Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

<u> </u>	OI LITE	2022 Calefidat year, or tax year beginning	enuing					
B (Check if pplicable	C Name of organization		D Employer idea	ntificat	tion number		
	Addres							
	Name change	Doing business as		52-21778	91			
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) MN017-W400, 9700 HEALTHCARE LANE	Room/suite	E Telephone nur 855-698-4				
	return/ termin	-			223	8,738,511.		
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55343		G Gross receipts \$				
	return Applic	,		H(a) Is this a grou	-			
	tion pendir	F Name and address of principal officer: MATTHEW W. PETERSON SAME AS C ABOVE		for subordina				
			507	H(b) Are all subordina				
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 ′		t. See instructions		
	Vebsit		1	H(c) Group exem				
	art I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1999	M S	state of legal domicile; MD		
1 6	_	-	TEDITE O					
ø	1	Briefly describe the organization's mission or most significant activities: SEE SC	.пъропъ О					
Governance			l - f	H 050/ -614		_		
ern	2	Check this box if the organization discontinued its operations or dispositions of the organization of the			- 1	S. 1		
હુ	3				3 4	4		
	Ι'	Number of independent voting members of the governing body (Part VI, line 1b)			5	0		
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			6	500		
Activities &	I .	Total number of volunteers (estimate if necessary)				0.		
Ą	I				7a 7b	0.		
	В	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	/b	Current Year		
		Contributions and events (Part VIII line 1h)		7,618,25	54	7,546,874.		
ne	8	Contributions and grants (Part VIII, line 1h)		7,010,23	0.	7,540,074.		
Revenue	9	Program service revenue (Part VIII, line 2g)		11,29		207,907.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-367,05	_	-463,399.		
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,262,49	_	7,291,382.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,531,18	-	3,673,333.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,331,10	0.	0.		
	45	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.		
ens	loa	Professional fundraising fees (Part IX, column (A), line 11e)	332.		-	<u> </u>		
Ä	170			2,026,87	71	2,271,444.		
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,558,06	-	5,944,777.		
		Revenue less expenses. Subtract line 18 from line 12		1,704,43		1,346,605.		
	19	nevenue less expenses. Subtract line 10 from line 12		ginning of Current Ye	_	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		12,202,95	-	14,126,976.		
ASS	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		2,846,66	-	3,424,079.		
let,	22	Net assets or fund balances. Subtract line 21 from line 20		9,356,29		10,702,897.		
Pa	art II	Signature Block		, ,		, , -		
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best o	f mv kn	owledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of w				,		
	,							
Sig	n	Signature of officer		Date				
Her		GREGORY MILLER, TREASURER						
	-	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	(PTIN		
Paid	I	KAREN A. GRIES KAREN A. GRIES	0	9/12/23 if self-e	mployed	P00078514		
	arer	Firm's name BAKER TILLY US, LLP	l	Firm's EIN		-0859910		
	Only	Firm's address 225 S 6TH ST #2300		T IIIII G EIII				
3		MINNEAPOLIS, MN 55402		Phone no.	612.8	76.4500		
— Mav	the IF	RS discuss this return with the preparer shown above? See instructions		11.110110110.		X Yes No		
	10 11					165 NO		

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE FOUNDATION IS COMMITTED TO ENHANCING THE QUALITY OF LIFE OF	
	CHILDREN WITH COMMERCIAL HEALTH INSURANCE WHO ARE 16 YEARS OLD AND	
	YOUNGER, LIVING IN THE REGIONS WHERE UNITEDHEALTHCARE DOES BUSINESS	
	ACROSS THE UNITED STATES. THE FOUNDATION SHALL ENDEAVOR TO HELP PAY	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	•
	revenue, if any, for each program service reported.	porioco, aria
4a	(Code:) (Expenses \$ 4,731,563. including grants of \$ 3,673,333.) (Revenue \$)
₹a	IN 2022 WE AWARDED 3,158 GRANTS VALUED AT \$5,716,893. GRANTS ARE FOR	,
	CHILDREN 16 YRS AND YOUNGER AND LIMITED TO \$5,000 ANNUAL AND \$10,000	
	LIFETIME. OUR GRANTS ARE OPEN FOR A MINIMUM OF 12 MONTHS, DURING WHICH	
	TIME WE WILL DIRECTLY PAY FOR GOODS AND SERVICES, AS APPROVED BY OUR	
	REGIONAL COMMITTEES, DIRECTLY RELATED TO THE CHILD'S MEDICAL CONDITION.	
	OUR GOAL IS TO HELP FAMILIES BRIDGE THE GAP BETWEEN WHAT IS COVERED BY	
	THEIR COMMERCIAL HEALTH INSURANCE AND THE FAMILIES SHARE OF THESE	
	COSTS. THIS INCLUDES ITEMS SUCH AS MEDICAL CO-PAYS, DEDUCTIBLES,	
	DURABLE MEDICAL EQUIPMENT, PRESCRIPTIONS AND OTHER NON PLAN COVERED	
	EXPENSES.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
) (Expended to the control of the co	
4d	Other program services (Describe on Schedule O.)	
-	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 4,731,563.	- 000
		Form 990 (2022)

Form 990 (2022) UNITEDHEALTHCARE CHILDREN'S FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	, the first control of the first tent in the fir			

1 0.1	continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. 41	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Confedence C confedence a recoporate of froto to any line in this rail v		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1b 1 1b 1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	х	
232004	12-13-22	_		(2022)
				,

022) UNITEDHEALTHCARE CHILDREN'S FOUNDATION

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_			8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	[100]			
''	Gross income from members or shareholders	11a			
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	· ·			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the appropriation reading any payments for indeed to be a prince of the feet and		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	'e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ation or			
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form **990** (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management		•						
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	4							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	4							
2									
	officer, director, trustee, or key employee?	2	х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
J	of officers, directors, trustees, or key employees to a management company or other person?	3		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
		6		x					
6		10							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		x					
	more members of the governing body?	7a							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			,,					
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		•						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
a	The organization's CEO, Executive Director, or top management official	15a		х					
	Other officers or key employees of the organization	15b		х					
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130							
160	•								
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		x					
	taxable entity during the year?	16a							
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401							
800	exempt status with respect to such arrangements?	16b]	<u> </u>					
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, ME, MD								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finan	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	GREG MILLER - 715-841-6167								
	11 SCOTT STREET, WAUSAU, WI 54403								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				nne	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				from	from related	other			
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee		yee	mper		1099-NEC)	10001120)	and related
	below	idual	ution	-i-	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) JACK WICKENS	0.50									
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0.
(2) JEANNINE RIVET	0.50									
DIRECTOR		Х						0.	0.	0.
(3) FRED SIEGEL	0.50									
DIRECTOR		Х						0.	0.	0.
(4) TERRY CLARK	0.50									
DIRECTOR		Х						0.	0.	0.
(5) MATTHEW PETERSON	1.00									
PRESIDENT				Х				0.	0.	0.
(6) GREG MILLER	40.00									
TREASURER				Х				0.	0.	0.
(7) SCOTT OTTO	40.00									
ASST. EXECUTIVE DIRECTOR				Х				0.	0.	0.
(8) HEATHER LANG	3.00									
SECRETARY				Х				0.	0.	0.
(9) KYRIE DOWNE	40.00									
ASST. TREASURER				Х				0.	0.	0.
(10) FARAZ CHOUDHRY	3.00	ł						_	_	_
SECRETARY				Х				0.	0.	0.
					\vdash					
					\vdash					
			_		ı	_		ı	I	

Form 990 (2022)

Form 990 (2022) UNITEDHEALTH									52-21778	391 Page 8	
	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)			cion nore than one non is both an ector/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC/	(F) Estimated amount of other compensation from the		
	related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related organizations	
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0. 0.	0	. 0.	
Total number of individuals (including but r compensation from the organization								eceived more than \$100,	000 of reportable	0	
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s		,	,	•	,	,	_		•	Yes No	
 For any individual listed on line 1a, is the sand related organizations greater than \$15 Did any person listed on line 1a receive or 	um of reportabl 0,000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and dule	oth J f	ner compensation from to such individual	ne organization	4 X	
rendered to the organization? f "Yes." con Section B. Independent Contractors										5 X	
Complete this table for your five highest countries the organization. Report compensation for	•	•						the organization's tax y	•		
(A) Name and business	address	NO	NE					(B) Description of s	ervices	(C) Compensation	
Total number of independent contractors (\$100,000 of compensation from the organ	•	ot lin	nited	d to		e lis	ted	above) who received mo	ore than		
										Form 990 (2022)	

Form 990 (2022) UNITEDHEAL!

Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
တ္ထ	1	_	Federated campaigns	1a					
nt s	'			1b					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1c	4,678,058.				
			Fundraising events		4,070,030.				
ig ig			Related organizations	1d					
ns,			Government grants (contributions)	1e					
e ti		Ť	All other contributions, gifts, grants, and	l I	2 060 016				
듗됨			similar amounts not included above \dots	1f	2,868,816.				
d Di		_	Noncash contributions included in lines 1a-1f	1g \$		T 546 054			
<u>0 g</u>		h	Total. Add lines 1a-1f			7,546,874.			
					Business Code				
မွ	2	а							_
Program Service Revenue		b							
S I		С							
am		d							
og B		е							
P		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide						
						207,907.			207,907.
	4		Income from investment of tax-exer						_
	5		Royalties	-					
	_			(i) Real	(ii) Personal				
	6	а	Gross rents 6a	()					
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (less)						
			` '	Securities	(ii) Other				
	′	а	CIT COST ATTICKTS OF THE COST	becarries	(ii) Other				
			assets other than inventory 7a						
•		D	Less: cost or other basis						
nu			and sales expenses						
eve			Gain or (loss)						
her Revenue			Net gain or (loss)	I					
ipe L	8	а	Gross income from fundraising events (I .					
Ò			including \$4,678,058.	• of					
			contributions reported on line 1c). S						
			Part IV, line 18		967,010.				
		b	Less: direct expenses	8b	1,447,029.				
			Net income or (loss) from fundraising			-480,019.			-480,019.
	9	а	Gross income from gaming activitie	I .					
			Part IV, line 19	9a	16,720.				
		b	Less: direct expenses	9b	100.				
		С	Net income or (loss) from gaming a	ctivities		16,620.			16,620.
	10	а	Gross sales of inventory, less return	ns					
			and allowances	10a					
		b	Less: cost of goods sold	I .					
		С	Net income or (loss) from sales of in	ventory					
					Business Code				
Miscellaneous Revenue	11	а							
nec		b		_					
ella		c							
ŠČ			All other revenue						
Σ			Total. Add lines 11a-11d		-				
	12		Total revenue. See instructions			7,291,382.	0.	0.	-255,492.

Form **990** (2022) 232009 12-13-22

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 3,673,333. 3,673,333. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): а Management Legal 23,778. 23,778, Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,657,064 575,480 274,882 806,702. column (A), amount, list line 11g expenses on Sch O.) 264,918 218,460. 46,458. Advertising and promotion 12 138,792 55,129 83,663. 13 Office expenses 88,310 88,310. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) INVENTORY MGMT/SHIPPING 93,582. 92,073. 1,509. BAD DEBT EXPENSE 5,000 5,000 С d All other expenses 938,332. 5,944,777 4,731,563 274,882 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Form 990 (2022) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part 3	(
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,838,696.	1	552,281.
	2	Savings and temporary cash investments		2	13,011,223.
	3	Pledges and grants receivable, net		3	310,130.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	6		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	196,666.
As	9	Prepaid expenses and deferred charges		9	56,676.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	14,126,976.
	17	Accounts payable and accrued expenses	1,358,315.	17	1,596,849.
	18	Grants payable		18	725,000.
	19	Deferred revenue		19	1,102,230.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	6		
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,846,660.	26	3,424,079.
"		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.	0.256.000		40 500 005
alar	27	Net assets without donor restrictions		27	10,702,897.
Fund Balances	28	Net assets with donor restrictions	<u></u>	28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
Net Assets or	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ä	31	Retained earnings, endowment, accumulated income, or other funds		31	10 500 005
Š	32	Total net assets or fund balances		32	10,702,897.
	33	Total liabilities and net assets/fund balances	12,202,952.	33	14,126,976.

Form **990** (2022)

1 0111	1300 (2022)			ı a	<u>gc</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			382.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5 ,	,944,	777.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,346,	605.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9 ,	,356,	292.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	10	,702,	897.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	, , , ,		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		l

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

52-2177891

Open to Public Inspection

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,

city, and state:

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

UNITEDHEALTHCARE CHILDREN'S FOUNDATION

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

f	Enter the number of supported organizations		
	• • • • • • • • • • • • • • • • • • • •	-	

g Provide the following information	n about the supporte	ed organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
		above (see instructions))	162	NO		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,044,150.	6,373,433.	6,649,578.	7,618,254.	7,546,874.	35,232,289.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7,044,150.	6,373,433.	6,649,578.	7,618,254.	7,546,874.	35,232,289.
5	The portion of total contributions		·	·			· · ·
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						11,550,299.
6	Public support. Subtract line 5 from line 4.						23,681,990.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	7,044,150.	6,373,433.	6,649,578.	7,618,254.	7,546,874.	35,232,289.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	13,330.	147,445.	33,915.	11,295.	207,907.	413,892.
9	Net income from unrelated business		,	,	,		
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
10	or loss from the sale of capital						
	·						
11	assets (Explain in Part VI.)						35,646,181.
	Gross receipts from related activities,	oto (soo instructio	nc)			12	
	First 5 years. If the Form 990 is for th	•	,	ourth or fifth tax v	ear as a section 5		
13	organization, check this box and stor	•		•		. , . ,	
Se	ction C. Computation of Publi						
	Public support percentage for 2022 (li			olumn (f))		14	66.44 %
	Public support percentage from 2021					15	68.58 %
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	-				,	
Ŀ	33 1/3% support test - 2021. If the o		~				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te						
ŀ	10% -facts-and-circumstances test	· ·	•				
•	more, and if the organization meets the	-					. = , , , ,
	organization meets the facts-and-circu				-		
18	-		-				
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

` ,

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

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

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
Г	1		
	2		
	_		
	3a		
-	3b		
Н	3c		
	4 -		
	4a		
	4b		
	710		
	4c		
	5a		
L	5b		
L	5c		
	6		
L	7		
L	8		
L	9a		
	9b		
	90		
	9c		
	10a		
	10b		
ıla A	\ /Earr	n aan)	2022

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Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4					
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
_6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2022 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
c	From 2019						
<u>d</u>	From 2020						
e	From 2021						
f_	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
<u>i</u>	Carryover from 2017 not applied (see instructions)						
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
<u> </u>	Applied to 2022 distributable amount						
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
<u>a</u>	Excess from 2021 Excess from 2022						

Schedule A (Form 990) 2022

Part VI	Supplemental Information Decide the model of the Detail Section 10 Page 15 and 17 and 17 and 17 and 18 and 19 and
T dit VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	
-	
-	

** PUBLIC DISCLOSURE COPY

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

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

Employer identification number

UNITEDHEALTHCARE CHILDREN'S FOUNDATION

52-2177891

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ

X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

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 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

UNITEDHEALTHCARE CHILDREN'S FOUNDATION

52-2177891

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 5	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization Employer identification number

UNITEDHEALTHCARE CHILDREN'S FOUNDATION 52-2177891

Part II	art II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(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			
		 \$				

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** UNITEDHEALTHCARE CHILDREN'S FOUNDATION 52-2177891 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

UNITEDHEALTHCARE CHILDREN'S FOUNDATION

Employer identification number

52-2177891

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	 Complete if th 	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historical To		O::I A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			-	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

232051 09-01-22

	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or Ot	her S	imila	r Assets	(conti	nued)	ugo
3	Using the organization's acquisition, accession								·	,	
	collection items (check all that apply):										
а	a Public exhibition d Loan or exchange program										
b	b Scholarly research e Other										
С											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or other sin	nilar as	sets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "Yes'	on Fo	rm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	s or other assets i	not inc	luded				_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or cu	ustodial account li	ability?	?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete i										
		(a) Current year	(b) F	rior year	(c) Two years bad	k (d)	Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1ç	g, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion tha	t are held ar	nd administered fo	or the					
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990, Par	t X, line	e 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)	•	umulate ciation	ed	(d) Boo	k valu	ie
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
<u>e</u>	Other										
	I. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B), line 1	0c.)						0.
_					· · · · · · · · · · · · · · · · · · ·			Schedule	D (Forr	n 990	2022

Ochedale D (Form 550) 2022	CHILDREN'S FOUNDATI	CON 5	2-2177891	Page
Part VII Investments - Other Securities.	on Forms 000 Post IV line	11h Can Farra 000 Bart V line 10		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d of year market	value
	(b) Book value	(c) Method of Valuation. Cost of en	u-or-year market	value
(1) Financial derivatives				
(2) Closely held equity interests (3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)			
Part X Other Liabilities.	on Form 000 Port IV line	11a ar 11f Caa Earm 000 Dart V Fine 0	=	
Complete if the organization answered "Yes"	on romi 990, Part IV, line	THE OF THE SEE FORM 990, PARTX, IINE 28		value
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes			+	

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Only were (b) recent around Forms 2000, Book V, and (D) line 205)	

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1 Total revenue, gains, and other support per audited financial statement	s		1	9,223,319.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a Net unrealized gains (losses) on investments				
b Donated services and use of facilities		1,468,538.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	463,399.		
e Add lines 2a through 2d			2e	1,931,937.
3 Subtract line 2e from line 1			3	7,291,382.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b			•
c Add lines 4a and 4b			4c	7 201 302
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin Part XII Reconciliation of Expenses per Audited Financia	le 12.)I Statements With F	vnenses ner E	5 Peturn	7,291,382.
Complete if the organization answered "Yes" on Form 990, Part		Expenses per r	ictuiii.	
	,		1	7,876,714.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	1,468,538.		
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)		463,399.		
e Add lines 2a through 2d			2e	1,931,937.
3 Subtract line 2e from line 1			3	5,944,777.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,) Part XIII Supplemental Information.	line 18.)		5	5,944,777.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b ar	nd 2b; Part V, line 4	; Part X, lir	ie 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	ide any additional informa	tion.		
PART X, LINE 2:				
THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTI	NGENCIES IN			
EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRI	BES RECOGNITION			
THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNIT	ION OF TAX			
POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN T	HAT ARE NOT			
	BY THE FOUNDATION			
CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED				
CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED	021. THE			
CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2022 AND 2	021. THE			
CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2022 AND 2 FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMIN	021. THE			
CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2022 AND 2 FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMIN	021. THE			
CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2022 AND 2 FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATE AUTHORITIES.	021. THE			D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **Employer identification number** UNITEDHEALTHCARE CHILDREN'S FOUNDATION 52-2177891 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990) 2022

Pa	rt I		-			
		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			THE COLUMN	MN GENMINY DIDE	27	(add col. (a) through
			UHCCF GOLF CLASSIC (event type)	(event type)	(total number)	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	4	Grass respirets	2,252,160.	840,708.	2,552,200.	5 645 068
Re	1	Gross receipts	2,202,200.	010,700.	2,002,200.	5,645,068.
	2	Less: Contributions	1,792,858.	745,966.	2,139,234.	4,678,058.
	3	Gross income (line 1 minus line 2)	459,302.	94,742.	412,966.	967,010.
	4	Cash prizes				
	5	Noncash prizes				
S	3	Noncasti prizes				
ense	6	Rent/facility costs	67,500.	280.	198,863.	266,643.
Direct Expenses						
ect F	7	Food and beverages	388,606.	93,121.	227,923.	709,650.
Öİ						
	8	Entertainment			2,900.	7,436.
	9	Other direct expenses	137,207.		221,227.	463,300.
	10	Direct expense summary. Add lines 4 through				1,447,029.
Pa	<u>11</u> rt l			990 Part IV line 19 or i		-400,019.
		\$15,000 on Form 990-EZ, line 6a.	answered res on romi	330, 1 art 10, iii ic 13, 01 i	cported more than	
		,	() 5:	(b) Pull tabs/instant	() 011	(d) Total gaming (add
nue			(a) Bingo	(a) Bingo bingo/progressive bingo (c) Other gaming		col. (a) through col. (c))
Revenue						
	1	Gross revenue			16,720.	16,720.
es	2	Cash prizes				
ens	_	Namanah minan				
Direct Expenses	3	Noncash prizes				
ect	4	Rent/facility costs				
Ë	•					
	5	Other direct expenses			100.	100.
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	☐ No	X No	
						400
	7	Direct expense summary. Add lines 2 through	5 in column (d)			100.
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			16,620.
	0	Net gaming income summary. Subtract line r	monthine t, column (a)			10,020.
9	Ent	ter the state(s) in which the organization condu	cts gaming activities: M	1		
		he organization licensed to conduct gaming ac	_			X Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re			/ear?	Yes X No
b	IT "	Yes," explain:				
	_					
	_					
23208	2 10	1-27-22			Sche	dule G (Form 990) 2022

Sch	ledule G (Form 990) 2022 UNITEDHEALTHCARE CHILDREN'S FOUNDATION 52	-21//891	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
а	a The organization's facility	13a	<u>%</u>
	o An outside facility	13b 10	00.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name GREG MILLER		
	Address 11 SCOTT STREET - WAUSAU, WI 54403		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Name		
			_
	Address		
16	Gaming manager information:		
	Name GREG MILLER		
	Gaming manager compensation \$		
	Description of services provided		
	X Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
Ī	retain the state gaming license?	Yes	X No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			_

Schedule 6	G (Form 990)	UNITEDHEALTHCARE CHILDREN'S FOUNDATION	52-2177891	Page 4
Part IV	G (Form 990) Supplemental Info	mation (continued)		
		(continuos)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2022
Open to Public

Inspection

Schedule I (Form 990) 2022

Name of the organization							Employer identification number
UNITEDHEALTHC	ARE CHILDREN'S	FOUNDATION					52-2177891
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assistance.	stance?						
2 Describe in Part IV the organization's pro						/aall am Faura 000 David	N/ line Od. for one
recipient that received more than \$					anization answered if	es on Form 990, Pari	. IV, liftle 21, for arry
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	-	•					
3 Enter total number of other organizations	s listed in the line	1 table					

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DICAL GRANTS	3158	3,673,333.	0.		
		, ,			
art IV Supplemental Information. Provide the information re-	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
RT I, LINE 2:					
ANT PAYMENTS ARE ONLY MADE WHEN PROOF OF SERVICE	ES OR GOODS AR	E PROVIDED			
THE GRANTEES. WE REVIEW THE DOCUMENTATION TO EN	SURE THE COST	'S FALL			
THIN THE QUIDELINES OR EACH INDIVIDUAL GRANT.					
TOTAL OF \$5,163,895 WAS AUTHORIZED DURING 2022,	OF WHICH \$3,6	73,333 WAS			
BSTANTIATED AND EXPENSED IN THE CURRENT YEAR.					

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the	e organization								Em	ploye	r identi	ificati	on nu	mber		
UNITEDHEALTHCARE CHILDREN'S FOUNDATION 52-2177891																
Part I	Excess Bene	efit Transacti	ons (section 5	01(c)(3	3), secti	ion 501(c)(4), and se	ectio	n 501(c)(29) orgar	nizatio	ons on	ly).					
	Complete if the	organization ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25	b, or	Form 990-EZ, Pa	art V, I	ine 40	b.					
1 (a) Nor	no of diagnalified	(b) F	Relationship bet			ified	(a) D	escription of trans	oootio	n		(d) Corrected?		cted?		
(a) Nar	ne of disqualified	person	person and o	rganiza	ation		(c) D	escription of trans	Sactio)T1		Y	es	No		
												—	_			
2 Enter	the amount of tax	incurred by the o	rganization man	agers	or disq	jualified persons du	ıring	the year under								
3 Enter	the amount of tax,	, if any, on line 2,	above, reimburs	ed by	the org	ganization				\$						
Dort II	Loono to on	d/or From Int	arastad Dar	2000												
Part II																
	•	•				, Part V, line 38a or	Form	n 990, Part IV, line	e 26; (or if th	e orga	nizatio	n			
		ount on Form 990			2. oan to or	(-) Original	т,	45	1	\ l	(h) Ap	proved	(*) \A	lritton		
) Name of ested person	(b) Relationship with organization	(c) Purpose of loan	fro	m the	(e) Original principal amount		(f) Balance due) In ault?	by bo	ard or	d or			
					From							1	comm		_	т —
				10	From		+		Yes	No	Yes	No	Yes	No		
							+									
							+				\vdash					
							+				\vdash					
							+									
							+									
							+				\vdash					
							+				\vdash					
							+									
							+									
Total						9	<u> </u>									
Part III	Grants or As	ssistance Ber	efiting Inter	este	d Per											
	Complete if the	organization ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 27.										
(a) N	ame of interested	person	(b) Relationship	betwe	een	(c) Amount of	f	(d) Type	of		(e)) Purp	ose o	f		
			interested pers	son an		assistance		assistano	ce		á	assista	ance			
			the organiz	ation												
										\perp						

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

Schedule L (Form 990) 2022

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of cation's lues?
				Yes	No
UNITEDHEALTH GROUP	ALL OFFICERS AND DI	1,562,536.	UNITEDHEALT		х
Part V Supplemental Information. Provide additional information for response.	ponses to questions on Schedule L (see in	nstructions).		1	
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: UNITEDHEALTH GROU	P				
(B) RELATIONSHIP BETWEEN INTERESTED P	ERSON AND ORGANIZATION:				
ALL OFFICERS AND DIRECTORS OF THE FOU	NDATION ARE EMPLOYEES OF UHG.				
(D) DESCRIPTION OF TRANSACTION: UNITE					
ADMINISTRATIVE, OVERHEAD, AND ACCOUNT	ING SERVICES TO THE FOUNDATION.	THE			
FOUNDATION PAYS UNITEDHEALTH GROUP FO		OVIDED			
TO THE FOUNDATION. THE TOTAL AMOUNT O					
FOUNDATION WAS \$1,562,536 FOR THE YEAR					
INCLUDED IN CONSULTING EXPENSE ON THE	STATEMENT OF FUNCTIONAL EXPENS	BES.			

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNITEDHEALTHCARE CHILDREN'S FOUNDATION

Employer identification number 52-2177891

ONTIDENDING CHIDENEN 5 100NDM10N	32 2177031
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
TO FACILITATE ACCESS TO HEALTH SERVICES THAT WILL ENHANCE THE CLINICAL	
CONDITION OR QUALITY OF LIFE OF THE CHILD AND THAT ARE NOT FULLY	
COVERED BY THE AVAILABLE COMMERCIAL HEALTH BENEFIT.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
FOR SERVICES OR ITEMS THAT HAVE THE POTENTIAL OF SIGNIFICANTLY	
ENHANCING EITHER THE CLINICAL CONDITION OR THE QUALITY OF LIFE OF THE	
CHILD AND THAT ARE NOT FULLY COVERED BY THE AVAILABLE COMMERCIAL HEALTH	
INSURANCE.	
FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBER TERRY CLARK, AND OFFICERS MATTHEW PETERSON, SCOTT OTTO, FARAZ	
CHOUDHRY, HEATHER LANG, AND GREG MILLER ALL SHARE A BUSINESS RELATIONSHIP.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT FOR INTERNAL REVIEW.	
ONCE COMPLETED, A DRAFT VERSION OF THE FORM 990, EITHER ELECTRONIC OR PAPER	
IS SUPPLIED TO EACH BOARD MEMBER PRIOR TO FILING. THEY ARE ASKED TO REVIEW	
AND RAISE ANY QUESTIONS ABOUT THE CONTENT OF THE FORM. IF NEEDED, A	
DISCUSSION MAY BE HELD WITH THE BOARD TO ADDRESS ANY QUESTIONS OR COMMENTS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY COVERS ANY DIRECTOR, OFFICER, COMMITTEE	
MEMBER, INCLUDING BUT NOT LIMITED TO A REGIONAL DIRECTOR, OR KEY EMPLOYEE	
(WHICH FOR THE PURPOSES OF THIS POLICY SHALL MEAN ANY EMPLOYEE OF A	_
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page **2**

Name of the organization **Employer identification number** UNITEDHEALTHCARE CHILDREN'S FOUNDATION 52-2177891 UNITEDHEALTH GROUP INCORPORATED AFFILIATE WHO DEVOTES A SIGNIFICANT AMOUNT OF HIS OR HER BUSINESS TIME TO UNITEDHEALTHCARE CHILDREN'S FOUNDATION MATTERS) WHO HAS EITHER (A) A DIRECT OR INDIRECT FINANCIAL INTEREST, OR (B) A FIDUCIARY RESPONSIBILITY TO ANOTHER ORGANIZATION. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST OR FIDUCIARY RESPONSIBILITY AND ALL MATERIAL FACTS TO THE BOARD AND/OR THE COMMITTEE MEMBERS. CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE BOARD OR THE COMMITTEE MEMBERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT SHALL CONSIDER WHETHER THE PROPOSED TRANSACTION CONSTITUTES A CONFLICT OF INTEREST. AN INTERESTED PERSON MAY MAKE A FACTUAL PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST. AN INTERESTED PERSON SHALL NOT ACTIVELY PARTICIPATE IN THE DISCUSSION OF, OR VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST, EITHER FORMALLY AT A BOARD OR COMMITTEE MEETING OR INFORMALLY THROUGH CONTACT WITH INDIVIDUAL BOARD OR COMMITTEE MEMBERS. IN ADDITION. THE INTERESTED PERSON SHOULD NOT BE COUNTED IN DETERMINING WHETHER A QUORUM IS PRESENT FOR THE BOARD OR COMMITTEE MEETING AT WHICH THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST IS TO BE VOTED UPON. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE PROPOSED TRANSACTION IS IN THE BEST INTEREST OF THE UNITEDHEALTHCARE CHILDREN'S FOUNDATION.

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** UNITEDHEALTHCARE CHILDREN'S FOUNDATION 52-2177891 TRANSACTIONS WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING STEPS ARE OBSERVED: 1. THE CONFLICTING INTEREST IS FULLY DISCLOSED; 2. THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION; AND 3. THE BOARD HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE UNITEDHEALTHCARE CHILDREN'S FOUNDATION. IT SHALL BE THE CONTINUING RESPONSIBILITY OF THE DIRECTORS, OFFICERS, COMMITTEE MEMBERS. AND KEY EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT AN INTERESTED PARTY HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE INTERESTED PARTY OF THE BASIS FOR SUCH BELIEF AND AFFORD THE INTERESTED PARTY AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE INTERESTED PARTY AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE INTERESTED PARTY HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTIONS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA

Name of the organization UNITEDHEALTHCARE CHILDREN'S FOUNDATION	Employer identification number 52-2177891
	52-21//091
RI,SC,TN,UT,VA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL	
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
UHG SUPPORT REIMBURSEMENT & OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES 575,480	
MANAGEMENT AND GENERAL EXPENSES 274,882	
FUNDRAISING EXPENSES 806,702	
TOTAL EXPENSES 1,657,064	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,657,064	
IOTAL OTHER PEED ON FORM 350, TAKE IN, BINE 116, COL A 1,037,004	•
FORM 990, PART XII, LINE 2C:	
NEITHER THE OVERSIGHT PROCESS OF THE AUDIT, NOR THE SELECTION PROCESS	
OF THE INDEPENDENT ACCOUNTANT CHANGED DURING THE YEAR.	