

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 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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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.) ☒ 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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>OPTUM PARTNER SERVICES 401(K) SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2012</u></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 (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OPTUM MEDICAL SERVICES, P.C.</u> <u>C/O UNITEDHEALTH GROUP INCORPORATED</u> <u>9900 BREN ROAD EAST</u> <u>MN008-R120</u> <u>MINNETONKA, MN 55343</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>45-3866363</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>621399</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>45-3866363</u>	2c Plan Sponsor's telephone number <u>952-936-1300</u>	2d Business code (see instructions) <u>621399</u>	
2b Employer Identification Number (EIN) <u>45-3866363</u>					
2c Plan Sponsor's telephone number <u>952-936-1300</u>					
2d Business code (see instructions) <u>621399</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	Filed with authorized/valid electronic signature.	07/06/2022	DAVID E. STRAUSS
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor UNITEDHEALTH GROUP EMPLOYEE BENEFITS PLANS ADMINISTRATIVE COMMITTEE C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MN008-R120 MINNETONKA, MN 55343		3b Administrator's EIN 41-1321939
		3c Administrator's telephone number 952-936-1300
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 2279
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) 1904
a(2) Total number of active participants at the end of the plan year		6a(2) 2250
b Retired or separated participants receiving benefits.....		6b 20
c Other retired or separated participants entitled to future benefits		6c 525
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 2795
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 1
f Total. Add lines 6d and 6e		6f 2796
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 2674
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 36
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 2R 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) ☐ <u>0</u> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan OPTUM PARTNER SERVICES 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 MEDICAL SERVICES, P.C.	D Employer Identification Number (EIN) 45-3866363	

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
FIDELITY INVST INSTL OPRTN CO, INC
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 INVST INSTNL OPRTN CO, INC

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 64 65 71	RECORDKEEPER	55887	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 INVST INSTNL OPRTN CO, INC	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BROKERAGE LINK 04-2647786	SEE SCHEDULE C ATTACHMENT LABELED - BROKERAGE LINK INDIRECT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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
(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
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(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
(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:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan OPTUM PARTNER SERVICES 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 MEDICAL SERVICES, P.C.	D Employer Identification Number (EIN) 45-3866363	

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		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2264	0
(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)	2165484	2494964
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	304255727	379481052
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	5165351	7715613

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	311588826 389691629
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	311588826 389691629

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	14104056
	(B) Participants	2a(1)(B)	29670304
	(C) Others (including rollovers).....	2a(1)(C)	8279782
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	52054142
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)	115877
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	115877
(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)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		47340183
(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)		
c Other income.....	2c		-358209
d Total income. Add all income amounts in column (b) and enter total.....	2d		99151993
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	21085225	
(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)		21085225
f Corrective distributions (see instructions).....	2f		371
g Certain deemed distributions of participant loans (see instructions).....	2g		7327
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)	55887	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		55887
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		21148810
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		78003183
l Transfers of assets:			
(1) To this plan.....	2l(1)		99620
(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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BAKER TILLY US, 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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
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.)			
4c		X	
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.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
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		X	
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		X	
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		X	
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	X		
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		X	
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		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
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? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan OPTUM PARTNER SERVICES 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 MEDICAL SERVICES, P.C.		D Employer Identification Number (EIN) 45-3866363
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, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____



**OPTUM PARTNER SERVICES
401(K) SAVINGS PLAN**

MINNETONKA, MN

Employer ID No: 45-3866363

Plan No: 001

FINANCIAL STATEMENTS

Including Independent Auditors' Report

As of December 31, 2021 and 2020 and for the Year Ended
December 31, 2021

Optum Partner Services 401(k) Savings Plan

TABLE OF CONTENTS

Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplemental Information	
Schedule H, Line 4i, Schedule of Assets (Held at End of Year)	22

Independent Auditors' Report

To the Participants and Plan Administrator of
Optum Partner Services 401(k) Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of Optum Partner Services 401(k) Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

Other Matter — 2021 Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule of Assets (Held at End of Year), as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter - Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated June 30, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly US, LLP

Minneapolis, Minnesota
July 7, 2022

Optum Partner Services 401(k) Savings Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Plan's interest in Master Trust	\$ 379,481,052	\$ 304,255,727
Investments - at fair value	7,715,613	5,165,351
Receivables		
Employer contribution receivable	-	2,264
Notes receivable from participants	<u>2,502,291</u>	<u>2,165,484</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 389,698,956</u>	<u>\$ 311,588,826</u>

See accompanying notes to financial statements.

Optum Partner Services 401(k) Savings Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2021

ADDITIONS

Additions to net assets attributed to	
Plan's interest in Master Trust investment income	\$ 47,340,183
Contributions	
Participant	29,670,304
Employer	14,104,056
Rollover	8,279,782
Interest income on notes receivable from participants	<u>115,877</u>
Total additions	<u>99,510,202</u>

DEDUCTIONS

Deduction from net assets attributed to	
Net depreciation in fair value of investments	358,209
Benefits paid to participants	21,085,596
Administrative expenses	<u>55,887</u>
Total deductions	<u>21,499,692</u>

NET INCREASE BEFORE PLAN TRANSFERS 78,010,510

NET TRANSFERS INTO THE PLAN 99,620

NET INCREASE 78,110,130

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>311,588,826</u>
End of year	<u>\$ 389,698,956</u>

See accompanying notes to financial statements.

Optum Partner Services 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

NOTE 1 - Description of the Plan

The following description of the Optum Partner Services 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 is a defined contribution plan sponsored by Optum Medical Services, P.C. The participating employers are collectively referred to as ("the Employers"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective January 1, 2021, the Optum Partner Services Plan Administration Committee delegated its rights and responsibilities as plan administrator, except with respect to plan investments, to the UnitedHealth Group Employee Benefits Plans Administrative Committee ("Plan Administrator"). The UnitedHealth Group Employee Benefits Plans Investment Committee ("Investment Committee") determines the appropriateness of the Plan's investment offerings and monitors investment performance.

A majority of the Plan's investments are held in the UnitedHealth Group 401(k) Savings Plan Master Trust ("Master Trust"). The Master Trust is administered by Fidelity Management Trust Company ("the Trustee"). The Master Trust includes certain assets of the Plan and assets of other defined contribution plans of the affiliates of UnitedHealth Group Incorporated ("Participating Plans") in a single trust. Each Participating Plan has an interest in specific assets of the Master Trust based on participant account balances.

On March 31, 2021, certain accounts under Urgent Care MSO, LLC 401(k) Plan merged into the Plan with total assets of \$99,620.

CARES Act

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law. The provisions of the CARES Act affecting employer-sponsored retirement plans were optional. During 2020, the Plan opted into the following provisions of the CARES Act:

- Coronavirus-related distributions – Qualified individuals, as defined in the CARES Act, were permitted to take a coronavirus-related distribution of up to the lesser of \$100,000 or 100% of their vested account from the Plan, without incurring a 10% early withdrawal penalty. Eligible distributions were permitted to be taken until December 30, 2020. Distributions may be repaid to an eligible retirement plan within three years or a participant may elect to include these distributions in taxable income on a pro rata basis over three years.
- Participant loans – Qualified individuals with loans outstanding were permitted to suspend 2020 loan repayments through December 31, 2020. Additionally, qualified individuals were eligible to borrow up to a maximum equal to the lesser of \$100,000 or 100% of their vested account balance during 2020 (an increase from \$50,000 and from 50% of their vested account balance previously permitted), with repayments suspended until 2021.

Optum Partner Services 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

NOTE 1 - Description of the Plan (cont.)

Contributions

Each year, participants may contribute 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 contributions include pre-tax deferrals, Roth deferrals and rollover contributions. Eligible employees are automatically enrolled in the Plan as soon as administratively feasible after their hire date at an employee pre-tax contribution deferral rate of 3% of their eligible pay, unless they opt out within a prescribed time limit or elect a different pre-tax and/or Roth contribution deferral rate. The Plan provides for automatic employee pre-tax contribution rate increases each February until the participant's combined pre-tax and/or Roth contribution deferral rate reaches 6%. Participants are notified of the automatic rate increases and have the opportunity to decline the automatic increase or establish a different automatic increase schedule and amount.

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 catch-up contributions cannot exceed the Plan limit of 80% of eligible pay.

The Employers make 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 maximum 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 Employers may make a discretionary profit sharing contribution to the Plan for the benefit of eligible participating employees, to be allocated pro rata based upon compensation within limitations as determined by the Code. No discretionary profit sharing contribution was made for the year ended December 31, 2021.

Participant Accounts

Each participant's account is credited with the participant's deferral contributions, rollover contributions, safe harbor matching contributions, an allocation of the discretionary profit sharing contributions, if any, and plan earnings (net of administrative expenses). Allocations are based on the participant's eligible compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments Classification

All investments are participant directed. The Plan is intended to comply with ERISA section 404(c). Participants have the right to individually select the percentage of their accounts to be invested among different classifications of investments made available to them.

Vesting

Participants are immediately vested in their salary deferral contributions, rollover contributions, and earnings thereon. Safe harbor matching contributions and employer discretionary profit sharing contributions and earnings thereon vest in accordance with provisions of the Plan as follows:

<u>Years of Service</u>	<u>Vesting</u>
Less than 2 years	0%
2 or more	100%

Optum Partner Services 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

NOTE 1 - Description of the Plan (cont.)

Notwithstanding the vesting schedule above, safe harbor matching contributions and discretionary profit sharing contributions, if any, will become fully vested (100%) upon the occurrence of any of the following events while the participant is employed by the Employers: death, attainment of normal retirement age (age 65), disability, partial plan termination with respect to the participant, complete termination of the Plan or complete discontinuance of employer contributions, or an acceleration date, as defined in the Plan document.

Forfeited Accounts

As of December 31, 2021 and 2020, forfeited non-vested accounts totaled \$37 and \$2,197, respectively. Forfeitures can be used to reduce future employer contributions or to pay certain administrative expenses. During the year ended December 31, 2021, \$68,701 was used to reduce employer contributions for the Plan.

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. A participant whose vested account balance exceeds \$1,000 may elect to receive a lump-sum payment or partial withdrawals. However, if a participant's account balance is valued at or less than \$1,000, it is distributed as soon as administratively practicable, without an application for distribution, in cash as a direct distribution to the participant. With Plan Administrator approval, participants may withdraw all or part of their employee contributions in the event of financial hardship.

There are no amounts owed to participants who had elected to withdraw from the Plan, but had not been paid as of December 31, 2021 and 2020.

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. Loans are secured by the balance in the participant's account and 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. The maximum term for a loan is 59 months, except if the loan is used to acquire the participant's principal residence, in which case the term of the loan may not exceed 118 months. Principal and interest are paid ratably through payroll deductions. Participants are permitted to have two outstanding loans at a time.

As previously described in the CARES Act footnote above, CARES Act loan provisions allowed qualified individuals to suspend their loan repayments through December 31, 2020, and temporarily increased the maximum amount allowed for borrowing.

Optum Partner Services 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments held by a defined contribution plan are required to be reported at fair value (except for fully-benefit responsive investment contracts, which are reported at contract 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. The Investment Committee determines the Plan's and Master Trust's valuation policies utilizing information provided by the investment advisors and the Trustee. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation in fair value of investments and Plan's interest in Master Trust investment income includes the gains and losses on investments bought and sold as well as held during the year.

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 on the accrual basis. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2021 or 2020.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employers. Expenses that are paid by the Employers are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net depreciation in fair value of investments and Plan's interest in Master Trust investment income.

Payment of Benefits

Benefits are recorded when paid.

Optum Partner Services 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

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

Subsequent Events

The Plan has evaluated subsequent events through July 7, 2022, the date the financial statements were approved and available to be issued.

Effective January 1, 2022, the Plan was amended to increase participants maximum deferral contribution rate from 50% to 80% of their eligible pay.

On February 28, 2022, certain accounts under OptumCare Florida, LLC 401(k) Plan merged into the Plan with total investments of \$30,414,986.

NOTE 3 - Information Prepared and Certified by Trustee

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2021 and 2020. Accordingly, the Trustee of the Plan, has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2021 and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021.

Optum Partner Services 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

NOTE 4 – Plan's Interest in Master Trust

The investments held in the Master Trust represent the participant-directed investments of the Participating Plans. Each Participating Plan has a divided interest in specific investment assets held in the Master Trust. The value of each Participating Plan's interest in the Master Trust is based on the beginning of the year value of each plan's interest in the Master Trust balance plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. Investment income and administrative expenses relating to the Master Trust are allocated to each Participating Plan based upon each plan's relative interest in the assets held in the Master Trust.

The following tables present the net assets of the Master Trust and the Plan's interest as of December 31, 2021 and 2020.

	2021	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Cash and cash equivalents	\$ 89,446,071	\$ 1,866,856
Debt securities:		
U.S. government and agencies	261,652,414	5,000,487
Corporate and other	313,340,356	5,988,304
Mutual funds	869,322,101	16,488,972
Common stock	2,262,970,706	52,726,707
Common collective trusts	<u>18,445,521,749</u>	<u>279,325,660</u>
Total investments – at fair value	22,242,253,397	361,396,986
Stable value investment fund (Note 6)	<u>944,054,904</u>	<u>18,386,470</u>
 Total investments	 23,186,308,301	 379,783,456
 Accrued income	 89,605,373	 1,860,065
Accrued liabilities	(111,025,292)	(2,162,469)
 Total net assets	 <u><u>\$ 23,164,888,382</u></u>	 <u><u>\$ 379,481,052</u></u>

Optum Partner Services 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

NOTE 4 – Plan's Interest in the Master Trust (cont.)

	2020	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Cash and cash equivalents	\$ 68,524,710	\$ 1,633,187
Debt securities:		
U.S. government and agencies	217,539,953	4,966,745
Corporate and other	344,581,963	7,867,294
Mutual funds	758,183,894	15,685,602
Common stock	1,552,063,800	43,545,662
Common collective trusts	13,844,595,377	211,355,259
Total investments – at fair value	16,785,489,697	285,053,749
Stable value investment fund (Note 6)	896,651,578	19,960,277
 Total investments	 17,682,141,275	 305,014,026
 Accrued income	 41,464,125	 957,614
Accrued liabilities	(74,466,759)	(1,715,913)
 Total net assets	 \$ 17,649,138,641	 \$ 304,255,727

Due to external investment management of the funds, the Master Trust may buy, sell or hold the common stock of UnitedHealth Group Incorporated. As of December 31, 2021, the Master Trust held no shares of UnitedHealth Group Incorporated through external investment management of the funds. As of December 31, 2020, the Master Trust held 47,023 shares of UnitedHealth Group Incorporated through external investment management of the funds with a cost basis of \$8,553,246.

The Master Trust had the following investment income for the year ended December 31, 2021.

	2021
	Master Trust Balances
Net appreciation in fair value of investments	\$ 2,782,867,298
Interest and dividends	85,492,150
 Total investment income	 \$ 2,868,359,448
 Plan's interest in Master Trust investment income	 \$ 47,340,183

Optum Partner Services 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

NOTE 5 - Fair Value of Financial Instruments

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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 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, 2021 and 2020.

Cash and cash equivalents: The carrying value of the cash and cash equivalents approximates fair value as maturities are less than three months.

Common collective trusts: Valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the trust will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Master Trust to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay the withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Optum Partner Services 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

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

Debt securities: Fair value of debt securities are based on quoted market prices, where available. A price is obtained for each security primarily from a third-party pricing service ("pricing service"), which generally uses quoted or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, and, if necessary, makes adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, benchmark yields, credit spreads, default rates, prepayment speeds, and nonbinding broker quotes.

Fair values of debt securities that do not trade on a regular basis in active markets but are priced using other observable inputs are classified as Level 2.

Mutual funds: Valued at the daily closing price reported by the fund. Mutual funds held by the Master Trust are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Master Trust are deemed to be actively traded.

Self-directed brokerage accounts: The self-directed brokerage account allows participants the opportunity to invest in a wide array of individual securities including stocks, corporate bonds, zero-coupon bonds, U.S. Treasury securities, mortgage securities and U.S. government agency bonds, certificates of deposit, unit investment trusts, foreign securities, exchange-traded funds, and mutual funds, which are primarily valued using the methodologies described above for the Master Trust's investments in similar securities.

Optum Partner Services 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

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

The following tables set forth by level within the fair value hierarchy a summary of the Plan's interest in the Master Trust and Plan's investments measured at fair value on a recurring basis at December 31, 2021 and 2020, respectively.

December 31, 2021				
	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 1,866,856	\$ 1,866,856	\$ -	\$ -
Debt securities:				
U.S. government and agencies	5,000,487	2,355,070	2,645,417	-
Corporate and other	5,988,304	-	5,988,304	-
Mutual funds	16,488,972	16,488,972	-	-
Self-directed brokerage accounts	7,715,613	7,605,720	109,893	-
Common stock	<u>52,726,707</u>	<u>52,726,707</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	89,786,939	<u>\$ 81,043,325</u>	<u>\$ 8,743,614</u>	<u>\$ -</u>

Instruments measured at NAV 279,325,660
Total investments at fair value \$ 369,112,599

December 31, 2020				
	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 1,633,187	\$ 1,633,187	\$ -	\$ -
Debt securities:				
U.S. government and agencies	4,966,745	1,548,477	3,418,268	-
Corporate and other	7,867,294	-	7,867,294	-
Mutual funds	15,685,602	15,685,602	-	-
Self-directed brokerage accounts	5,165,351	5,038,835	126,516	-
Common stock	<u>43,545,662</u>	<u>43,545,662</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	78,863,841	<u>\$ 67,451,763</u>	<u>\$ 11,412,078</u>	<u>\$ -</u>

Instruments measured at NAV 211,355,259
Total investments at fair value \$ 290,219,100

Optum Partner Services 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

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

Investments Measured Using the NAV per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020.

<u>Investment</u>	<u>Fair Value</u> ⁽¹⁾	<u>Unfunded Commitment</u>	<u>Redemption Frequency (if currently eligible)</u> ⁽²⁾	<u>Redemption Notice Period</u> ⁽³⁾⁽⁴⁾
December 31, 2021				
Common collective trusts	\$ 279,325,660	\$ -	Immediate	Various

<u>Investment</u>	<u>Fair Value</u> ⁽¹⁾	<u>Unfunded Commitment</u>	<u>Redemption Frequency (if currently eligible)</u> ⁽²⁾	<u>Redemption Notice Period</u> ⁽³⁾⁽⁴⁾
December 31, 2020				
Common collective trusts	\$ 211,355,259	\$ -	Immediate	Various

(1) The fair value of 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 trusts 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 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 2021 or 2020.

(3) Certain common collective trusts require redemption notice periods for plan withdrawals at the discretion of the investment advisor.

(4) Certain common collective trusts require redemption notice periods for participant withdrawals at the discretion of the investment advisor.

Optum Partner Services 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

NOTE 6 – Fully Benefit-Responsive Investment Contracts

The Master Trust provides a stable value investment fund to participants that is comprised of a separate account guaranteed investment contract and four security-backed investment contracts. These contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and expenses. The following represents the disaggregation of contract value between types of investment contracts held by the Master Trust.

	2021	2020
Security-backed investment contracts	\$ 748,289,070	\$ 709,938,995
Separate account guaranteed investment contract	195,765,834	186,712,583
Total Master Trust stable value investment fund	<u>\$ 944,054,904</u>	<u>\$ 896,651,578</u>
Plan's interest in Master Trust stable value investment fund	<u>\$ 18,386,470</u>	<u>\$ 19,960,277</u>

Security-backed investment contracts and separate account guaranteed investment contracts are issued by insurance companies or other financial institutions, backed by a portfolio of fixed income funds and pooled separate accounts. The portfolio is either owned directly by 1) the Master Trust (security-backed investment contract) or 2) owned by the contract issuer and segregated in a separate account for the benefit of the Master Trust (separate account guaranteed investment contract). The issuer guarantees that all qualified participant withdrawals will be at contract value and that the crediting rate applied will not be less than 0%. Cash flow volatility (for example, timing of benefit payments) as well as asset underperformance can be passed through to the Master Trust through adjustments to future contract crediting rates. Crediting rates are typically reset quarterly to account for the difference between the contract value and the fair value of the underlying portfolio.

Risks arise when entering into any investment contract due to the potential inability of the issuer to meet the terms of the contract. In addition, security-backed investment contracts and separate account guaranteed investment contracts have the risk of default or lack of liquidity of the underlying portfolio assets. The credit risk of each issuer is evaluated and monitored through the portfolio manager's credit analysis. The credit analysis includes, but is not limited to, asset quality and liquidity, management quality, surplus adequacy, and profitability. The Master Trust requires that the issuers of each contract have a minimum quality rating as of the contract effective date and that all underlying portfolio assets be rated investment grade at the time of purchase.

Security-backed investment contracts and separate account guaranteed investment contracts generally are automatically renewing contracts that contain termination provisions, allowing the Master Trust or the contract issuer to terminate with notice, at any time, at fair value, and providing for automatic termination of the contract if the contract value or the fair value of the underlying portfolio equals zero. The issuer is obligated to pay the excess contract value when the fair value of the underlying portfolio equals zero.

In addition, if the Master Trust defaults on its obligations under the contract (including the issuer's determination that the agreement constitutes a nonexempt prohibited transaction as defined by ERISA), and such default is not corrected within the time permitted by the contract, then the contract may be terminated by the issuer and the Master Trust will receive the fair value as of the date of termination.

Optum Partner Services 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

NOTE 6 - Fully Benefit-Responsive Investment Contracts (cont.)

Each contract recognizes certain “events of default” which can invalidate the contract’s coverage. Among these are investments outside of the range of instruments which are permitted under the investment guidelines contained in the investment contract, fraudulent or other material misrepresentations made to the issuer, changes in control of the investment adviser not approved by the contract issuer, changes in certain key regulatory requirements, or failure of the Master Trust to be tax qualified.

Certain events might limit the ability of the Master Trust to transact at contract value with the contract issuer. Withdrawals associated with these events, which are not in the ordinary course of the Master Trust operations, are paid with a market value adjustment applied to the withdrawal as defined in the investment contract. These events may be different under each contract. Examples of such events include the following:

- Material amendments to the Master Trust’s structure of administration;
- Failure of the Master Trust to qualify under Section 401(a) of the Code or the failure of the Master Trust to be tax-exempt under Section 501(a) of the Code;
- Premature termination of the contracts;
- Complete or partial termination of the Master Trust, including a merger within another plan;
- Redemption of all or a portion of the interests in the Master Trust at the direction of the Employers, including withdrawals due to the removal of a specifically identifiable group of employees from coverage under the Master Trust (such as a group layoff or early retirement incentive program), the closing or sale of a subsidiary, employing unit or affiliate, or the Employers establishment of another tax qualified defined contribution plan;
- Changes to the Master Trust’s prohibition on competing investment options; and
- Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Master Trust’s normal operations.

No events are probable of occurring that might limit the ability of the Master Trust to transact at contract value with the contract issuers and that also would limit the ability of the Master Trust to transact at contract value with the participants.

NOTE 7 - Administration of Plan Assets

The Plan’s assets are administered under a contract with the Trustee of the Plan. The Trustee invests funds received from contributions, investment sales, interest, and dividend income and makes distribution payments to participants.

Optum Partner Services 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

NOTE 8 - Related Party and Party-in-interest Transactions

Certain of the Plan's investments are managed by the Trustee and therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment manager services are included in net depreciation in fair value of investments. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as exempt party-in-interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Employers. No such officer or employee receives compensation from the Plan.

NOTE 9 - Plan Termination

Although it has not expressed any intent to do so, the Plan's sponsor 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.

NOTE 10 - Tax Status

The Plan was subject to a determination letter dated March 24, 2016. Although the Plan has been amended and restated since that date, the Employers believe that the Plan is currently designed and being operated in compliance with the applicable provisions of the Code, and therefore believes the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require 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 Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 11 - Risks and Uncertainties

The Master Trust and the Plan invest in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Optum Partner Services 401(k) Savings Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2021 and 2020 and for the Year Ended December 31, 2021

NOTE 12 – Form 5500 Reconciliation

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2021, and 2020 to Form 5500:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 389,698,956	\$ 311,588,826
Deemed distributions of participant loans	<u>(7,327)</u>	<u>-</u>
Net assets available for benefits per the Form 5500	<u>\$ 389,691,629</u>	<u>\$ 311,588,826</u>

The following is a reconciliation of the changes in net assets available for benefits per the financial statements for the year ended December 31, 2021, to Form 5500:

	<u>2021</u>
Increase in net assets per the financial statements	\$ 78,110,130
Deemed distributions activity	<u>(7,327)</u>
Net income per the Form 5500	<u>\$ 78,102,803</u>

SUPPLEMENTAL INFORMATION

Optum Partner Services 401(k) Savings Plan

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

EIN 45-3866363

Plan 001

As of December 31, 2021

(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
*		Self-directed brokerage accounts ***	**	\$ 7,715,613
*		Participant loans (interest rate of 4.25% - 6.50% with maturity dates ranging from January 2022 – September 2031)	\$0	2,494,964 \$ 10,210,577

* Represents a party-in-interest

** Cost omitted for participant directed investments

*** Certain investments in the self-directed brokerage accounts are issued by a party-in-interest to the Plan.

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 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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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.) ☒ 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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐	

Part II Basic Plan Information—enter all requested information					
1a Name of plan Optum Partner Services 401(k) Savings Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px;">001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 01/01/2012</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/2012	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/2012					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Optum Medical Services, P.C. c/o UnitedHealth Group Incorporated 9900 Bren Road East MN008-R120 Minnetonka MN 55343	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">2b Employer Identification Number (EIN) 45-3866363</td> </tr> <tr> <td style="padding: 2px;">2c Plan Sponsor's telephone number 952-936-1300</td> </tr> <tr> <td style="padding: 2px;">2d Business code (see instructions) 621399</td> </tr> </table>	2b Employer Identification Number (EIN) 45-3866363	2c Plan Sponsor's telephone number 952-936-1300	2d Business code (see instructions) 621399	
2b Employer Identification Number (EIN) 45-3866363					
2c Plan Sponsor's telephone number 952-936-1300					
2d Business code (see instructions) 621399					

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		7.6.22	David E. Strauss
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☐ Same as Plan Sponsor UnitedHealth Group Employee Benefits Plans Administrative Committee c/o UnitedHealth Group Incorporated 9900 Bren Road East MN008-R120 Minnetonka MN 55343	3b Administrator's EIN 41-1321939 3c Administrator's telephone number 952-936-1300
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2,279
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) 1,904
a(2) Total number of active participants at the end of the plan year	6a(2) 2,250
b Retired or separated participants receiving benefits.....	6b 20
c Other retired or separated participants entitled to future benefits	6c 525
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 2,795
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e.....	6f 2,796
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 2,674
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 36
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 2R 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

Brokerage Link Indirect Fees

The listing below includes the indirect fee's associated with the Brokeragelink Account.

PLAN: Optum Partner Services 401(k) Savings Plan
EIN / PN: 45-3866363 / 001

Plan Number	Payor Name	Compensation	Address Type	Street Address	City	State	Zip	Fund Family	CUSIP
58611	KOPERNIK INTERNATIONAL I	0.10%	USADDRESS	ONE FREEDOM VALLEY DRIVE	OAKS	PA	19456	KOPERNIK FUNDS	00766Y240
58611	GQG PARTNERS EMERG MARKETS EQ INSTL	0.15%	USADDRESS	1 FREEDOM VALLEY DRIVE	OAKS	PA	19456	GQG PARTNERS FUND	00771X419
58611	AMANA MUTUAL FUND TRUST INCOME	0.40%	USADDRESS	1300 NORTH STATE STREET	BELLINGHAM	WA	98225	AMANA MUTUAL FUNDS	022865109
58611	AMANA MUTUAL FUND TRUST GROWTH	0.40%	USADDRESS	1300 NORTH STATE STREET	BELLINGHAM	WA	98225	AMANA MUTUAL FUNDS	022865208
58611	AMANA DEVELOPING WORLD FUND	0.40%	USADDRESS	1300 NORTH STATE STREET	BELLINGHAM	WA	98225	AMANA MUTUAL FUNDS	022865307
58611	ARTISAN DEVELOPING WORLD FD ADVISOR CL	0.15%	USADDRESS	875 EAST WISCONSIN AVENUE SUITE 800	MILWAUKEE	WI	53202	ARTISAN FUNDS	04314H618
58611	BLACKROCK TACTICAL OPPORTUNITIES INST	0.15%	USADDRESS	40 EAST 52ND STREET	NEW YORK	NY	10022	BLACKROCK FUNDS	091927848
58611	BLACKROCK EMERGING MARKETS FD INC INSL	0.15%	USADDRESS	40 EAST 52ND STREET	NEW YORK	NY	10022	BLACKROCK FUNDS	09251J402
58611	BLACKROCK TOTAL RETURN INSTITUTIONAL	0.15%	USADDRESS	40 EAST 52ND STREET	NEW YORK	NY	10022	BLACKROCK FUNDS	09252M883
58611	BLACKROCK SYSTEMATICMULTI-STRATEGY INSTL	0.15%	USADDRESS	40 EAST 52ND STREET	NEW YORK	NY	10022	BLACKROCK FUNDS	09260C307
58611	ALPS CORECOMM MNGMNT COMPT COMM SM STRT	0.08%	USADDRESS	1290 BROADWAY SUITE 1100	DENVER	CO	80203	ALPS FUNDS	317609667
58611	GUGGENHEIM MACRO OPPORTUNITIES INSTL	0.15%	USADDRESS	9601 BLACKWELL RD., STE. 500	ROCKVILLE	MD	20850	RYDEX SERIES TRUST	40168W582
58611	HARDING LOEVNER INTL EQUITY PORT INSTL	0.15%	USADDRESS	PO BOX 4766	CHICAGO	IL	60680	HARDING LOEVNER	412295107
58611	OAKMARK INTL ADVISOR FUND	0.15%	USADDRESS	111 SOUTH WACKER DR.	CHICAGO	IL	60606	OAKMARK FUNDS	413838731
58611	JPMORGAN SHORT DURATION CORE PLUS I	0.08%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	46637K455
58611	METROPOLITAN WEST TOTAL RETURN CLASS I	0.10%	USADDRESS	865 SOUTH FIGUEROA ST. #1400	LOS ANGELES	CA	90017	METROPOLITAN WEST FUNDS	592905509
58611	MORGAN STANLEY INTL ADVANTAGE CL I	0.15%	USADDRESS	522 FIFTH AVENUE, 4TH FLOOR	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	61756E461
58611	NEUBERGER BERMAN REAL ESTATE CL I	0.10%	USADDRESS	1290 AVENUE OF THE AMERICAS, 22ND FLOOR	NEW YORK	NY	101040002	NEUBERGER BERMAN GROUP	641224795
58611	PFG MFS AGGRESSIVE GROWTH STRATEGY R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538J506
58611	PFG JP MORGAN TACTICAGGRESSIVE STRAT R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538J605
58611	PFG SECTOR EQUITY BUS CYCLE STRAT R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A678
58611	PFG BR EQUITY ESG STRATEGY CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A686
58611	PFG AMERICAN FUNDS GROWTH STRAT CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A694
58611	PFG AMERICAN FDS CONS INC STRAT CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A710
58611	PERMANENT PORTFOLIO	0.38%	USADDRESS	600 MONTGOMERY ST. SUITE 4100	SAN FRANCISCO	CA	941112702	PERMANENT PORTFOLIO	714199106
58611	PIMCO INCOME CL I2	0.10%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	72201M719
58611	T ROWE PRICE COMM & TECHNOLOGY INVESTOR	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	741454102
58611	T ROWE PRICE MID CAP GROWTH	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	77956109
58611	T ROWE PRICE INSTL FLOATING RATE CL F	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	779588105
58611	TCW EMERGING MARKETS INCOME CL N	0.40%	USADDRESS	865 SOUTH FIGUERA STREET, 22ND FLOOR	LOS ANGELES	CA	90017	TCW GALILEO	87234N351
58611	PERFORMANCE TRUST STRATEGIC BOND FD	0.40%	USADDRESS	500 WEST MADISON, SUITE 470	CHICAGO	IL	60661	PERFORMANCE TRUST FUNDS	89833W394
58611	VICTORY SYCAMORE ESTABLISHED VALUE A	0.10%	USADDRESS	4900 TIEDEMAN RD 4TH FLOOR	BROOKLYN	OH	44114	VICTORY CAPITAL MANAGEMENT	926464231
58611	VICTORY MARKET NEUTRAL INCOME FD I	0.08%	USADDRESS	4900 TIEDEMAN RD 4TH FLOOR	BROOKLYN	OH	44114	VICTORY CAPITAL MANAGEMENT	92647P654
58611	WASATCH CORE GROWTH INSTITUTIONAL	0.15%	USADDRESS	505 WAKARA WAY, SUITE 300	SALT LAKE CITY	UT	84108	WASATCH FUNDS	936793793
58611	VIRTUS WESTCHESTER EVENT DRIVEN A	0.40%	USADDRESS	100 SUMMIT LAKE DRIVE #201	VALHALLA	NY	10595	WESTCHESTER FUNDS	95737C509
58611	WESTERN ASSET CORE BOND FUND CL I	0.15%	USADDRESS	620 8TH AVENUE, 49TH FL	NEW YORK	NY	10018	LEGG MASON	957663305

Optum Partner Services 401(k) Savings Plan

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 EIN 45-3866363
 Plan 001
 As of December 31, 2021

(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
*		Self-directed brokerage accounts ***	**	\$ 7,715,613
*		Participant loans (interest rate of 4.25% - 6.50% with maturity dates ranging from January 2022 – September 2031)	\$0	2,494,964
				<u>\$ 10,210,577</u>

* Represents a party-in-interest

** Cost omitted for participant directed investments

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