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.

Department of the Treasury Internal Revenue Service

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

Α	For the	2023 calendar year, or tax year beginning	and	ending					
В	Check if	C Name of organization			D Employer identi	ification number			
	applicable								
	Addres: change		ATION						
	Name change	Doing business as			52-217789	1			
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numb	per			
	Final return/	MN017-W400, 9700 HEALTHCARE LANE			855-698-422	23			
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	9,436,185.			
	Amend	MINNEAPOLIS, MN 55545			H(a) Is this a group				
	Applica tion pending	F Name and address of principal officer: [12]	HEW W. PETERSON		for subordinate	es? Yes X No			
_		SAME AS C ABOVE			H(b) Are all subordinates				
		mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions			
	Website				H(c) Group exempt				
			sociation Other	L Year	of formation: 1999	M State of legal domicile: MD			
Р	_	Summary	GER GO						
ģ	ų 1 Ε Ų	Briefly describe the organization's mission or most	significant activities: SEE SC	HEDULE O					
Š		N	P 121 P P						
Covernance		· ·	ntinued its operations or dispos			1			
ć	3 1	Number of voting members of the governing body				3 7 4 7			
		Number of independent voting members of the gov Total number of individuals employed in calendar y							
<u>.</u>	6 7 E	otal number of individuals employed in calendar y otal number of volunteers (estimate if necessary)							
Activities &	72	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, col							
<	۲ / ۱	Net unrelated business taxable income from Form							
Revenue	+ -	vet uniciated business taxable moone non i omi	000 1, 1 art 1, mile 11		Prior Year	Current Year			
	. 8 (Contributions and grants (Part VIII, line 1h)			7,546,874				
	9 6				0	' '			
9	i 10 i	nvestment income (Part VIII, column (A), lines 3, 4,			207,907	702,114.			
à	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		-463,399					
	1	Total revenue - add lines 8 through 11 (must equal		7,291,382					
_		Grants and similar amounts paid (Part IX, column (3,673,333				
	1	Benefits paid to or for members (Part IX, column (A	0						
	ຸ 15 ເ	Salaries, other compensation, employee benefits (F), line 4) Part IX, column (A), lines 5-10)		0	0.			
9	2 16 a F	Professional fundraising fees (Part IX, column (A), li			0	0.			
Fynoneoe	<u>5</u> b∃	Total fundraising expenses (Part IX, column (D), line		774.					
Ú	i 17 (Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		2,271,444	2,542,064.			
	18 7	otal expenses. Add lines 13-17 (must equal Part I)	K, column (A), line 25)		5,944,777	6,478,366.			
_	19 F	Revenue less expenses. Subtract line 18 from line	12		1,346,605	1,550,854.			
Net Assets or	Ces			Ве	ginning of Current Yea	r End of Year			
sets	- 	Total assets (Part X, line 16)			14,126,976				
t As	뜀 21 기	Total liabilities (Part X, line 26)			3,424,079				
<u> </u>	<u> </u>	Net assets or fund balances. Subtract line 21 from	line 20		10,702,897	12,253,751.			
	art II	Signature Block							
		ties of perjury, I declare that I have examined this return,				ny knowledge and belief, it is			
tru	e, correct	, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledge.				
		Signature of officer			l Date				
Sig	L				Date				
He	ere	REGORY MILLER, TREASURER Type or print name and title							
_			Т	Date Check	PTIN				
Da:		Print/Type preparer's name KAREN A. GRIES	Preparer's signature KAREN A. GRIES		o roc roa				
Pai	- F			μ	5011 01111	our employed			
	·	Firm's name BAKER TILLY ADVISORY GROUP Firm's address 225 S 6TH ST #2300	. , ш		FITTI S EIN	Firm's EIN 39-0859910			
U 3	o omy	MINNEAPOLIS, MN 55402	Dhone no 61	12.876.4500					
M-	av the ID	S discuss this return with the preparer shown about	ve? See instructions		I F HOHE HO. 92	X Yes No			
IVIC	., uio il 1	C GIOCACO LINO FOLGITI WILL LIC PROPARCI SHOWIT ADD				133 140			

Pa	Till 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	avnancac
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	•
		Apenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 5,189,649. including grants of \$ 3,936,302.) (Revenue \$	
4a	(Code:) (Expenses \$)
	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 \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
40	(Code) (Expenses #	,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 5,189,649.	
		Form 990 (2023)

Form 990 (2023) 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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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? If "Yes," complete			
	Schedule D, Part III	8		X
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?			
	If "Yes," complete Schedule D, Part IV	9		X
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,			x
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-110		
•	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				
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	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,"	4.		
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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
	domestic government on Fartix, column (A), line 1: II "Yes," complete Schedule I, Parts I and II	4 1		

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Part IV	Checklist of Required Schedules	(continued)
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	Continued)		Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	INO		
	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		
b	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				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u></u>		
25 a	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		X		
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					
	Schedule L, Part I	25b		X		
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%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,					
	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	00-	х			
L	"Yes," complete Schedule L, Part IV	28a 28b	Λ			
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200				
C		28c		х		
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
-	contributions? If "Yes," complete Schedule M	30		х		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>					
	Schedule N, Part II	32		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		
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
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		<u> </u>		
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			Х		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	—		
ı aı						
	Check if Schedule O contains a response or note to any line in this Part V			N-		
1.	Enter the number reported in boy 3 of Form 1006. Enter 0, if not applicable.		Yes	No		
ıa b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
v	(gambling) winnings to prize winners?	1c	х			
			200			

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Form 990 (2023) UNITEDHEALTHCARE CHILDREN'S FOUNDATION

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

					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	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	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 Advanced in the Financi	ccoun	ts (FBAR).			
5а	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			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization 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					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
b			d	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•		7.		х
	to file Form 8282?	7d	1	7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year		•	70		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute.		t?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		199 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of the or			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7		
Ū		-		8		
9	Sponsoring organizations maintaining donor advised funds.			_		
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	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	1041	?	12a		
b	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	يمه ا	I			
_	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c	•	110		Х
14a				14a 14b		
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			140		
IJ	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	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	tivities	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
					ΩΩΩ	

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	7									
	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	7									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	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										
	of officers, directors, trustees, or key employees to a management company or other person?	3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		х							
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								
	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											
12a											
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?										
а	The organization's CEO, Executive Director, or top management official	15a		Х							
	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	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	nd 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 ne	or any related	orga	niza	tion	con	nper	sat	ed any current officer, d	rector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one	Reportable	Reportable	Estimated
	hours per	box				s both	n an	compensation	compensation	amount of
	week	_	T				100)	from	from related	other
	(list any hours for	director				_		the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	compensation from the
	related	9e or	stee			nsate			1099-NEC)	organization
	organizations	Individual trustee or	Institutional trustee		oyee	n be		1099-NEC)	,	and related
	below	ridual	tution	ie.	Key employee	est co	Jer.			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) JACK WICKENS	0.50									
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0.
(2) TERRY CLARK	0.50									
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0.
(3) MATTHEW PETERSON	1.00									
PRESIDENT				Х				0.	0.	0.
(4) GREG MILLER	40.00									
TREASURER				Х				0.	0.	0.
(5) RACHEL STECKLING	40.00									
ASST. TREASURER				Х				0.	0.	0.
(6) JILL AWE	40.00									
EXECUTIVE DIRECTOR				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) JEANNINE RIVET	0.50									
DIRECTOR		Х						0.	0.	0.
(10) FRED SIEGEL	0.50									
DIRECTOR		Х						0.	0.	0.
(11) DWAYNE BLACK	0.50									
DIRECTOR		Х						0.	0.	0.
(12) KAREN DEUTSCH	0.50]								
DIRECTOR		Х						0.	0.	0.
(13) DICK MIGLIORI	0.50]								
DIRECTOR		Х						0.	0.	0.
(14) JENNIFER ROBERTS	0.50]								
DIRECTOR		Х						0.	0.	0.
(15) OLIVIA JEFFERSON	40.00									
EXECUTIVE DIRECTOR				Х				0.	0.	0.
		4								
		4								

52-2177891

	(A) Name and title	(B) (C) Average hours per box, unless person is both an officer and a director/trustee)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	or ar	other compensation from the organization and related organizations	
	Subtotal Total from continuation sheets to Part V								0.	0.			0.
	-								0.	0.			0.
	compensation from the organization	lot illilited to tri	ose	liste	u al	ove	e) WII	0 16	ceived more man \$100,	000 of reportable		Yes	0 No
3	Did the organization list any former officer											162	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the st	um of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization	3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or										4		X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedule	e J fo	or su	ıch <u>ı</u>	oers	on .				5		Х
1	Complete this table for your five highest co the organization. Report compensation for										ition fi	rom	
	(A) Name and business		NO:		. <u>.</u>				(B) Description of s			C) ensatio	n
								1					
2	Total number of independent contractors (i	•	ot lin	nited	d to		se lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organi	ZaliUi l					_				Form	990 (2023)

Form 990 (2023) UNITEDHEALT
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ains a r	response	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ပ္ ပ	1	a	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
⊉ है			Fundraising events			1c	4,793,591.				
ifts ar A						1d					
nii,G			Government grants (contri			1e					
Š			All other contributions, gifts,								
her i			similar amounts not included			1f	3,170,293.				
Ē		g	Noncash contributions included in I			1g \$					
a S		h	Total. Add lines 1a-1f					7,963,884.			
							Business Code				
ø	2	а									
Ş		b									
Se		С									
an		d									
Program Service Revenue		е									
Ŗ.		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ	ling (divider	nds, intere	st, and				
			other similar amounts)					702,114.			702,114.
	4		Income from investment o	f tax	-exem	pt bond p	roceeds				
	5		Royalties	<u></u>							
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)			<u></u>					
	7	а	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
Jue			and sales expenses	7b							
ther Revenue			Gain or (loss)	7с							
Æ.			Net gain or (loss)								
the l	8		Gross income from fundraisin								
0			including \$4,7								
			contributions reported on				770 107				
		L-	Part IV, line 18			I .	770,187. 1,406,965.				
			Less: direct expenses				1,400,505.	-636,778.			-636,778.
			Net income or (loss) from to Gross income from gaming					550,770.			330,773.
	9	a	Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from (
			Gross sales of inventory, le				1				
		u	and allowances								
		b	Less: cost of goods sold								
			Net income or (loss) from s								
		-	2. (.000)		•	<u></u>	Business Code				
snc	11	а									
Miscellaneous Revenue		b									
ella		С									
lisc R			All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instructio					8,029,220.	0.	0.	65,336.

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 3,936,302. 3,936,302. individuals. See Part IV, line 22 Grants and other assistance to foreign 3 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 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): Management а Legal 26,796. 26,796. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,951,638 769,180. 381,943 800,515. column (A), amount, list line 11g expenses on Sch O.) 277,850 238,761, 39,089. 12 Advertising and promotion 123,357 63,267. 60,090. 13 Office expenses 73,448 69,248. 4,200. Information technology 14 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 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) INVENTORY MGMT/SHIPPING 88,975. 86,095. 2,880. С d All other expenses 906,774. Total functional expenses. Add lines 1 through 24e 6,478,366, 5,189,649 381,943 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	552,281.	1	243,706.
	2	Savings and temporary cash investments		2	15,103,320.
	3	Pledges and grants receivable, net		3	128,883.
	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%			
		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	116,524.
As	9	Prepaid expenses and deferred charges		9	128,504.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		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	15,720,937.
	17	Accounts payable and accrued expenses	1,596,849.	17	1,598,889.
	18	Grants payable		18	750,000.
	19	Deferred revenue		19	1,118,297.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ý	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		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	3,424,079.	26	3,467,186.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
Fund Balances	27	Net assets without donor restrictions	10,702,897.	27	12,253,751.
Ва	28	Net assets with donor restrictions		28	
pur		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	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances		32	12,253,751.
	33	Total liabilities and net assets/fund balances	14,126,976.	33	15,720,937.

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	8,	029,	220.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		478,				
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	550,	854.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,	702,	897.			
5	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	12,	253,	751.			
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 O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X 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	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	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 require							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2023)			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open
Inst

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** UNITEDHEALTHCARE CHILDREN'S FOUNDATION 52-2177891 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,373,433.	6,649,578.	7,618,254.	7,546,874.	7,963,884.	36,152,023.
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	6,373,433.	6,649,578.	7,618,254.	7,546,874.	7,963,884.	36,152,023.
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)						11,421,367.
6	Public support. Subtract line 5 from line 4.						24,730,656.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	6,373,433.	6,649,578.	7,618,254.	7,546,874.	7,963,884.	36,152,023.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	147,445.	33,915.	11,295.	207,907.	702,114.	1,102,676.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						37,254,699.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	· · ·
	First 5 years. If the Form 990 is for the	•	,	ourth. or fifth tax v	ear as a section 50		
	organization, check this box and stor	-					
Sec	tion C. Computation of Publi						
14	Public support percentage for 2023 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	66.38 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	66.44 %
16a	33 1/3% support test - 2023. If the o	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						
17a	and stop here. The organization qualifies as a publicly supported organization						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets th						
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-	•			
							(Form 990) 2023

Schedule A (Form 990) 2023

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

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Schedule A (Form 990) 2023

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
_		
1		
2		
_		
3a		
3b		
3с		
4a		
4b		
4c		
F		
<u>5a</u>		
5b		
5c		
50		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
104		
10b		
	m 990)	2023

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Schedule A (Form 990

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		—
000	tion 6. Type it oupporting organizations		V	NI-
4	Ware a majority of the erganization's directors or trustees during the tay year also a majority of the directors		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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ıs).		
a	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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	inatu iatia m		
2	Activities Test. Answer lines 2a and 2b below.	rinstruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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	i l	ı

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in 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) 2023

Par	rt V Type III Non-Functiona	Illy Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	ion D - Distributions			•		Current Year
1	Amounts paid to supported organization	tions to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that	directly furthers exemp	t purposes of supported			
	organizations, in excess of income from	om activity			2	
3	Administrative expenses paid to acco	ıs	3			
4	Amounts paid to acquire exempt-use		4			
5	Qualified set-aside amounts (prior IRS		5			
6	Other distributions (describe in Part				6	
7	Total annual distributions. Add line				7	
8	Distributions to attentive supported of		ne organization is responsive			
	(provide details in Part VI). See instru				8	
9	Distributable amount for 2023 from S				9	
10	Line 8 amount divided by line 9 amou	·			10	
			(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see	instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from S	ection C, line 6				
2	Underdistributions, if any, for years p	rior to 2023 (reason-				
	able cause required - explain in Part	VI). See instructions.				
3	Excess distributions carryover, if any	, to 2023				
а	From 2018					
b	From 2019					
С	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior	years				
	Applied to 2023 distributable amount					
	Carryover from 2018 not applied (see					
	Remainder. Subtract lines 3g, 3h, and					
4	Distributions for 2023 from Section D					
	line 7:	<i>'</i>				
a	Applied to underdistributions of prior	vears			\neg	
	Applied to 2023 distributable amount					
	5					
5	Remaining underdistributions for yea					
•	any. Subtract lines 3g and 4a from lin					
	than zero, explain in Part VI. See inst					
6	Remaining underdistributions for 202					
Ū	and 4b from line 1. For result greater					
	Part VI. See instructions.	than zero, explain in				
7	Excess distributions carryover to 2	024 Add lines 3i				
'	and 4c.	ULT. MUU III ICO OJ				
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

Part VI	Supplemental Information Boston Bosto
i 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)

Filers of:

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization	Employer identification number	
UNITEDHEALTHCARE CHILDREN'S FOUNDATION	52-2177891	

Organization type (check one):

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

Section:

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).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

UNITEDHEALTHCARE CHILDREN'S FOUNDATION 52-2177891

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$	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
5		\$\$	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
			Person Payroll Noncash (Complete Part II for

Schedule B (Form 990) (2023) Page 3

Name of organization

Employer identification number

UNITEDHEALTHCARE CHILDREN'S FOUNDATION

52-2177891

Part II	Part 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) (2023)

Name of o	organization			Employer identification number	
UNITEDHE	EALTHCARE CHILDREN'S FOUNDATION			52-2177891	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional second	through (e) and the following line enhantable, etc., contributions of \$1,000 o	ntry. For organizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held	
		(e) Transfer of g	ift		
,	Transferee's name, address, a	nd ZIP + 4	Relationship o	of transferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held	
		(e) Transfer of g	ift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship o	of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4 Relationship of transferor		of transferor to transferee	
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held	
	Transferee's name, address, at	(e) Transfer of g		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

Pai			s or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at and of year	(a) Bonor advised funds	(b) i unus and other accounts			
2	Total number at end of 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	writing that the assets held in donor advi-	sed funds			
Ū	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
•	for charitable purposes and not for the benefit of the donor of					
Par						
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).				
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	of a historically important land area			
	Protection of natural habitat	Preservation of	of a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic str		2c			
d	Number of conservation easements included on line 2c acqu					
	on a historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax			
	year					
4	Number of states where property subject to conservation ear	•	•			
5	Does the organization have a written policy regarding the per					
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,					
U	Stan and volunteer riours devoted to monitoring, inspecting,	Transiting of violations, and emorcing con	servation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year			
	3,		g ,			
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)			
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the			
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works			
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 95	•				
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance 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 tre		al gain, provide			
	the following amounts required to be reported under FASB A		•			
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.	Schedule D (Form 990) 2023			

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

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	Similar	Assets	(conti	nued)	agc –
3	Using the organization's acquisition, accession								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	collection items (check all that apply).	,	•	•	· ·						
а	Public exhibition	(d 🗍 i	Loan or exc	hange progra	am					
b	Scholarly research	•			3 1 3						
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how the	ev further th	ne organizatio	on's exem	nt nurnos	e in Part	XIII		
5	During the year, did the organization solicit or	•		•	ū			o iii i ai c	,		
Ū	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang	iements Comple	ete if the	organizatio	n answered "	Yes" on F	orm 990	 Part IV li			
	reported an amount on Form 990, Part		310 II 1.110 V	organization	T GIIOWOI OG	100 0111	o,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1a	Is the organization an agent, trustee, custodia		diary for o	contribution	ns or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
-	ii roo, oxpiaii iio arangementiii attiiii a	and complete the lo	moving to	2010.					Amoun	t	
c	Beginning balance						1c				
							1d				
	Additions during the year										
e	Distributions during the year						1e 1f				
t 20	Ending balance Did the organization include an amount on Fo								Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.									H	
Pai											
	Zinaswiishti anas Complete ii	(a) Current year		rior year	(c) Two yea		d) Three ye	ears hack	(e) Fou	r vears	hack
4	Pariming of combalance	(a) Guiterit year	(6)1	nor year	(C) TWO you	13 back (a j miloo ye	ours buck	(6)100	yours	Duck
	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 curre	ent year end balanc	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	ation that	are held a	nd administer	red for the					
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)	<u> </u>	
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requi	red on So	chedule R?					3b	<u> </u>	
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pai	t VI Land, Buildings, and Equipme	ent									
	Complete if the organization answered	l "Yes" on Form 990	0, Part IV	, line 11a. S	See Form 990), Part X, li	ne 10.				
	Description of property	(a) Cost or o			t or other (other)		cumulated reciation	d	(d) Boo	k valu	ie
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment	I									
	Other										
Tota	l. Add lines 1a through 1e. (Column (d) must ed	nual Form 990. Part	X. line 10)c. column	(B))						0.

Schedule D (Form 990) 2023 UNITEDHEALTHCARE Part VII Investments - Other Securities			2-2177891 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	'. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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) 2023

(7) (8)

1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements			1	10,053,346.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				20,000,010.
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	1,387,348.		
		2c	2,007,020,		
c C	Recoveries of prior year grants Other (Describe in Part XIII.)	2d	636,778.		
d			·	00	2,024,126.
e	Add lines 2a through 2d			2e	8,029,220.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	0,023,220.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a	Other (Describe in Part XIII.)	4a 4b			
b				4c	0.
_				5	8,029,220.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F		0,025,220.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	8,502,492.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	1,387,348.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)		636,778.		
e	Add lines 2a through 2d		,	2e	2,024,126.
3	Subtract line 2e from line 1			3	6,478,366.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,478,366.
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inform	ation.		
PART	X, LINE 2:				
THE	FOUNDATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES I	N			
EVAI	UATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGN	ITION			
THRE	SHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX				
POS1	TIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NO	т			
CERT	AIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE FOU	NDATION			
FOR	UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2023 AND 2022. THE				
	DATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY F	EDERAL.			
AND	STATE AUTHORITIES.				
	VI IIME 2D _ OMUED AD HIGHMENING.				
	XI, LINE 2D - OTHER ADJUSTMENTS:				
		636,778.		<u> </u>	B/E 227.77
33205	09-28-23			Schedule	D (Form 990) 2023

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

2023

Open to Public Inspection

Name of the organization						Employer ide	ntification number	
	THCARE CHILDREN'S FOUNDATIO					52-217789		
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
1 Indicate whether the organization rais		g activ	ities. (Check all that apply.				
a Mail solicitations e Solicitation of non-government grants								
b Internet and email solicitations	f Solicita	tion of	gover	nment grants				
c Phone solicitations	g Special	fundra	aising	events				
d In-person solicitations								
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ding of	ficers, directors, trus	tees,	or		
key employees listed in Form 990, P	•			-		Yes		
b If "Yes," list the 10 highest paid indiv		ant to	agreei	ments under which th	ne fur	ndraiser is to be	•	
compensated at least \$5,000 by the	organization.							
or entity (tundraiser)			Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes No						
	<u> </u>							
Total 3 List all states in which the organization or licensing.	n is registered or licensed to solicit o			or has been notified	it is e	exempt from re	gistration	
c. 10011011g.								
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-E	Z.			Schedule	G (Form 990) 2023	

Pa	rt								
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events				
				(-,	(-)	(d) Total events (add col. (a) through			
			UHCCF GOLF CLASSIC	MN CENTURY RIDE	20	col. (c)			
Φ			(event type)	(event type)	(total number)	551. (5)/			
Revenue	1	Gross receipts	2,260,930.	846,500.	2,456,348.	5,563,778.			
	2	Less: Contributions	1,734,355.	791,670.	2,267,566.	4,793,591.			
	3	Gross income (line 1 minus line 2)	526,575.	54,830.	188,782.	770,187.			
	4	Cash prizes							
Se	5	Noncash prizes							
sueds	6	Rent/facility costs	157,305.	10,953.	33,889.	202,147.			
Direct Expenses	7	Food and beverages	369,269.	42,075.	148,145.	559,489.			
	8	Entertainment		1,802.	6,748.	8,550.			
	9	Other direct expenses	50,397.	126,659.	459,723.				
	10					1,406,965.			
Pa		Net income summary. Subtract line 10 from li		000 Deat IV line 10 and		-636,778.			
Г	וונ	Gaming. Complete if the organization s \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than				
		ψ10,000 0111 01111 000 <u>LL</u> , iii10 0α.		(b) Pull tabs/instant		(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
R	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
		Volunteer labor	Yes % No	Yes %	Yes % No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
			, (=)						
а	ls :	ter the state(s) in which the organization conducted the organization licensed to conduct gaming action.	ctivities in each of these s	states?		X Yes No			
,	b If "No," explain:								
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Description: Yes X No b If "Yes," explain:								
	_								
33300	22 00	D-13-93			Sche	dule G (Form 990) 2023			

Sch	ledule G (Form 990) 2023 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	o If "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		
	- Lanc		
	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		
	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	art 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

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

UNITEDHEALTHCA	RE CHILDREN'S	FOUNDATION					52-2177891			
Part I General Information on Grants ar	nd Assistance					•				
1 Does the organization maintain records to	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection									
criteria used to award the grants or assis	criteria used to award the grants or assistance?									
2 Describe in Part IV the organization's pro	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and address of organization or government										
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	-		e line 1 table	<u> </u>	<u> </u>					

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

(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
MEDICAL GRANTS	3385	3,936,302.	0.		
3.44.12		0,200,002.			
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	n (b); and any other ac	Iditional information.	
PART I, LINE 2:					
GRANT PAYMENTS ARE ONLY MADE WHEN PROOF OF SERVI	CES OR GOODS AR	E PROVIDED			
BY THE GRANTEES. WE REVIEW THE DOCUMENTATION TO	ENSURE THE COST	'S FALL			
WITHIN THE QUIDELINES OR EACH INDIVIDUAL GRANT.					
A TOTAL OF \$6,146,621 WAS AUTHORIZED DURING 2023	, OF WHICH \$3,9	36,302 WAS			
SUBSTANTIATED AND EXPENSED IN THE CURRENT YEAR.					

SCHEDULE L

Department of the Treasury

(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

Open to Public Inspection

Internal Revenue Service	Go to ww	/w.irs.gov/Forn	n990 f	or inst	ruction	s and the lat	est	information.			In	spect	ion	
Name of the organization		Employer identifie							ificati	on nu	mber			
	UNITEDHEALTHC	ARE CHILDREN	I'S FO	'AGNUC	TION				5	2-217	77891			
Part I Excess Be	nefit Transacti	ons (section 5	01(c)(3	3), sect	ion 501	(c)(4), and sec	ctio	n 501(c)(29) orga	nizatio	ons on	ly)			
Complete if th	ne organization ansv	wered "Yes" on	Form 9	990, Pa	art IV, lir	ne 25a or 25b	; or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1,,,,	. (b) F	Relationship bet	ween o	disqual	lified							(d)	Corre	cted?
(a) Name of disqualifie	ed person	person and o	rganiza	ation		(0) D	escription of tran	sactio	on		Y	es	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2 Enter the amount of ta	ax incurred by the o	rganization man	agers	or disc	qualified	d persons dur	ing 1	the year under						
section 4958										\$				
3 Enter the amount of ta	ax, if any, on line 2,	above, reimburs	sed by	the or	ganizati	on				\$				
Part II Loans to a	ind/or From Int	erested Per	sons											
Complete if the	ne organization ansv	wered "Yes" on	Form 9	990-EZ	, Part V	, line 38a, or	Forr	n 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
reported an a	mount on Form 990	, Part X, line 5,	6, or 2	2.							1			
(a) Name of	(b) Relationship			oan to or m the	() Original	(1	f) Balance due) In	(h) App	(i) Written		
interested person	with organization	of loan		ization?	princi	ipal amount			defa	ault?	comm		agree	ment?
			То	From					Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)											igsquare			
(8)											igsquare			
(9)											igsquare			
(10)											$oxed{oxed}$			
Total			<u></u>			\$								
	Assistance Ber	_												
Complete if the	ne organization ansv	vered "Yes" on	Form 9	990, Pa	art IV, lir	ne 27.		1						
(a) Name of intereste	ed person	(b) Relationship) Amount of		(d) Type			• •) Purp		f
		interested pers the organiz	son an ation	id	'	assistance		assistan	ce		ć	assista	ance	
		The organiz	ation											
(1)														
(2)										\dashv				
_(3)										\dashv				
(4)										\dashv				
(5)										\dashv				
(6)										\dashv				
(7)										\perp				
_(8)														

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

Schedule L (Form 990) 2023

(9) (10)

Schedule L (Form 990) 2023 UNITEDHEA	LTHCARE CHILDREN'S FOUNDATION	Ŋ	52-217789	1	Page 2
Part IV Business Transactions Involvi	ng Interested Persons				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
(1)UNITEDHEALTH GROUP	ALL OFFICERS AND DI	1,570,625.	UNITEDHEALT		Х
(2)					
(3)					
(4)					
(5)					
(6)					
_(7)					
_(8)					
<u>(9)</u>					
(10)					
Part V Supplemental Information					
Provide additional information for response	onses to questions on Schedule L. See	instructions.			
acu i biba iy byaryaa mbiyalamidya	THE STATE OF THE STATE OF THE SAME				
SCH L, PART IV, BUSINESS TRANSACTIONS I	INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: UNITEDHEALTH GROUP					
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION:				
ALL OFFICERS AND DIRECTORS OF THE FOUND	DATION ARE EMPLOYEES OF UHG.				
(D) DESCRIPTION OF TRANSACTION: UNITED	FALTH GROUP PROVIDES CERTAIN				
ADMINISTRATIVE, OVERHEAD, AND ACCOUNTIN	NG SERVICES TO THE FOUNDATION	. THE			
FOUNDATION PAYS UNITEDHEALTH GROUP FOR	A PORTION OF THE SERVICES PRO	OVIDED			
TO THE FOUNDATION. THE TOTAL AMOUNT OF	THESE SERVICES BILLED TO THE				
FOUNDATION WAS \$1,570,625 FOR THE YEAR	ENDED DECEMBER 31, 2023 AND	IS			
INCLUDED IN CONSULTING EXPENSE ON THE S	STATEMENT OF FUNCTIONAL EXPEN	SES.			

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.

Department of the Treasury Internal Revenue Service

Name of the organization

UNITEDHEALTHCARE CHILDREN'S FOUNDATION

Employer identification number

UNITEDHEALTHCARE CHILDREN S FOUNDATION	52-2177691							
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 MEMBERS TERRY CLARK AND KAREN DEUTSCH, AND OFFICERS MATTHEW PETERSON,								
JILL AWE, SCOTT OTTO, GREG MILLER, RACHEL STECKLING AND HEATHER LANG ARE								
EMPLOYED BY THE SAME COMPANY.								
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								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 11-14-23

Schedule O (Form 990) 2023

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Name of the organization **Employer identification number** UNITEDHEALTHCARE CHILDREN'S FOUNDATION 52-2177891 (WHICH FOR THE PURPOSES OF THIS POLICY SHALL MEAN ANY EMPLOYEE OF A 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

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Name of the organization **Employer identification number** UNITEDHEALTHCARE CHILDREN'S FOUNDATION 52-2177891 UNITEDHEALTHCARE CHILDREN'S FOUNDATION. TRANSACTIONS WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING STEPS ARE OBSERVED: 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:

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** UNITEDHEALTHCARE CHILDREN'S FOUNDATION 52-2177891 AK,AR,CA,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OH,OK,OR,PARI,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 769,180. MANAGEMENT AND GENERAL EXPENSES 381,943. FUNDRAISING EXPENSES 800,515. TOTAL EXPENSES 1,951,638. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,951,638. 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.