

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>OPTUM CLINICAL SERVICES, INC. 401(K) SAVINGS PLAN</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td>1c Effective date of plan <u>01/01/2012</u></td> <td></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2012</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2012</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>OPTUM CLINICAL SERVICES INCORPORATED</u> <u>9900 BREN ROAD EAST</u> <u>MN008-R120</u> <u>MINNETONKA, MN 55343</u>	<table border="1"> <tr> <td>2b Employer Identification Number (EIN) <u>45-3142512</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>952-936-1300</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>524290</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>45-3142512</u>	2c Plan Sponsor's telephone number <u>952-936-1300</u>	2d Business code (see instructions) <u>524290</u>	
2b Employer Identification Number (EIN) <u>45-3142512</u>					
2c Plan Sponsor's telephone number <u>952-936-1300</u>					
2d Business code (see instructions) <u>524290</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/31/2015</u>	<u>DAVID E. STRAUSS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2663
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 2371 6a(2) 2494 6b 0 6c 440 6d 2934 6e 1 6f 2935 6g 2731 6h 148
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan OPTUM CLINICAL SERVICES, INC. 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OPTUM CLINICAL SERVICES INCORPORATED	D Employer Identification Number (EIN) 45-3142512

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
STATE STREET GLOBAL ADVISORS
04-1867445

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
FIDELITY INVESTMENTS INST. OP. COM.
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INST. OP. COM.

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 64 65	RECORDKEEPER	116835	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST. OP. COM.	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation DODGE & COX INCOME - BFDS, INC. P.O. BOX 8480 BOSTON, MA 02266 </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.08% </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INST. OP. COM. </div> <div style="width: 20%;"> (b) Service Codes (see instructions) 60 </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation 0 </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation PIMCO ALL ASSET INST - BFDS, INC. P.O. BOX 8480 BOSTON, MA 02266 </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.03% </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INST. OP. COM. </div> <div style="width: 20%;"> (b) Service Codes (see instructions) 60 </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation 0 </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation DODGE & COX STOCK - BFDS, INC. P.O. BOX 8480 BOSTON, MA 02266 </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.10% </div> </div>		

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>OPTUM CLINICAL SERVICES, INC. 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OPTUM CLINICAL SERVICES INCORPORATED</u>	D Employer Identification Number (EIN) <u>45-3142512</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST TREASURY INFLATION</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST COMPANY</u>		
c EIN-PN <u>45-6138589-091</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>131127</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PYRAMIS SMALL COMPANY COMMLED POOL</u>		
b Name of sponsor of entity listed in (a): <u>PYRAMIS GLOBAL ADVISORS TRUST CO</u>		
c EIN-PN <u>20-4659714-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1763463</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA BOND INDEX NON-LENDING SERIES</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-178</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>253579</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA GLOBAL EQUITY EX-U.S. INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-242</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>149124</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLINGTON MID-CAP OPPORTUNITIES</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY NA</u>		
c EIN-PN <u>04-6913417-018</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1949675</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO DJ TARGET 2010 N</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO FUNDS MANAGEMENT LLC</u>		
c EIN-PN <u>27-6745191-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1388416</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO DJ TARGET 2015 N</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO FUNDS MANAGEMENT LLC</u>		
c EIN-PN <u>27-6745203-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2812300</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2020 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745217-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8251246
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2025 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745238-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9749929
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2030 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745249-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9901133
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2035 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745261-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10383853
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2040 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745274-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7634215
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2045 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745287-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4684989
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2050 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745297-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1281723
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET 2055 N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 45-7008802-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112040
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO DJ TARGET TODAY N		
b Name of sponsor of entity listed in (a): WELLS FARGO FUNDS MANAGEMENT LLC		
c EIN-PN 27-6745185-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 171382
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN PORTFOLIO		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK NA		
c EIN-PN 46-6208187-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3626642

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>OPTUM CLINICAL SERVICES, INC. 401(K) SAVINGS PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OPTUM CLINICAL SERVICES INCORPORATED</u>		D Employer Identification Number (EIN) <u>45-3142512</u>

Part I	Asset and Liability Statement	
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.		
	Assets	<div style="display: flex; justify-content: space-between;"> (a) Beginning of Year (b) End of Year </div>
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans.....	1c(8)	1339313
(9) Value of interest in common/collective trusts	1c(9)	41871571
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	12148442
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	2350393
		64244836
		16377454

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	55359326	82972683

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	55359326	82972683
---	-----------	----------	----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6078779	
(B) Participants	2a(1)(B)	15239677	
(C) Others (including rollovers)	2a(1)(C)	1109749	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		22428205
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	74929	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		74929
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	361336	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		361336
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		70083
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3303186
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		26237739

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4541750	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4541750
f Corrective distributions (see instructions).....	2f		3671
g Certain deemed distributions of participant loans (see instructions).....	2g		426
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	116970	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		116970
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4662817

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		21574922
l Transfers of assets:			
(1) To this plan.....	2l(1)		6038435
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BAKER TILLY VIRCHOW KRAUSE, LLP**

(2) EIN: **39-0859910**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
UNITEDHEALTH GROUP 401(K) SAVINGS PLAN	41-1321939	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan OPTUM CLINICAL SERVICES, INC. 401(K) SAVINGS PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OPTUM CLINICAL SERVICES INCORPORATED				D Employer Identification Number (EIN) 45-3142512	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2014 v. 140124					

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

OPTUM CLINICAL SERVICES, INC.
401(K) SAVINGS PLAN
MINNETONKA, MN

Employer ID No: 45-3142512
Plan No: 001

FINANCIAL STATEMENTS

Including Independent Auditors' Report

As of December 31, 2014 and 2013 and for the Year Ended
December 31, 2014

Optum Clinical Services, Inc. 401(k) Savings Plan

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Note: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 not included as part of these statements are not applicable to the Optum Clinical Services, Inc. 401(k) Savings Plan.



BAKER TILLY

Baker Tilly Virchow Krause, LLP
225 S Sixth St, Ste 2300
Minneapolis, MN 55402-4661
tel 612 876 4500
fax 612 238 8900
bakertilly.com

INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants of the
Optum Clinical Services, Inc. 401(k) Savings Plan
Minnetonka, Minnesota

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Optum Clinical Services, Inc. 401(k) Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee, as of December 31, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Report on Supplementary Information

The supplemental schedule of assets (held at end of year) as of December 31, 2014 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA.

Baker Tilly Virchow Krause, LLP

Minneapolis, Minnesota
July 30, 2015

Optum Clinical Services, Inc. 401(k) Savings Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Investments – at fair value		
Participant-directed investments	\$ 80,622,290	\$ 54,020,013
Receivables		
Notes receivable from participants	<u>2,357,435</u>	<u>1,345,810</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	82,979,725	55,365,823
Adjustment from fair value to contract value for fully benefit-responsive investments contracts	<u>(50,628)</u>	<u>(22,012)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 82,929,097</u>	<u>\$ 55,343,811</u>

See accompanying notes to financial statements.

Optum Clinical Services, Inc. 401(k) Savings Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2014

ADDITIONS

Additions to net assets attributed to	
Investment income	
Net appreciation in fair value of investments	\$ 3,346,515
Interest and dividends	359,474
Contributions	
Participant	15,239,677
Employer	6,078,779
Rollovers	1,109,749
Interest income on notes receivables from participants	<u>75,048</u>
Total additions	<u>26,209,242</u>

DEDUCTIONS

Deductions from net assets attributed to	
Benefits paid to participants	4,545,421
Administrative expenses	<u>116,970</u>
Total deductions	<u>4,662,391</u>

NET INCREASE BEFORE PLAN TRANSFERS 21,546,851

NET TRANSFERS INTO THE PLAN 6,038,435

NET INCREASE 27,585,286

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>55,343,811</u>
End of year	<u>\$ 82,929,097</u>

See accompanying notes to financial statements.

Optum Clinical Services, Inc. 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 1 - Description of the Plan

The following description of the Optum Clinical Services, Inc. 401(k) Savings Plan ("the Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was first established on January 1, 2012 as a defined contribution plan established by Optum Clinical Services, Inc. ("the Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Eligible employees are automatically enrolled in the Plan as soon as administratively feasible after their hire date at an employee pre-tax contribution rate of 3% of their eligible pay, unless they decline to participate within a prescribed time limit or they elect a different pre-tax and/or Roth contribution rate. Participants who miss the deadline to decline participation will have 90 days from the first biweekly pay date in which employee pre-tax contributions are deducted from their eligible pay to cancel their future contributions and request a withdrawal of any employee pre-tax contributions, including any associated earnings and losses, made to their account since that first biweekly pay date.

Contributions

Each year, the participants may contribute an amount up to the maximum dollar amount permissible under the Internal Revenue Code ("the Code"). The Plan allows participants to contribute up to 50% of their eligible pay. Elective deferrals include pre-tax deferrals, Roth deferrals and rollover contributions. In general, the Plan provides for automatic employee pre-tax contribution rate increases until the participant's combined pre-tax and/or Roth contribution rate reaches 6%. Participants are notified of the automatic rate increases in advance and have the opportunity to decline the automatic increase. Participants who have attained age 50 before the end of the plan year may make additional catch-up contributions, subject to limitations imposed by the Code. A participant's combined employee pre-tax, Roth contributions and age 50 catch-up contributions cannot exceed the Plan limit of 80% of eligible pay.

The Company makes a safe harbor matching contribution equal to 100% of applicable contributions up to 3% of eligible compensation, plus 50% of the next 3% of eligible compensation for a max contribution of 4.5% per payroll period as defined in the Plan document. Participants become eligible for safe harbor matching contributions once they are credited with one year of service. The Company may, in its discretion, contribute an additional amount to the Plan, to be distributed among participants pro rata based upon compensation within limitations as determined by the Code. No discretionary contributions were made for the year ended December 31, 2014.

Participant Accounts

Each participant's account is credited with the participant's salary reduction contributions, rollover contributions and an allocation of the Company's contributions and plan earnings (net of administrative expenses). Allocations are based on the participant's eligible compensation or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Optum Clinical Services, Inc. 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 1 - Description of the Plan (cont.)

Investments Classification

All investments are participant directed. Participants have the right to individually select the percentage of their accounts to be invested among different classifications of investments made available to them through a registered investment company.

Vesting

Participants are immediately vested in their salary reduction, rollover contributions, and earnings thereon. Participants who leave the Plan because of death, normal retirement, disability, partial or complete termination of or complete discontinuance of contributions to the Plan, or an acceleration date, as defined in the Plan document, are considered 100% vested. Company discretionary contributions, safe harbor match contributions, and earnings thereon vest in accordance with provisions of the Plan as follows:

Less than 2 years	0%
2 or more	100%

Forfeited Accounts

As of December 31, 2014 and 2013, forfeited nonvested accounts totaled \$57,471 and \$48,643, respectively. During the year ended December 31, 2014, company contributions were reduced by \$100,000 from forfeiture accounts. Forfeitures can be used to reduce future company contributions or to pay certain administrative expenses.

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement or termination of employment, as defined in the Plan document. The Plan provides for normal retirement at age 65. The total vested portion of a participant's account balance is distributed in the form of a lump-sum payment. Participants experiencing financial hardship may withdraw a portion of their account balance as defined in the Plan document.

There are no amounts owed to the participants who had elected to withdraw from the Plan, but had not been paid as of December 31, 2014 and 2013.

Termination of Plan

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Optum Clinical Services, Inc. 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 1 - Description of the Plan (cont.)

Notes Receivable From Participants

Participants may borrow from their account balance a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 (subject to reduction for certain loan balances in the prior 12 months) or 50% of their vested account balance. These loans are secured by the balance in the participant's account. The loans bear a reasonable rate of interest which will be the prime interest rate quoted by Reuters on the first business day of each month plus one (1) percentage point. Interest rates on loans from merged plans were determined under the related merged plan document. Principal and interest are paid ratably through payroll deductions. Participants generally may have up to two outstanding loans at one time.

Administrative Expenses

The Company pays a portion of the Plan's administrative expenses.

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared on the accrual basis of accounting. The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

Risks and Uncertainties

The Plan has investment securities, which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Optum Clinical Services, Inc. 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Refer to Note 5 Fair Value of Financial Instruments for details on inputs, valuation techniques and fair value measurement level within the fair value hierarchy.

Net appreciation or depreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represents the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded and applied based on the loan amortization schedule. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Recent Accounting Pronouncements

In May 2015, the FASB issued Accounting Standards Update (ASU) No. 2015-07, *Fair Value Measurement*, which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The amendment also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using net asset value per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. This requirement is effective for fiscal years beginning after December 15, 2016. The Plan will evaluate the impact of the amendment.

Payment of Benefits

Benefits are recorded when paid.

Optum Clinical Services, Inc. 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 3 - Information Prepared and Certified by Trustee - Unaudited

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Fidelity Management Trust Company ("the Trustee").

	<u>2014</u>	<u>2013</u>
Statements of net assets available for benefits		
Participant-directed investments, at fair value	\$ 76,995,648	\$ 51,275,222
Participant-directed investments, at contract value	3,576,014	2,722,779
Statement of changes in net assets available for benefits		
Investment income		
Net appreciation in fair value of investments	3,346,515	
Interest and dividends	359,474	

Note 4: All investment information.

Supplemental schedule: All investment balances and information included in the Supplemental Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year).

NOTE 4 - Investments

The Plan's investments which exceeded 5% of net assets available for benefits as of December 31, 2014 and 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Wells Fargo DJ Target 2035 Fund	\$ 10,383,853	\$ 6,010,077
Wells Fargo DJ Target 2030 Fund	9,901,133	6,887,796
Wells Fargo DJ Target 2025 Fund	9,749,929	6,669,204
Wells Fargo DJ Target 2020 Fund	8,251,246	5,434,004
Wells Fargo DJ Target 2040 Fund	7,634,215	4,538,518
Vanguard Institutional Index Fund	5,231,882	3,978,772
Wells Fargo DJ Target 2045 Fund	4,684,989	2,952,013

During the year ended December 31, 2014, the Plan's investments (including gains and losses on investments bought, sold, and held during the year) appreciated in value as follows:

	<u>2014</u>
Common/Collective Trust Funds	\$ 2,482,659
Mutual Funds	750,240
Commingled Account	<u>113,616</u>
Net appreciation of investments	<u>\$ 3,346,515</u>

Optum Clinical Services, Inc. 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 5 - Fair Value of Financial Instruments

The Plan follows U.S. GAAP for measuring, reporting, and disclosing fair value. These standards apply to all assets and liabilities that are measured, reported, and/or disclosed on a fair value basis.

As defined in the accounting standards, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Assets and liabilities measured, reported and/or disclosed at fair value will be classified and disclosed in one of the following three categories:

Level 1 - Unadjusted quoted prices for identical assets in active markets that the Plan can access.

Level 2 - Inputs other than quoted prices included in Level 1 that are observable for the asset, either directly or indirectly.

Level 3 - Unobservable inputs for the asset.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Mutual funds: Valued at the daily closing price reported by the fund.

Common/Collective Trust: Units are stated at fair value as determined by issuer of the common/collective investment trust funds based on the fair market value of the underlying investments.

Commingled Account: Units are stated at fair value as determined by issuer of the commingled account based on the fair market value of the underlying investments.

The Company is responsible for the determination of fair value. Accordingly, the Company performs periodic analysis on the prices received from the Trustee to determine whether the prices are reasonable estimates of fair value. As a result of these reviews, the Company has not historically adjusted the prices obtained from the Trustee. The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Company believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Optum Clinical Services, Inc. 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 5 - Fair Value of Financial Instruments (cont.)

The table below presents the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy.

December 31, 2014				
	Total	Level 1	Level 2	Level 3
Mutual Funds				
Large Cap	\$ 7,212,052	\$ 7,212,052	\$ -	\$ -
Mid Cap	1,903,125	1,903,125	-	-
Small Cap	1,665,730	1,665,730	-	-
International	3,485,070	3,485,070	-	-
Fixed Income	2,111,477	2,111,477	-	-
Total Mutual Funds	16,377,454	16,377,454	-	-
Common/Collective Trust Funds	62,481,373	-	62,481,373	-
Commingled Accounts	1,763,463	-	1,763,463	-
Total Investments	<u>\$ 80,622,290</u>	<u>\$ 16,377,454</u>	<u>\$ 64,244,836</u>	<u>\$ -</u>
December 31, 2013				
	Total	Level 1	Level 2	Level 3
Mutual Funds				
Large Cap	\$ 5,233,494	\$ 5,233,494	\$ -	\$ -
Mid Cap	1,399,880	1,399,880	-	-
Small Cap	1,346,885	1,346,885	-	-
International	2,601,378	2,601,378	-	-
Fixed Income	1,566,805	1,566,805	-	-
Total Mutual Funds	12,148,442	12,148,442	-	-
Common/Collective Trust Funds	40,457,912	-	40,457,912	-
Commingled Accounts	1,413,659	-	1,413,659	-
Total Investments	<u>\$ 54,020,013</u>	<u>\$ 12,148,442</u>	<u>\$ 41,871,571</u>	<u>\$ -</u>

Optum Clinical Services, Inc. 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 6 - Tax Status

The Plan has applied for but has not yet received a determination letter from the Internal Revenue Service (IRS). Although the Plan has not received a determination letter, the Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Company has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013 there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any current tax periods in progress. The 2012 – 2014 plan years are open for examination by the IRS.

NOTE 7 – Investment in Stable Value Common/Collective Trust Fund

The Plan currently invests in a stable value common/collective trust fund ("the Fund") which indirectly holds guaranteed investment contracts (GICs). The objective of the Fund is to preserve capital and provide stability of principal while earning current income that exceeds money market rates over the long term. The Fund invests in Wells Fargo Stable Value Fund C which invests solely in Wells Fargo Stable Value Fund G ("Fund G"). Fund G primarily invests in investment contracts, including traditional guaranteed GICs and security-backed contracts issued by insurance companies and other financial institutions. Fund G also invests in the Synthetic Stable Value Fund, which has the same investment objective as the Fund, and Short-Term Investment Fund G, which invests in highly liquid assets for daily liquidity needs.

GICs are backed by the general account of the contract issuer. Fund G deposits a lump sum with the issuer and receives a guaranteed interest rate for a specified period. Interest is accrued on either a simple or fully compounded basis, and is paid either periodically or at the end of the contract term. The issuer guarantees that all qualified participant withdrawals will be at contract value (principal plus accrued interest).

Because the Fund's GICs are fully benefit-responsive investments, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to guaranteed investment contracts. Contract value, as reported to the Plan by the Trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or the transfer of all or a portion of their investment at contract value. The Plan has reported its investment in the Fund at fair value on the statements of net assets available for benefits with an adjustment from fair value to contract value.

Optum Clinical Services, Inc. 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 8 – Net Asset Value (NAV) Per Share

A summary of the Plan's investments with a reported NAV at December 31, 2014 and 2013 is set forth as follows:

Investment	Fair Value (1)	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions (2)	Redemption Notice Period
December 31, 2014					
Common Collective Trust (3)	\$ 58,854,731	\$ -	Immediate	Various	None
Stable Value Collective Trust (4)	3,626,642	-	Immediate	Various	None
Commingled Account (3)(5)	<u>1,763,463</u>	<u>-</u>	Immediate	Various	None
Total	<u>\$ 64,244,836</u>	<u>\$ -</u>			
Investment	Fair Value (1)	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions (2)	Redemption Notice Period
December 31, 2013					
Common Collective Trust (3)	\$ 37,713,121	\$ -	Immediate	Various	None
Stable Value Collective Trust (4)	2,744,791	-	Immediate	Various	None
Commingled Account (3)(5)	<u>1,413,659</u>	<u>-</u>	Immediate	Various	None
Total	<u>\$ 41,871,571</u>	<u>\$ -</u>			

(1) The fair values of the investments are based on the fair values of the underlying investments in the funds.

(2) Certain events may cause funds held in the common/collective trust and stable value collective trust to be deferred, including, but not limited to, the following:

- (i) Closing or disruption of the financial markets or exchanges in which a transaction is unable to be settled prudently.
- (ii) An emergency situation in which the disposition of assets would be seriously prejudicial to Plan participants.
- (iii) Breakdown in the means of communication normally employed to determine fair market value of an investment.
- (iv) Investments cannot be effected at normal rates of exchange.

None of these events occurred in 2014.

(3) The funds employ a variety of investment strategies, including, but not limited to, long-term capital growth, short-term growth and income.

(4) The stable value collective trust calculates its NAV based on the contract value of the fund and on the fair value based on the underlying assets in the fund. All transactions with the stable value are at the NAV at contract value. The NAV at contract value at December 31, 2014 and 2013 is \$50.36 and \$49.74 and the fair value NAV at December 31, 2014 and 2013 is \$51.07 and \$50.15, respectively.

(5) The fund will deduct a short-term trading fee equal to 1.50% of the value of the shares sold that were held for less than 90 days.

Optum Clinical Services, Inc. 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2014 and 2013 and for the Year Ended December 31, 2014

NOTE 9 – Party-in-interest

Pyramis Global Advisors Trust Company ("Pyramis") provides investment management services. Pyramis is affiliated with the Trustee. These transactions are exempt party-in-interest transactions. For the year ended December 31, 2014, the Plan paid fees related to investment management services provided by Pyramis which are netted against investment income.

NOTE 10 – Plan Transfers

During 2014, certain participants of the XLHealth Corporation 401(k) P/S Plan, INSPIRIS of Tennessee Medical Services, P.C. 401(k) Plan, and UnitedHealth Group 401(k) Savings Plan transferred into the Plan.

NOTE 11 – Form 5500 Reconciliation

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 82,929,097	\$ 55,343,811
Deemed distributions of participant loans	(7,042)	(6,497)
Fair market value adjustment of investment contracts	<u>50,628</u>	<u>22,012</u>
Net assets available for benefits per the Form 5500	<u>\$ 82,972,683</u>	<u>\$ 55,359,326</u>
Increase in net assets per the financial statements	\$ 27,585,286	
Deemed distributions activity	(545)	
Fair market value adjustment of investment contracts	<u>28,616</u>	
Net Income per the Form 5500	<u>\$ 27,613,357</u>	

NOTE 12 - Subsequent Events

The Plan has evaluated subsequent events through July 30, 2015, which is the date the financial statements were approved and available to be issued, for events requiring recording or disclosure in the Plan's financial statements.

SUPPLEMENTAL INFORMATION

Optum Clinical Services, Inc. 401(k) Savings Plan

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN 45-3142512

Plan 001

As of December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Common/Collective Trust Funds:		
		Wells Fargo DJ Target 2035 Fund	**	\$ 10,383,853
		Wells Fargo DJ Target 2030 Fund	**	9,901,133
		Wells Fargo DJ Target 2025 Fund	**	9,749,929
		Wells Fargo DJ Target 2020 Fund	**	8,251,246
		Wells Fargo DJ Target 2040 Fund	**	7,634,215
		Wells Fargo DJ Target 2045 Fund	**	4,684,989
		Wells Fargo Stable Value Return Fund	**	3,626,642
		Wells Fargo DJ Target 2015 Fund	**	2,812,300
		Wellington Mid-Cap Opportunities Fund	**	1,949,675
		Wells Fargo DJ Target 2010 Fund	**	1,388,416
		Wells Fargo DJ Target 2050 Fund	**	1,281,723
		SSgA Bond Index Non-Lending Series Fund	**	253,579
		Wells Fargo DJ Target Date Today Fund	**	171,382
		SSgA Global Equity Ex-U.S. Index Fund	**	149,124
		Northern Trust Treasury Inflation Fund	**	131,127
		Wells Fargo DJ Target 2055 Fund	**	112,040
				<u>62,481,373</u>
	Shares of an Investment Company	Mutual Funds:		
		Vanguard Institutional Index Fund	**	5,231,882
		American Funds EuroPacific Growth Fund	**	2,313,139
		Dodge & Cox Income Fund	**	2,111,477
		Dodge & Cox Stock Fund	**	1,980,170
		Vanguard Mid-Cap Index Fund	**	1,903,125
		Vanguard Small-Cap Index Fund	**	1,665,730
		PIMCO All Asset Fund	**	633,175
		Aberdeen Emerging Markets Fund	**	538,756
				<u>16,377,454</u>
		Other Investments:		
*		Pyramis Small Company Commingled Pool	**	<u>1,763,463</u>
*		Notes receivable from participants (interest ranging from 4.25% to 6.25% and maturity dates ranging from January 2015 – October 2024)	\$0	<u>2,350,393</u>
				<u>\$ 82,972,683</u>

* Represents a party-in-interest

** Cost omitted for participant directed investments

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2014****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

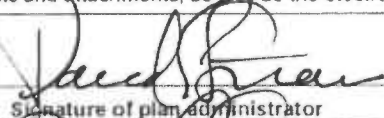
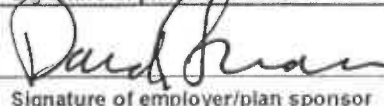
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan Optum Clinical Services, Inc. 401(k) Savings Plan	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Optum Clinical Services Incorporated 9900 Bren Road East MN008-R120 Minnetonka MN 55343	1c Effective date of plan <u>01/01/2012</u>
	2b Employer Identification Number (EIN) <u>45-3142512</u>
	2c Plan Sponsor's telephone number <u>(952) 936-1300</u>
	2d Business code (see instructions) <u>524290</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE  Signature of plan administrator	<u>7-31-15</u> Date	David E. Strauss Enter name of individual signing as plan administrator
SIGN HERE  Signature of employer/plan sponsor	<u>7-31-15</u> Date	David E. Strauss Enter name of individual signing as employer or plan sponsor
SIGN HERE Signature of DFE	 Date	 Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)		Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2014)
v. 140124

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2,663
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 2,371
a(2) Total number of active participants at the end of the plan year	6a(2) 2,494
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 440
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 2,934
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e.	6f 2,935
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 2,731
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 148
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Optum Clinical Services, Inc. 401(k) Savings Plan

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN 45-3142512

Plan 001

As of December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Common/Collective Trust Funds:		
		Wells Fargo DJ Target 2035 Fund	**	\$ 10,383,853
		Wells Fargo DJ Target 2030 Fund	**	9,901,133
		Wells Fargo DJ Target 2025 Fund	**	9,749,929
		Wells Fargo DJ Target 2020 Fund	**	8,251,246
		Wells Fargo DJ Target 2040 Fund	**	7,634,215
		Wells Fargo DJ Target 2045 Fund	**	4,684,989
		Wells Fargo Stable Value Return Fund	**	3,626,642
		Wells Fargo DJ Target 2015 Fund	**	2,812,300
		Wellington Mid-Cap Opportunities Fund	**	1,949,675
		Wells Fargo DJ Target 2010 Fund	**	1,388,416
		Wells Fargo DJ Target 2050 Fund	**	1,281,723
		SSgA Bond Index Non-Lending Series Fund	**	253,579
		Wells Fargo DJ Target Date Today Fund	**	171,382
		SSgA Global Equity Ex-U.S. Index Fund	**	149,124
		Northern Trust Treasury Inflation Fund	**	131,127
		Wells Fargo DJ Target 2055 Fund	**	112,040
				<u>62,481,373</u>
	Shares of an Investment Company	Mutual Funds:		
		Vanguard Institutional Index Fund	**	5,231,882
		American Funds EuroPacific Growth Fund	**	2,313,139
		Dodge & Cox Income Fund	**	2,111,477
		Dodge & Cox Stock Fund	**	1,980,170
		Vanguard Mid-Cap Index Fund	**	1,903,125
		Vanguard Small-Cap Index Fund	**	1,665,730
		PIMCO All Asset Fund	**	633,175
		Aberdeen Emerging Markets Fund	**	538,756
				<u>16,377,454</u>
		Other Investments:		
*		Pyramis Small Company Commingled Pool	**	<u>1,763,463</u>
*		Notes receivable from participants (interest ranging from 4.25% to 6.25% and maturity dates ranging from January 2015 – October 2024)	\$0	<u>2,350,393</u>
				<u>\$ 82,972,683</u>

* Represents a party-in-interest

** Cost omitted for participant directed investments