA BRITTON BAEZA PRESIDENT CEO NEW YORK, NY 10013		PC	MENTORING AND LEADERSHIP DEVELOPMENT PROGRAM (MLDP), EXTRA INNINGS GRADUATE FELLOWSHIP	65,094
JACKIE ROBINSON FOUNDATION INC ATTN MS DELLA BRITTON BAEZA PRESIDENT CEO NEW YORK, NY 10013		PC	MENTORING AND LEADERSHIP DEVELOPMENT PROGRAM (MLDP), EXTRA INNINGS GRADUATE FELLOWSHIP	75,000
<b>Total . . . . . ▶ 3a</b>				39,604,289

**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>				
JACKIE ROBINSON FOUNDATION INC ATTN MS DELLA BRITTON BAEZA PRESIDENT CEO NEW YORK, NY 10013		PC	MENTORING AND LEADERSHIP DEVELOPMENT PROGRAM (MLDP), EXTRA INNINGS GRADUATE FELLOWSHIP	75,000
LIGHTHOUSE YOUTH & FAMILY SERVICES 401 E MCMILLAN ST ACCOUNTING 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
LIGHTHOUSE YOUTH & FAMILY SERVICES 401 E MCMILLAN ST ACCOUNTING 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.	140,000
<b>Total . . . . . ► 3a</b>				39,604,289

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>				
MARTHAS TABLEPO BOX 97260 WASHINGTON, DC 20090		PC	UNITED HEALTH FOUNDATION DONATION TO MARTHA'S TABLE	2,000
MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226		PC	PERINATAL PSYCHIATRIC CONSULTATION PROGRAM (PPCP)	511,366
METHODIST HEALTHCARE FOUNDATION ATTN BOB PLUNK PO BOX 42048 MEMPHIS, TN 38174		PC	UNITED HEALTH FOUNDATION DONATION TO METHODIST HEALTHCARE FOUNDATION	5,000
<b>Total . . . . . ▶ 3a</b>				39,604,289

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>				
MICHIGAN PRIMARY CARE ASSOCIATION 7215 WESTSHIRE DRIVE LANSING, MI 48917		PC	GENETIC TESTING AND SCREENING FOR BREAST CANCER	833,333
MILWAUKEE AREA TECH COLLEGE FOUNDATION 700 WEST STATE ST MILWAUKEE, WI 53233		PC	MATC REGISTERED NURSE EXPANSION PROJECT	389,687
MILWAUKEE AREA TECH COLLEGE FOUNDATION 700 WEST STATE ST MILWAUKEE, WI 53233		PC	MATC REGISTERED NURSE EXPANSION PROJECT	389,687
<b>Total . . . . . ▶ 3a</b>				39,604,289

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>				
MINNEAPOLIS INSTITUTE OF ARTS 2400 THIRD AVE SOUTH MINNEAPOLIS, MN 55404		PC	2019 SUPPORT FOR MIA PROGRAMS	50,000
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DR SW ATLANTA, GA 30310		PC	EXAMINING HEALTH INFORMATION TECHNOLOGIES TO ADDRESS HEALTH DISPARITIES	155,313
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DR SW ATLANTA, GA 30310		PC	EXAMINING HEALTH INFORMATION TECHNOLOGIES TO ADDRESS HEALTH DISPARITIES	300,000
<b>Total . . . . . ▶ 3a</b>				39,604,289



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>				
NATIONAL ASSOC OF HISPANIC NURSES 1500 SUNDAY DRIVE 120 RALEIGH, NC 27607		PC	UNITED HEALTH FOUNDATION NATIONAL ASSOCIATION OF HISPANIC NURSES SCHOLARSHIP	11,870
NATIONAL ASSOC OF HISPANIC NURSES 1500 SUNDAY DRIVE 120 RALEIGH, NC 27607		PC	UNITED HEALTH FOUNDATION NATIONAL ASSOCIATION OF HISPANIC NURSES SCHOLARSHIP	26,667
NATIONAL ASSOC OF HISPANIC NURSES 1500 SUNDAY DRIVE 120 RALEIGH, NC 27607		PC	UNITED HEALTH FOUNDATION NATIONAL ASSOCIATION OF HISPANIC NURSES SCHOLARSHIP	66,667
<b>Total . . . . .</b>			<b>3a</b>	39,604,289

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>				
NATIONAL HISPANIC HEALTH FOUNDATION ATTN ELENA RIOS MD MSPH PRESIDENT CEO WASHINGTON, DC 20036		PC	UNITED HEALTH FOUNDATION NATIONAL HISPANIC HEALTH FOUNDATION SCHOLARSHIP	53,000
NATIONAL HISPANIC HEALTH FOUNDATION ATTN ELENA RIOS MD MSPH PRESIDENT CEO WASHINGTON, DC 20036		PC	UNITED HEALTH FOUNDATION NATIONAL HISPANIC HEALTH FOUNDATION SCHOLARSHIP	40,000
NATIONAL HISPANIC HEALTH FOUNDATION ATTN ELENA RIOS MD MSPH PRESIDENT CEO WASHINGTON, DC 20036		PC	UNITED HEALTH FOUNDATION NATIONAL HISPANIC HEALTH FOUNDATION SCHOLARSHIP	63,100
<b>Total . . . . . ▶ 3a</b>				39,604,289

**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>				
NATIONAL MEDICAL ASSOCIATION ATTN ACCOUNTS RECEIVABLE 8403 COLESVILLE RD STE 820 SILVER SPRING, MD 20910		PC	UNITED HEALTH FOUNDATION DONATION FOR NATIONAL MEDICAL ASSOCIATION	1,000
NATIONAL MEDICAL FELLOWSHIPS INC 12 EAST 46TH STREET SUITE 5E NEW YORK, NY 10017		PC	THE UNITED HEALTH FOUNDATION/NMF DIVERSE MEDICAL SCHOLARS PROGRAM	140,000
NATIONAL MEDICAL FELLOWSHIPS INC 13 EAST 46TH STREET SUITE 5E NEW YORK, NY 10017		PC	THE UNITED HEALTH FOUNDATION/NMF DIVERSE MEDICAL SCHOLARS PROGRAM	86,250
<b>Total . . . . . ▶ 3a</b>				39,604,289

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>				
NATIONAL MEDICAL FELLOWSHIPS INC 14 EAST 46TH STREET SUITE 5E NEW YORK, NY 10017		PC	THE UNITED HEALTH FOUNDATION/NMF DIVERSE MEDICAL SCHOLARS PROGRAM	124,130
NURSE FAMILY PARTNERSHIP 1900 GRANT ST 400 DENVER, CO 80203		PC	UNITED HEALTH FOUNDATION DONATION FOR NURSE FAMILY PARTNERSHIP	1,000
PATHWAYSPO BOX 790 ASHLAND, KY 41105		PC	THE EXPANSION OF MENTAL HEALTH SERVICES FOR CHILDREN IN EASTERN KENTUCKY USING TELEHEALTH	200,000
<b>Total . . . . . ▶ 3a</b>				39,604,289

**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>				
PATHWAYSPO BOX 790 ASHLAND, KY 41105		PC	THE EXPANSION OF MENTAL HEALTH SERVICES FOR CHILDREN IN EASTERN KENTUCKY USING TELEHEALTH	175,000
PENFIELD CHILDRENS CENTER 833 N 26TH ST MILWAUKEE, WI 53223		PC	UNITED HEALTH FOUNDATION DONATION FOR PENFIELD CHILDREN'S CENTER	5,000
PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS 1035 MUMMA RD 1 WORMLEYSBURG, PA 17019		PC	UNITED HEALTH FOUNDATION DONATION FOR PA ASSOCIATION OF COMMUNITY	1,000
<b>Total . . . . . ▶ 3a</b>				39,604,289

**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>				
PEOPLES COMMUNITY CLINIC 1101 CAMINO LA COSTA AUSTIN, TX 78752		PC	UNITED HEALTH FOUNDATION DONATION FOR PEOPLE'S COMMUNITY CLINIC	1,000
PET ALLIANCE OF GREATER ORLANDO 2727 CONROY ROAD ORLANDO, FL 32839		PC	7759 - 2019 UNITED HEALTH FOUNDATION OPTUM CARE SUMMIT SUPPORT	5,000
RECIPE FOR SUCCESS FOUNDATION PO BOX 56405 HOUSTON, TX 77256		PC	SPONSORSHIP OF UNITED HEALTH FOUNDATION VOLUNTEER DAY AT HOPE FARMS	3,005
<b>Total . . . . . ▶ 3a</b>				39,604,289

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>				
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET CHASAN BUILDING TROY, NY 12180		PC	THE RENSSELAER HEALTH INCITE PIPELINE	243,332
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET CHASAN BUILDING TROY, NY 12180		PC	THE RENSSELAER HEALTH INCITE PIPELINE	243,332
SAN ANTONIO OASIS ATTN BRENDA SCHMACHTENBERGER PO BOX 291010 SAN ANTONIO, TX 78229		PC	UNITED HEALTH FOUNDATION DONATION FOR SAN ANTONIO OASIS	1,000
<b>Total . . . . . ▶ 3a</b>				39,604,289

**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>				
SENIORS FIRST INC 5395 L B MCLEOD RD ORLANDO, FL 32811		PC	2019 UNITED HEALTH FOUNDATION OPTUMCARE CONFERENCE SUPPORT	5,000
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503		PC	UNITED HEALTH FOUNDATION DONATION FOR SPECTRUM HEALTH FOUNDATION	1,000
ST DAVIDS CENTER FOR CHILD & FAMILY DEV 3395 PLYMOUTH RD MINNETONKA, MN 55305		PC	2019 LIGHT THE WAY SPONSOR FOR ST. DAVID'S CENTER "MAKE THEM SHINE" GALA	9,400
<b>Total . . . . . ▶ 3a</b>				39,604,289



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>				
ST DAVIDS CENTER FOR CHILD & FAMILY DEV 3395 PLYMOUTH RD MINNETONKA, MN 55305		PC	2020 SPONSOR FOR ST. DAVID'S CENTER MAKE THEM SHINE GALA	9,400
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
STEP BY STEP FAMILY SUPPORT CENTER PO BOX 488 MILTON, WA 98354		PC	UNITED HEALTH FOUNDATION DONATION FOR STEP BY STEP FAMILY SUPPORT CENTER	1,000
<b>Total . . . . . ▶ 3a</b>				39,604,289

**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>				
SUMMIT PACIFIC MEDICAL CENTER 600 E MAIN ST ELMA, WA 98541		PC	UNITED HEALTH FOUNDATION DONATION FOR SUMMIT PACIFIC MEDICAL CENTER	1,000
TEXAS ASSOC OF COMMUNITY HEALTH CENTERS 5900 SW PKWY BUILDING 3 AUSTIN, TX 78735		PC	OPTIMIZING COMPREHENSIVE CLINICAL CARE (OC3) TO IMPROVE DIABETES	623,021
THE HEALTH COLLABORATIVE 3010 N ST MARYS ST SAN ANTONIO, TX 78212		PC	UNITED HEALTH FOUNDATION DONATION FOR THE HEALTH COLLABORATIVE	1,000
<b>Total . . . . .</b> ► <b>3a</b>				39,604,289

**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 PRIMARY HEALTH NETWORK 63 PITT STREET SHARON, PA 16146		PC	UNITED HEALTH FOUNDATION DONATION FOR THE PRIMARY HEALTH NETWORK	1,000
THERAPEUTIC HEALTH SERVICES 1116 SUMMIT AVE SEATTLE, WA 98101		PC	UNITED HEALTH FOUNDATION DONATION FOR THERAPEUTIC HEALTH SERVICES	1,000
UNITED NEGRO COLLEGE FUND INC 1805 7TH ST NW WASHINGTON, DC 20001		PC	UNITED HEALTH FOUNDATION  UNCF DIVERSE SCHOLARS INITIATIVE	81,028
<b>Total . . . . . ▶ 3a</b>				39,604,289

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>				
UNITED NEGRO COLLEGE FUND INC 1805 7TH ST NW WASHINGTON, DC 20001		PC	UNITED HEALTH FOUNDATION  UNCF DIVERSE SCHOLARS INITIATIVE	50,064
UNITED NEGRO COLLEGE FUND INC 1805 7TH ST NW WASHINGTON, DC 20001		PC	UNITED HEALTH FOUNDATION  UNCF DIVERSE SCHOLARS INITIATIVE	49,900
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 800 ROSE ST CC453 LEXINGTON, KY 40536		PC	ERADICATE ORAL CANCER IN EASTERN KENTUCKY	200,000
<b>Total . . . . . ▶ 3a</b>				39,604,289

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 MINNESOTA FOUNDATION 200 OAK ST SE 500 MINNEAPOLIS, MN 55455		PC	THE INTERSECTION OF BUSINESS, ANALYTICS AND HEALTH: PREPARING TALENT TO INFLUENCE HEALTHCARE	324,270
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK ST SE 500 MINNEAPOLIS, MN 55455		PC	THE INTERSECTION OF BUSINESS, ANALYTICS AND HEALTH: PREPARING TALENT TO INFLUENCE HEALTHCARE	324,270
UNIVERSITY OF NEVADA LV FOUNDATION 4505 S MARYLAND PKWY PO BOX 451006 LAS VEGAS, NV 89154		PC	UNLV SCHOOL OF MEDICINE	600,000
<b>Total . . . . . ► 3a</b>				39,604,289

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 NEVADA LV FOUNDATION 4505 S MARYLAND PKWY PO BOX 451006 LAS VEGAS, NV 89154		PC	UNLV FOUNDATION ANNUAL DINNER - TABLE SPONSORSHIP	2,000
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH UNC 5 ATLANTA, GA 59493		PC	PROJECT ENABLE: EXTENSIBLE NETWORK-ACCESSIBLE BIOMEDICAL & HEALTH INFORMATICS LONG-TERM LEARNING ENVIRONMENT	256,765
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH UNC 5 ATLANTA, GA 59493		PC	EXTENSIBLE NETWORK-ACCESSIBLE BIOMEDICAL & HEALTH INFORMATICS LONG-TERM LEARNING ENVIRONMENT	256,765
<b>Total . . . . . ▶ 3a</b>				39,604,289

**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 NORTH CAROLINA OFFICE OF SPONSORED RESEARCH 104 AIRPORT DR CHAPEL HILL, NC 27599		PC	UNIVERSITY OF NC AMERICA'S HEALTH RANKINGS SCIENTIFIC ADVICE AND ADVISORY COMMITTEE SUPPORT	40,000
UNIVERSITY OF NORTH CAROLINA OFFICE OF SPONSORED RESEARCH 104 AIRPORT DR CHAPEL HILL, NC 27599		PC	UNIVERSITY OF NC AMERICA'S HEALTH RANKINGS SCIENTIFIC ADVICE AND ADVISORY COMMITTEE SUPPORT	40,000
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVE MADISON, WI 53726		PC	HONORARIUM FOR MARJORY GIVENS' ADVISORY WORK WITH AMERICA'S HEALTH RANKINGS	1,000
<b>Total . . . . . ▶ 3a</b>				39,604,289

**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>				
WALKER ART CENTER725 VINELAND PL MINNEAPOLIS, MN 55403		PC	2020 WALKER TOUR PROGRAMS	50,000
WASHINGTON STATE DEPARTMENT OF HEALTH PO BOX 47852 OLYMPIA, WA 98504		PC	UNITED HEALTH FOUNDATION DONATION FOR WASHINGTON STATE DEPARTMENT OF HEALTH	1,000
WAYNE STATE UNIVERSITY SPONSORED PROGRAMS ADMINISTRATION 5057 WOODWARD AVENUE RM 13202 DETROIT, MI 48202		PC	UNITED HEALTH FOUNDATION DONATION FOR KARMANOS CANCER INSTITUTE	5,000
<b>Total . . . . . ▶ 3a</b>				39,604,289



**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>				
WILLAPA BEHAVIORAL HEALTH 2204 PACIFIC AVE N LONG BEACH, WA 98831		PC	UNITED HEALTH FOUNDATION DONATION FOR WILLAPA BEHAVIORAL HEALTH	1,000
YMCA OF GREATER SAN ANTONIO 231 E RHAPSODY DR SAN ANTONIO, TX 78216		PC	UNITED HEALTH FOUNDATION DONATION FOR YMCA OF GREATER SAN ANTONIO	1,000
AMERICAN ONLINE GIVING FOUNDATION INC 2454 N MCMULLEN BOOTH RD STE 431 CLEARWATER, FL 33759		PC	CORPORATE MATCH FOR EMPLOYEE GIVING - DETAILED LISTING AVAILABLE UPON REQUEST	26,053,113
<b>Total . . . . . ▶ 3a</b>				39,604,289

**TY 2019 Accounting Fees Schedule****Name:** UNITED HEALTH FOUNDATION**EIN:** 41-1941615

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDIT	23,041	0		23,041

**TY 2019 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	668	0		668

## TY 2019 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	1,234,725	1,580,885	1,580,885

**TY 2019 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	6,972	0		6,972
MISCELLANEOUS	12,302	0		8,731
ADVERTISING	40,435	0		40,435

# TY 2019 Other Income Schedule

**Name:** UNITED HEALTH FOUNDATION

**EIN:** 41-1941615

## Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
RETURN OF PRIOR YEAR GRANTS	283,953		283,953

**TY 2019 Other Increases Schedule**

**Name:** UNITED HEALTH FOUNDATION  
**EIN:** 41-1941615

Description	Amount
CHANGE IN BENEFICIAL INTEREST	346,161

**TY 2019 Other Liabilities Schedule****Name:** UNITED HEALTH FOUNDATION**EIN:** 41-1941615

Description	Beginning of Year - Book Value	End of Year - Book Value
GRANTS PAYABLE	5,056,985	6,283,412
OUTSTANDING GRANT CHECKS	639,845	3,944,373



**TY 2019 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	3,264,546	0		3,141,376
INVESTMENT FEES	567	567		0

<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> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.	OMB No. 1545-0047
		<b>2019</b>
Name of the organization UNITED HEALTH FOUNDATION		Employer identification number 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. 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 FOUNDATIONEmployer identification number  
41-1941615**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	\$ 75,000,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization UNITED HEALTH FOUNDATION	Employer identification number 41-1941615
--	--

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given (see instructions). Use duplicate copies of Part II if additional space is needed.	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(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
--	--

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
	<div></div> <div></div> <div></div>	<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> <div></div> <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>	<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> <div></div> <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>	<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> <div></div> <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>	<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> <div></div> <div></div>	<div></div> <div></div> <div></div>