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

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] 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
OPTUMCARE MANAGEMENT, LLC 401(K) RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/04/1989

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)

OPTUMCARE MANAGEMENT, LLC

C/O UNITEDHEALTH GROUP INCORPORATED

9900 BREN ROAD EAST
MN008-R120
MINNETONKA, MN 55343

2b Employer Identification Number (EIN) 95-4509662

2c Plan Sponsor's telephone number 952-936-1300

2d Business code (see instructions) 621491

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.	12/09/2022	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

UNITEDHEALTH GROUP EMPLOYEE BENEFITS PLANS ADMINISTRATIVE COMMITTEE
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**	19848
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)**	17067
a(2) Total number of active participants at the end of the plan year	**6a(2)**	9140
b Retired or separated participants receiving benefits	**6b**	46
c Other retired or separated participants entitled to future benefits	**6c**	3869
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	13055
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	23
f Total. Add lines **6d** and **6e**	**6f**	13078
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	10170
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	393
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:

2F 2G 2J 2K 2R 2T 2E 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)	☐	0	**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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
OPTUMCARE MANAGEMENT, LLC 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
OPTUMCARE MANAGEMENT, LLC

D Employer Identification Number (EIN)
95-4509662

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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 INVESTMENTS INSTL OPS CO

04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

FIDELITY INVESTMENTS INSTL OPS CO

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 60 64 65 71	RECORDKEEPER	284537	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STRATEGIC ADVISORS, INC.

04-2654524

(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?
27	ADVISOR	78299	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BAKER TILLY US, LLP

39-0859910

(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?
10	ACCOUNTANT/ AUDITOR	15500	Yes [ ] No [X]	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)

NFP RETIREMENT, INC.

33-0905143

(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?
16	CONSULTANT	2000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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
FIDELITY INVESTMENTS INSTITUTIONAL	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.
LZRD EMRG MKTS EQ IS-DST ASSET MANA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
NORTHERN SM CAP VAL-NORTHERN TRUST 36-2723087	0.40%

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

(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

(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:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
OPTUMCARE MANAGEMENT, LLC 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OPTUMCARE MANAGEMENT, LLC

D Employer Identification Number (EIN)
95-4509662

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2060

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-147	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2005

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-086	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2010

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-087	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2045

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-094	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD INC

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
20-4659714-085	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2015

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-088	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2030

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-091	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2025

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-090	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2035

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-092	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2050

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-095	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2055

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-113	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2020

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-089	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2040

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-093	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TD 2065

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-168	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: UHG 401(K) SAVINGS PLAN MASTER TRUS

b Name of sponsor of entity listed in (a): UNITED HEALTHCARE SERVICES, INC.

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)
30-0993007-001	M	1262766703

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

SCHEDULE H (Form 5500)

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
OPTUMCARE MANAGEMENT, LLC 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
OPTUMCARE MANAGEMENT, LLC

D Employer Identification Number (EIN)
95-4509662

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)	8336761	0
(2) Participant contributions	1b(2)	19170	0
(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)	8065079	9719885
(9) Value of interest in common/collective trusts	1c(9)	314843196	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	1262766703
(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)	549562793	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	57454292	68551013

			(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	938281291	1341037601
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	938281291	1341037601

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	14311309	
	(B) Participants	2a(1)(B)	56879021	
	(C) Others (including rollovers)	2a(1)(C)	58774259	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		129964589
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	677	
	(B) U.S. Government securities	2b(1)(B)	438	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	577399	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		578514
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	27439	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	130126	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		157565
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	10153239	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9373200	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		780039
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-1202398	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1202398

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		15560413
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		121624907
(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)		39979521
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		307443150
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	109412883	
(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)		109412883
f Corrective distributions (see instructions)	2f		662572
g Certain deemed distributions of participant loans (see instructions)	2g		46416
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)	78299	
(4) Other	2i(4)	289620	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		367919
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		110489790
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		196953360
l Transfers of assets:			
(1) To this plan	2l(1)		219415058
(2) From this plan	2l(2)		13612108

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) [X] 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) [X] 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:

		Yes	No	Amount
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.)	4a	X		12557310

			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?	4e	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?	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?	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?	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.)	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.)	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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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	X		

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)
INTERMOUNTAIN HEALTHCARE SAVINGS PLUS 401(K) PLAN	87-0269232	002

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
OPTUMCARE MANAGEMENT, LLC 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
OPTUMCARE MANAGEMENT, LLC

D Employer Identification Number (EIN)
95-4509662

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

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 _____

OPTUMCARE MANAGEMENT, LLC
401(K) RETIREMENT SAVINGS PLAN

MINNETONKA, MN

Employer ID No: 95-4509662
Plan No: 003

FINANCIAL STATEMENTS

Including Independent Auditors' Report

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

OptumCare Management, LLC 401(k) Retirement Savings Plan

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Independent Auditors' Report

To the Participants and Plan Administrator of
OptumCare Management, LLC 401(k) Retirement 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 the OptumCare Management, LLC 401(k) Retirement 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).

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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 Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2021 and delinquent participant contributions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their 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 schedules, other than the information in the supplemental schedules 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 August 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.

Minneapolis, Minnesota
August 17, 2022

OptumCare Management, LLC 401(k) Retirement Savings Plan

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

	2021	2020
ASSETS		
Plan's interest in Master Trust	$ 1,262,766,703	$ -
Investments - at fair value	68,551,013	921,860,281
Receivables		
Participant contributions	-	19,170
Employer contributions	-	8,336,761
Notes receivable from participants	10,252,013	8,597,687
Total receivables	10,252,013	16,953,618
TOTAL ASSETS	1,341,569,729	938,813,899
LIABILITIES		
Excess contribution payable	-	587,365
Due to unaffiliated plan	-	13,618,221
TOTAL LIABILITIES	-	14,205,586
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,341,569,729	$ 924,608,313

See accompanying notes to the financial statements.

OptumCare Management, LLC 401(k) Retirement 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	$	121,624,907
Net appreciation in fair value of investments		55,135,063
Interest and dividend income		141,192
Contributions		
Participant		56,879,021
Employer		14,311,309
Rollover		58,774,259
Interest income on notes receivable from participants		610,202
Total additions		307,475,953
DEDUCTIONS		
Deductions from net assets attributed to		
Benefits paid to participants		109,561,676
Administrative expenses		367,919
Total deductions		109,929,595
NET INCREASE BEFORE PLAN TRANSFERS		197,546,358
NET TRANSFERS INTO THE PLAN		219,415,058
NET INCREASE		416,961,416
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		924,608,313
End of year	$	1,341,569,729

See accompanying notes to the financial statements.

NOTE 1 - Description of the Plan

The following description of the OptumCare Management, LLC 401(k) Retirement 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 OptumCare Management, LLC ("the Company"). The participating employers are collectively referred to as (the "Employers"). Effective January 1, 2021, the Plan changed from a multiple employer plan to a single employer plan. Employees who are age eighteen (18) or older are eligible for elective deferrals to the Plan and employer profit-sharing contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective June 16, 2020, the Company 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 Company delegated its rights and responsibilities for investment authority and oversight of the Plan's assets to the UnitedHealth Group Employee Benefits Plans Investment Committee ("Investment Committee"). The 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") effective February 11, 2021. 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.

Effective December 31, 2020, the employees of unrelated companies HCP IPA Nevada, LLC, HealthCare Partners Management Services Nevada, LLC, and HealthCare Partners Medical Group (Coats), Ltd were transferred to the Intermountain Healthcare Savings Plus 401(k) Plan with total assets of $89,721,729. Of this amount, $13,618,221 is recorded as due to unaffiliated plan on the Statement of Net Assets Available for Benefits as of December 31, 2020 as the transfer was not completed until 2021.

The Everett Clinic Profit Sharing and 401(k) Employee Savings Plan and Trust merged into the Plan on April 1, 2021, with total assets of $219,415,058.

Effective February 11, 2021, the Plan was restated on an individually designed plan document. As part of the restatement, normal retirement age changed from 65 to 62 and employer matching contributions changed from 50% of the applicable contributions up to 6% of eligible compensation or 50% of the applicable contributions up to 3% of eligible compensation, depending on the employer, to 50% of the applicable contributions up to 6% of eligible compensation for all applicable participants. Additionally, prior to restatement, the employers also made a fixed flat dollar non-elective contribution and at their discretion could also make a profit sharing contribution. After the restatement, the Company may make a discretionary profit sharing contribution to be distributed among participants pro rata based upon eligible compensation within limitations as determined by the Internal Revenue Code ("the Code").

NOTE 1 - Description of the Plan (cont.)

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.

Contributions

Each year, participants may contribute an amount up to the maximum dollar amount permissible under the Code. The Plan allows participants to contribute a minimum of 1% and up to 75% of their eligible pay. Participant contributions include pre-tax deferrals, Roth deferrals, and rollover contributions. 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.

The Company makes a matching contribution equal to 50% of applicable contributions up to 6% of eligible compensation. Participants become eligible for matching contributions following twelve months of employment. Certain employees are not eligible for employer matching contributions. The Company may also make a discretionary profit-sharing contribution to be distributed among participants pro rata based upon eligible 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, the Company’s matching contributions, 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.

NOTE 1 - Description of the Plan (cont.)

Vesting

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

Years of Service	Vesting
Less than 1 year	0%
1 year	25%
2 years	50%
3 years	75%
4 years	100%

Notwithstanding the vesting schedule above, employer matching contributions and employer 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 Company: death, attainment of normal retirement age (age 62), disability, partial plan termination with respect to the participant, complete termination of the Plan or complete discontinuance of employer contributions, or termination from employment as a result of certain corporate transactions.

Forfeited Accounts

As of December 31, 2021 and 2020, forfeited nonvested accounts totaled $137,323 and $328,085, respectively. Forfeitures can be used to reduce future employer contributions or to pay certain administrative expenses. During the year ended December 31, 2021, employer contributions were reduced by $442,856 and certain administrative expenses were reduced by $130,435 from forfeiture accounts.

Payment of Benefits

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

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.

NOTE 1 - Description of the Plan (cont.)

Notes Receivable from Participants

Participants may borrow from their vested accounts 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 balances. These loans are secured by the balance in the participant's account. The loans bear interest based on the prime interest rate quoted by Reuters on the first business day of the month in which the loan is processed, plus one (1) percentage point. The maximum term for a loan is 5 years, except if the loan is used to acquire the participant's principal residence, in which case the term of the loan may not exceed 10 years. Principal and interest are paid ratably through payroll deductions. Participants are permitted to have one loan outstanding 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.

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 discussion of fair value measurements.

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments and Plan's interest in Master Trust investment income include 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 and 2020.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2020 excess contributions to the applicable participants in 2021.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company 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 net appreciation in fair value of investments and Plan's interest in Master Trust investment income.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through August 17, 2022, the date the financial statements were approved and available to be issued.

NOTE 3 - Information Prepared and Certified by Trustee

The Company 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 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.

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 table presents the net assets of the Master Trust and the Plan's interest as of December 31, 2021.

	2021	
	Master Trust Balances	**Plan's Interest in Master Trust Balances**
Cash and cash equivalents	$ 89,446,071	$ 6,232,974
Debt securities:		
U.S. government and agencies	261,652,414	11,072,639
Corporate and other	313,340,356	13,259,976
Mutual funds	869,322,101	72,647,137
Common stock	2,262,970,706	244,249,219
Common collective trusts	18,445,521,749	866,713,718
Total investments - at fair value	22,242,253,397	1,214,175,663
Stable value investment fund (Note 6)	944,054,904	47,605,356
Total investments	23,186,308,301	1,261,781,019
Accrued income	89,605,373	6,031,473
Accrued liabilities	(111,025,292)	(5,045,789)
Total net assets	$ 23,164,888,382	$ 1,262,766,703

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.

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

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	$ 123,168,965

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 under authoritative guidance 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.

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

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.

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 as 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.

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 the 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	$ 6,232,974	$ 6,232,974	$ -	$ -
Debt securities:				
U.S. government and agencies	11,072,639	5,214,860	5,857,779	-
Corporate and other	13,259,976	-	13,259,976	-
Mutual funds	72,647,137	72,647,137	-	-
Self-directed brokerage accounts	68,551,013	66,658,696	1,892,317	-
Common stock	244,249,219	244,249,219	-	-
Total assets in the fair value hierarchy	416,012,958	$ 395,002,886	$ 21,010,072	$ -
Instruments measured at NAV	866,713,718			
Total investments at fair value	$ 1,282,726,676			

	December 31, 2020			
	Total	Level 1	Level 2	Level 3
Mutual funds	$ 549,562,793	$ 549,562,793	$ -	$ -
Self-directed brokerage accounts	57,454,292	55,610,257	1,844,035	-
Total assets in the fair value hierarchy	607,017,085	$ 605,173,050	$ 1,844,035	$ -
Instruments measured at NAV	314,843,196			
Total investments at fair value	$ 921,860,281			

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 NAV per share as a practical expedient as of December 31, 2021 and 2020.

Investment	Fair Value[1]	Unfunded Commitment	Redemption Frequency[2]	Redemption Notice Period[3][4]
December 31, 2021				
Common collective trusts	$ 866,713,718	$ -	Immediate	Various

Investment	Fair Value (1)	Unfunded Commitment	Redemption Frequency[2]	Redemption Notice Period (3)
December 31, 2020				
Common collective trusts	$ 314,843,196	$ -	Immediate	15 days

(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.

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
Security-backed investment contracts	$ 748,289,070
Separate account guaranteed investment contract	195,765,834
Total stable value investment fund	$ 944,054,904
Plan's interest in Master Trust stable value investment fund	$ 47,605,356

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 contracts) 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. Each contract recognizes certain "events of default" which can invalidate the contract's coverage.

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

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 advisor 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 Company, 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 Company's establishment of another tax qualified defined contribution plan;
- Changes to the Master Trust's prohibition on competing investment options; and
- Bankruptcy of the Company or other company 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. The Trustee invests funds received from contributions, investment sales, interest, and dividend income and makes distribution payments to participants.

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 appreciation 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 Company. 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 Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

NOTE 10 - Tax Status

Prior to February 11, 2021, the Plan was maintained on a volume submitter document sponsored by Fidelity Management & Research Company, which was subject to a favorable opinion letter from the IRS issued March 31, 2014. The Plan was restated on an individually designed plan document effective February 11, 2021. The Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable provisions of the Code, and therefore believe 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.

As of December 31, 2020, the Plan had investments of $94,400,787 concentrated in one mutual fund that accounted for more than 10% of plan investments.

NOTE 12 – Delinquent Participant Contributions

For the year ended December 31, 2021, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Delinquent Participant Contributions Disclosure under ERISA. Untimely remittances identified on the Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions totaled $2,437,296. The Company compensated participants for lost earnings resulting from the delinquent participant contributions in 2021. Additionally, during 2021 the Company compensated participants for lost earnings on $10,120,014 of delinquent contributions for the year ended December 31, 2020.

NOTE 13 – 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:

	2021	2020
Net assets available for benefits per the financial statements	$ 1,341,569,729	$ 924,608,313
Deemed distributions of participant loans	(532,128)	(532,608)
Excess contributions payable	-	587,365
Due to unaffiliated plan	-	13,618,221
Net assets available for benefits per the Form 5500	$ 1,341,037,601	$ 938,281,291

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:

	2021
Increase in net assets per the financial statements	$ 416,961,416
Deemed distributions activity	480
Excess contributions payable	(587,365)
Due to unaffiliated plan	(13,618,221)
Net income per the Form 5500	$ 402,756,310

SUPPLEMENTAL INFORMATION

OptumCare Management, LLC 401(k) Retirement Savings Plan

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 95-4509662
Plan 003
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 ***	**	$ 68,551,013
*		Participant loans (interest rate ranging from 4.25% to 7.50% with maturity dates ranging from January 2022 – July 2033)	$0	9,719,885
				$ 78,270,898

* 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

SCHEDULE H, LINE 4A, SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
EIN 95-4509662
Plan 003
For the Year Ended December 31, 2021

	Total That Constitute Nonexempt Prohibited Transactions			
	Contributions Not Corrected	**Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCP)**	**Contribution Pending Correction in (VFCP)**	**Total Fully Corrected under (VFCP) and Prohibited Transaction Exemption 2002-51**
Participant Contributions Transferred Late to the Plan	$ —	$ 12,557,310	$ —	$ —

Check here if late participant loan repayments are included: X

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

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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
OptumCare Management, LLC 401(k) Retirement Savings Plan

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/04/1989

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)

OptumCare Management, LLC

c/o UnitedHealth Group Incorporated
9900 Bren Road East
MN008-R120
Minnetonka MN 55343

2b Employer Identification Number (EIN)
95-4509662

2c Plan Sponsor's telephone number
952-936-1300

2d Business code (see instructions)
621491

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	David E. Strauss	12.9.22	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

UnitedHealth Group Employee Benefits Plans Administrative Committee
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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	19,848
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)**	17,067
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	9,140
b	Retired or separated participants receiving benefits	**6b**	46
c	Other retired or separated participants entitled to future benefits	**6c**	3,869
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	13,055
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	23
f	Total. Add lines **6d** and **6e**	**6f**	13,078
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	10,170
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	393
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:

2F 2G 2J 2K 2R 2T 2E 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.

EIN/PN: 95-4509662/003 Page 2
DATA AS OF: 12/31/2021

Plan Number	Payor Name	Compensation	Address Type	Street Address	City	State	Zip	Fund Family	CUSIP
41548	INVESCO SENIOR FLOATING RATE A	0.40%	USADDRESS	11 GREENWAY PLAZA; SUITE 100	HOUSTON	TX	77046	INVESCO	00141G872
41548	INVESCO BALANCED - RISK ALLOCATION CL A	0.40%	USADDRESS	11 GREENWAY PLAZA; SUITE 100	HOUSTON	TX	77046	INVESCO	00141V747
41548	INVESCO FUNDAMENTAL ALTERNATIVES A	0.40%	USADDRESS	11 GREENWAY PLAZA; SUITE 100	HOUSTON	TX	77046	INVESCO	00143W719
41548	CAMBIAR OPPORTUNITY INVESTOR CL	0.40%	USADDRESS	1 FREEDOM VALLEY DRIVE	OAKS	PA	19456	CAMBIAR FUNDS	00758M261
41548	INVESCO GLOBAL INFRASTRUCTURE A	0.40%	USADDRESS	11 GREENWAY PLAZA; SUITE 100	HOUSTON	TX	77046	INVESCO	00888Y268
41548	INVESCO GLOBAL OPPORTUNITIES A	0.40%	USADDRESS	11 GREENWAY PLAZA; SUITE 100	HOUSTON	TX	77046	INVESCO	00900W779
41548	AB LARGE CAP GROWTH CLASS A	0.40%	USADDRESS	8000 IH 10 WEST; SUITE 1400, 14TH FLOOR	SAN ANTONIO	TX	78230	ALLIANCE CAPITAL FUNDS	01877C101
41548	AMANA MUTUAL FUND TRUST INCOME	0.40%	USADDRESS	1300 NORTH STATE STREET	BELLINGHAM	WA	98225	AMANA MUTUAL FUNDS	022865109
41548	AMANA MUTUAL FUND TRUST GROWTH	0.40%	USADDRESS	1300 NORTH STATE STREET	BELLINGHAM	WA	98225	AMANA MUTUAL FUNDS	022865208
41548	AMANA GROWTH FUND INSTITUTIONAL	0.10%	USADDRESS	1300 NORTH STATE STREET	BELLINGHAM	WA	98225	AMANA MUTUAL FUNDS	022865505
41548	AMANA PARTICIPATION FD INVESTOR CLASS	0.40%	USADDRESS	1300 NORTH STATE STREET	BELLINGHAM	WA	98225	AMANA MUTUAL FUNDS	022865703
41548	AMERICAN AMCAP CLASS A	$18.00	USADDRESS	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	AMERICAN FUNDS GROUP	023375108
41548	AMERICAN BEACON SHAPIRO EQ OPPOR INV	0.40%	USADDRESS	220 EAST LAS COLINAS BLVD, SUITE 1200	IRVING	TX	75039	AMERICAN BEACON FUNDS	024526519
41548	AMERICAN CENTURY EMERGING MARKETS INV	0.35%	USADDRESS	4400 MAIN ST - 1ST FLOOR	KANSAS CITY	MO	64111	AMERICAN CENTURY INVESTMENTS	025086885
41548	AMERICAN MUTUAL FUNDCLASS A	$18.00	USADDRESS	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	AMERICAN FUNDS GROUP	027681105
41548	ANGEL OAK MULTI STRATEGY INCOME CL A	0.10%	USADDRESS	400 CITY CENTER (MK-WI-CCCL)	OSHKOSH	WI	54901	ANGEL OAK FUNDS	03463X307
41548	ARTISAN GLOBAL OPPORTUNITIES INV	0.39%	USADDRESS	875 EAST WISCONSIN AVENUE SUITE 800	MILWAUKEE	WI	53202	ARTISAN FUNDS	04314H824
41548	ARTISAN INTL VALUE FUND INV CL	0.39%	USADDRESS	875 EAST WISCONSIN AVENUE SUITE 800	MILWAUKEE	WI	53202	ARTISAN FUNDS	04314H881
41548	BAIRD MID CAP INSTL CLASS SHS	0.06%	USADDRESS	777 E. WISCONSIN AVE, 18TH FL	MILWAUKEE	WI	53202	BAIRD	057071813
41548	BARON EMERGING MARKETS FUND RETAIL	0.40%	USADDRESS	767 5TH AVENUE 49TH FLOOR	NEW YORK	NY	10153	BARON ASSET FUNDS	06828M884
41548	BERKSHIRE FOCUS FUND	0.40%	USADDRESS	475 MILAN DRIVE SUITE 103	SAN JOSE	CA	95134	BERKSHIRE FUNDS	084649102
41548	BLACKROCK MID CAP GROWTH EQUITY CL A	0.40%	USADDRESS	40 EAST 52ND STREET	NEW YORK	NY	10022	BLACKROCK FUNDS	091928846
41548	BLACKROCK TECHNOLOGYOPPORTUNITIES CL A	0.40%	USADDRESS	40 EAST 52ND STREET	NEW YORK	NY	10022	BLACKROCK FUNDS	091929570
41548	BLACKROCK HEALTH SCIENCES OPP PRT A	0.40%	USADDRESS	40 EAST 52ND STREET	NEW YORK	NY	10022	BLACKROCK FUNDS	091937573
41548	BLACKROCK MID CAP VALUE FUND CL A	0.40%	USADDRESS	40 EAST 52ND STREET	NEW YORK	NY	10022	BLACKROCK FUNDS	09255V104
41548	BLACKROCK HIGH YIELDBOND CLASS A	0.40%	USADDRESS	40 EAST 52ND STREET	NEW YORK	NY	10022	BLACKROCK FUNDS	09260B663
41548	BLACKROCK SYSTEMATICMULTI STRAT INV A	0.40%	USADDRESS	40 EAST 52ND STREET	NEW YORK	NY	10022	BLACKROCK FUNDS	09260C109
41548	BUFFALO DISCOVERY FUND	0.40%	USADDRESS	615 E. MICHIGAN STREET	MILWAUKEE	WI	53202	BUFFALO FUNDS	119530103
41548	CALVERT EMERGING MARKETS EQUITY CL A	0.40%	USADDRESS	4550 MONTGOMERY AVENUESUITE 1000 N	BETHESDA	MD	20814	CALVERT GROUP	131649816
41548	CAUSEWAY INTERNATNALVALUE INSTL	0.15%	USADDRESS	P. O. BOX 1100	OAKS	PA	19456	CAUSEWAY	14949P208
41548	CLIFFWATER CORPORATE LENDING FUND I	0.15%	USADDRESS	4640 ADMIRALTY WAY, 11TH FLOOR	MARINA DEL REY	CA	90292	CLIFFWATER LLC	186854204
41548	COLUMBIA DIVIDEND INCOME CL A	0.40%	USADDRESS	225 FRANKLIN ST, BX25 10320	BOSTON	MA	02110	COLUMBIA FUNDS	19765N278
41548	CONESTOGA SMALL CAP INVESTOR CLASS	0.40%	USADDRESS	225 PICTORIA DRIVE, SUITE 450	CINCINNATI	OH	45246	CONESTOGA	207019100
41548	DFA US VECTOR EQUITY PRTF INSTL CL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203389
41548	DFA US CORE EQUITY I	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203413
41548	DFA EMERGING MRKTS CORE EQU PORTF	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203421
41548	DFA ONE YEAR FIXED INCOME PRTF INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203603
41548	DFA INVESTMENT GRADE PORTFOLIO INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	23320G448
41548	DFA SHORT TERM EXTENDED QUAL INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	23320G521
41548	DFA INTERNATIONAL VECTOR EQUITY PORT	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	23320G539
41548	DFA GLOBAL REAL ESTATE SEC PORTFOLIO	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	23320G554
41548	DOUBLELINE TOTAL RT BOND FD CL N	0.40%	USADDRESS	777 EAST WISCONSIN AVENUE	MILWAUKEE	WI	53202	DOUBLELINE	258620202
41548	AMERICAN EUROPACIFICGROWTH CLASS F1	0.37%	USADDRESS	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	AMERICAN CLASS F	298706409
41548	AMERICAN EUROPACIFICGROWTH FUND CL F2	0.15%	USADDRESS	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	AMERICAN CLASS F	29875E100
41548	FIRST EAGLE GLOBAL CLASS A	0.40%	USADDRESS	1345 AVENUE OF THE AMERICAS 48TH FLR	NEW YORK	NY	10105	FIRST EAGLE SOGEN FUNDS	32008F507
41548	JP MORGAN MID CAP VALUE FUND CLASS A	0.08%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	339128308
41548	FRANKLIN STRATEGIC INCOME CLASS A	$16.00	USADDRESS	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	FRANKLIN GROUP OF FUNDS	354713505
41548	FRANKLIN SMALL CAP VALUE CLASS A	0.35%	USADDRESS	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	FRANKLIN GROUP OF FUNDS	355148305
41548	GUGGENHEIM TOTAL RETURN BOND CL P	0.40%	USADDRESS	9601 BLACKWELL RD., STE. 500	ROCKVILLE	MD	20850	RYDEX SERIES TRUST	40169J879
41548	HARBOR EMERGING MKTSEQUITY FUND INVESTOR	0.35%	USADDRESS	111 S. WACKER DR, 34TH FLOOR	CHICAGO	IL	60606	HARBOR FUNDS	411512676
41548	HARDING LOEVNER INST EMERGING MRKTS CL I	0.15%	USADDRESS	PO BOX 4766	CHICAGO	IL	60680	HARDING LOEVNER	412295701
41548	OAKMARK INTL INVESTOR CL	0.35%	USADDRESS	111 SOUTH WACKER DR.	CHICAGO	IL	60606	OAKMARK FUNDS	413838202
41548	OAKMARK INTL ADVISOR FUND	0.15%	USADDRESS	111 SOUTH WACKER DR.	CHICAGO	IL	60606	OAKMARK FUNDS	413838731
41548	OAKMARK GLOBAL SELECT FD INVESTOR	0.35%	USADDRESS	111 SOUTH WACKER DR.	CHICAGO	IL	60606	OAKMARK FUNDS	413838822
41548	WCM FOCUSED INTL GROWTH FUND INVESTOR	0.40%	USADDRESS	2220 EAST ROUTE 66, SUITE 226	GLENDORA	CA	91740	WCM FUNDS	461418386
41548	JACOB MICRO CAP GROWTH INV CL	0.40%	USADDRESS	727 2ND STREET, SUITE 106	HERMOSA BEACH	CA	90254	JACOB FUNDS	469785406
41548	JANUS HENDERSON ENTERPRISE T	0.35%	USADDRESS	151 DETROIT ST.	DENVER	CO	80206	JANUS FUNDS	471023804
41548	JANUS HENDERSON OVERSEAS T	0.35%	USADDRESS	151 DETROIT ST.	DENVER	CO	80206	JANUS FUNDS	471023846
41548	JPMORGAN EQUITY INCOME FUND CL A	0.40%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	4812C0464
41548	JPMORGAN LARGE CAP GROWTH CLASS A	0.40%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	4812C0506
41548	LAZARD INTL STRATEGYEQUITY PORT INTL CL	0.15%	USADDRESS	30 ROCKEFELLER PLAZA, 57TH FL.	NEW YORK	NY	10112	LAZARD FUNDS	52106N590
41548	CLEARBRIDGE INTERN'TGROWTH FD CL A	0.40%	USADDRESS	620 8TH AVENUE, 49TH FL.	NEW YORK	NY	10018	LEGG MASON	524686540
41548	CLEARBRIDGE LARGE CAP GROWTH A	0.40%	USADDRESS	620 8TH AVENUE, 49TH FL.	NEW YORK	NY	10018	LEGG MASON	52469H826
41548	LORD ABBETT MICRO CAP GROWTH FUND A	0.45%	USADDRESS	90 HUDSON STREET 10TH FLOOR	JERSEY CITY	NJ	07302	LORD ABBETT FAMILY OF FUNDS	54400B546
41548	MFS INTERNATIONAL INTRINSIC VALUE CL A	0.40%	USADDRESS	111 HUNTINGTON AVE	BOSTON	MA	021997632	MFS FAMILY OF FUNDS	55273E301
41548	MFS EMERGING MARKETSDEBT FUND CL I	0.15%	USADDRESS	111 HUNTINGTON AVE	BOSTON	MA	021997632	MFS FAMILY OF FUNDS	55273E640
41548	MFS GROWTH FUND CLASS A	0.40%	USADDRESS	111 HUNTINGTON AVE	BOSTON	MA	021997632	MFS FAMILY OF FUNDS	552985103
41548	MFS GLOBAL EQUITY CLASS A	0.40%	USADDRESS	111 HUNTINGTON AVE	BOSTON	MA	021997632	MFS FAMILY OF FUNDS	552986507
41548	MANNING & NAPIER RAINIER INTL DISCV S	0.40%	USADDRESS	290 WOODCLIFF DR.	FAIRPORT	NY	14450	MANNING & NAPIER	56382R670
41548	MORGAN STANLEY DISCOVERY PORT CL A	0.40%	USADDRESS	522 FIFTH AVENUE, 4TH FLOOR	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	617440599
41548	MORGAN STANLEY GROWTH PORTFOLIO A	0.40%	USADDRESS	522 FIFTH AVENUE, 4TH FLOOR	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	61744J564
41548	MORGAN STA INST INC.INCEPTION PORT CL A	0.40%	USADDRESS	522 FIFTH AVENUE, 4TH FLOOR	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	61744J614
41548	MORGAN STANLEY INSIGHT A	0.40%	USADDRESS	522 FIFTH AVENUE, 4TH FLOOR	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	61747T106
41548	MORGAN STANLEY GLOBAL OPPORTUNITY I	0.15%	USADDRESS	522 FIFTH AVENUE, 4TH FLOOR	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	61756E693
41548	AMERICAN NEW WORLD FUND CLASS A	$18.00	USADDRESS	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	AMERICAN FUNDS GROUP	649280104
41548	PFG AMERICAN FUNDS GROWTH STRAT CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A694
41548	PFG AMERICAN FDS CONS INC STRAT CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A710
41548	PARNASSUS ENDEAVOR FUND	0.40%	USADDRESS	ONE MARKET STREET-STEUART TOWER SUITE 1600	SAN FRANCISCO	CA	94105	PARNASSUS FUNDS	701765869
41548	PIMCO LOW DURATION INCOME FUND CL A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	722005162
41548	PIMCO INCOME FUND CL A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	72201F474
41548	PIMCO PREFERRED AND CAPITAL SECS CL A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	72202E666
41548	PIMCO FLEXIBLE CREDIT INC FD INSTL	0.15%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	72202M106
41548	T ROWE PRICE COMM & TECHNOLOGY INVESTOR	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	74145410
41548	T ROWE PRICE HEALTH SCIENCES	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	74148010
41548	T ROWE PRICE RETIREMENT 2045 FD	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	74149P762
41548	PRIMECAP ODYSSEY AGGRESSIVE GRWTH FD	0.10%	USADDRESS	2020 E. FINANCIAL WAY, SUITE 100	GLENDORA	CA	91741	PRIME CAP ODYSSEY	74160Q202
41548	PRINCIPAL MID CAP FUND CLASS A	0.40%	USADDRESS	620 COOLIDGE DRIVE, SUITE 300	FOLSOM	CA	95630	PRINCIPAL	74254T443
41548	AKRE FOCUS FUND RETAIL	0.40%	USADDRESS	777 E. WISCONSIN AVE. 4TH FL	MILWAUKEE	WI	53202	AKRE FUNDS	742935117
41548	OSTERWEIS EMERGING OPPORTUNITY FUND	0.10%	USADDRESS	777 E. WISCONSIN AVE, 4TH FL	MILWAUKEE	WI	53202	OSTERWEIS	74316P744
41548	PGIM TOTAL RETURN BOND CL A	0.40%	USADDRESS	655 BROAD STREET	NEWARK	NJ	07102	PRUDENTIAL INVESTMENTS	74440B108
41548	PUTNAM SUSTAINABLE LEADERS FD CL A	0.40%	USADDRESS	ONE POST OFFICE SQUARE MAILZONE G3C	BOSTON	MA	02109	PUTNAM FUNDS	746916105
41548	T ROWE PRICE FINANCIAL SERVICES	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	77954N103
41548	T ROWE PRICE BLUE CHIP GROWTH INC	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	77954Q106
41548	T ROWE PRICE BLUE CHIP GROWTH ADV CL	0.40%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	77954Q205
41548	T ROWE PRICE EXTEND EQU MKT INDEX FUND	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	779552207
41548	T ROWE PRICE VALUE FUND ADVISOR CL	0.40%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	779578202
41548	T ROWE PRICE QM US SML CAP GRWTH EQUITY	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	779917103
41548	SCHWAB HEALTH CARE FUND	0.40%	USADDRESS	211 MAIN ST	SAN FRANCISCO	CA	94105	SCHWAB FUNDS	808509731
41548	STERLING CAPITAL EQUITY INCOME CL A	0.10%	USADDRESS	434 FAYETTEVILLE ST. 5TH FL	RALEIGH	NC	27601	STERLING CAPITAL FUNDS	85917L726
41548	TCW CORE FIXED INCOME CLASS N	0.35%	USADDRESS	865 SOUTH FIGUERA STREET, 22ND FLOOR	LOS ANGELES	CA	90017	TCW GALILEO	87234N724
41548	TOUCHSTONE SMALL COMPANY FUND CL A	0.08%	USADDRESS	303 BROADWAY, SUITE 1100	CINCINNATI	OH	452024203	TOUCHSTONE FAMILY OF FUNDS	89154Q257
41548	TOUCHSTONE MID CAP FUND CL Z	0.40%	USADDRESS	303 BROADWAY, SUITE 1100	CINCINNATI	OH	452024203	TOUCHSTONE FAMILY OF FUNDS	89155H785
41548	TRANSAMERICA CAPITAL GROWTH CL A	0.40%	USADDRESS	4333 EDGEWOOD RD NE	CEDAR RAPIDS	IA	52499	TRANSAMERICA	893958462
41548	VIRTUS KAR SMALL CAP GROWTH FUND CL I	0.10%	USADDRESS	101 MUNSON ST. STE. 3	GREENFIELD	MA	01301	VIRTUS	92828N593
41548	VIRTUS ALLIANZGI SMALL CAP A	0.40%	USADDRESS	101 MUNSON ST. STE. 3	GREENFIELD	MA	01301	VIRTUS	92837N196
41548	VIRTUS NFJ MID CAP VALUE A	0.40%	USADDRESS	101 MUNSON ST. STE. 3	GREENFIELD	MA	01301	VIRTUS	92837N279
41548	WASATCH ULTRA GROWTH	0.40%	USADDRESS	505 WAKARA WAY, SUITE 300	SALT LAKE CITY	UT	84108	WASATCH FUNDS	936772409
41548	ALLSPRING SPECIAL MID CAP VLUE FD A	0.40%	USADDRESS	525 MARKET ST., MAC #A0103-122	SAN FRANCISCO	CA	94105	ALLSPRING FUNDS	949921308
41548	WESTERN ASSET CORE PLUS BOND FUND FI	0.35%	USADDRESS	620 8TH AVENUE, 49TH FL.	NEW YORK	NY	10018	LEGG MASON	957663602

Brokerage Link Indirect Fees

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

EIN/PN: 95-4509662/003 Page 1
DATA AS OF: 02/10/2021

Plan Number	Payor Name	Compensation	Address Type	Street Address	City	State	Zip	Fund Family	CUSIP
41548	INVESCO SENIOR FLOATING RATE A	0.40%	USADDRESS	11 GREENWAY PLAZA; SUITE 100	HOUSTON	TX	77046	INVESCO	00141G872
41548	INVESCO BALANCED - RISK ALLOCATION CL A	0.40%	USADDRESS	11 GREENWAY PLAZA; SUITE 100	HOUSTON	TX	77046	INVESCO	00141V747
41548	INVESCO FUNDAMENTAL ALTERNATIVES A	0.40%	USADDRESS	11 GREENWAY PLAZA; SUITE 100	HOUSTON	TX	77046	INVESCO	00143W719
41548	AMG YACKTMAN FOCUSED N	0.40%	USADDRESS	600 STEAMBOAT ROAD, SUITE 300	GREENWICH	CT	06830	MANAGERS FUNDS	00170K570
41548	INVESCO GLOBAL INFRASTRUCTURE A	0.40%	USADDRESS	11 GREENWAY PLAZA; SUITE 100	HOUSTON	TX	77046	INVESCO	00888Y268
41548	INVESCO GLOBAL OPPORTUNITIES A	0.40%	USADDRESS	11 GREENWAY PLAZA; SUITE 100	HOUSTON	TX	77046	INVESCO	00900W779
41548	AB LARGE CAP GROWTH CLASS A	0.40%	USADDRESS	8000 IH 10 WEST; SUITE 1400, 14TH FLOOR	SAN ANTONIO	TX	78230	ALLIANCE CAPITAL FUNDS	01877C101
41548	ALLIANZGI MID CAP VALUE CL A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	ALLIANZ FUNDS	018918649
41548	ALLIANZGI SMALL CAP FUND CL A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	ALLIANZ FUNDS	018922575
41548	AMANA MUTUAL FUND TRUST INCOME	0.40%	USADDRESS	1300 NORTH STATE STREET	BELLINGHAM	WA	98225	AMANA MUTUAL FUNDS	022865109
41548	AMANA MUTUAL FUND TRUST GROWTH	0.40%	USADDRESS	1300 NORTH STATE STREET	BELLINGHAM	WA	98225	AMANA MUTUAL FUNDS	022865208
41548	AMERICAN AMCAP CLASS A	$18.00	USADDRESS	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	AMERICAN FUNDS GROUP	023375108
41548	AMERICAN MUTUAL FUNDCLASS A	$18.00	USADDRESS	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	AMERICAN FUNDS GROUP	027681105
41548	ANGEL OAK MULTI STRATEGY INCOME CL A	0.10%	USADDRESS	400 CITY CENTER (MK-WI-CCCL)	OSHKOSH	WI	54901	ANGEL OAK FUNDS	03463K307
41548	ARTISAN GLOBAL OPPORTUNITIES INV	0.39%	USADDRESS	875 EAST WISCONSIN AVENUE SUITE 800	MILWAUKEE	WI	53202	ARTISAN FUNDS	04314H824
41548	ARTISAN INTL VALUE FUND INV CL	0.39%	USADDRESS	875 EAST WISCONSIN AVENUE SUITE 800	MILWAUKEE	WI	53202	ARTISAN FUNDS	04314H881
41548	BAIRD MID CAP INSTL CLASS SHS	0.06%	USADDRESS	777 E. WISCONSIN AVE, 18TH FL	MILWAUKEE	WI	53202	BAIRD	057071813
41548	BARON EMERGING MARKETS FUND RETAIL	0.40%	USADDRESS	767 5TH AVENUE 49TH FLOOR	NEW YORK	NY	10153	BARON ASSET FUNDS	06828M884
41548	BLACKROCK MID CAP GROWTH EQUITY CL A	0.40%	USADDRESS	40 EAST 52ND STREET	NEW YORK	NY	10022	BLACKROCK FUNDS	091928846
41548	BLACKROCK TECHNOLOGYOPPORTUNITIES CL A	0.40%	USADDRESS	40 EAST 52ND STREET	NEW YORK	NY	10022	BLACKROCK FUNDS	091929570
41548	BLACKROCK HEALTH SCIENCES OPP PRT A	0.40%	USADDRESS	40 EAST 52ND STREET	NEW YORK	NY	10022	BLACKROCK FUNDS	091937573
41548	BLACKROCK SYSTEMATICMULTI STRAT INV A	0.40%	USADDRESS	40 EAST 52ND STREET	NEW YORK	NY	10022	BLACKROCK FUNDS	09260C109
41548	BUFFALO DISCOVERY FUND	0.40%	USADDRESS	615 E. MICHIGAN STREET	MILWAUKEE	WI	53202	BUFFALO FUNDS	119530103
41548	CALVERT EMERGING MARKETS EQUITY CL A	0.40%	USADDRESS	4550 MONTGOMERY AVENUESUITE 1000 N	BETHESDA	MD	20814	CALVERT GROUP	131649816
41548	CARILLON REAMS CORE PLUS BOND CL Y	0.40%	USADDRESS	P. O. BOX 33022	ST PETERSBURG	FL	337338022	EAGLE FUND SERVICES	14214M591
41548	CLIFFWATER CORPORATE LENDING FUND I	0.15%	USADDRESS	4640 ADMIRALTY WAY, 11TH FLOOR	MARINA DEL REY	CA	90292	CLIFFWATER LLC	186854204
41548	COLUMBIA DIVIDEND INCOME CL A	0.40%	USADDRESS	225 FRANKLIN ST, BX25 10320	BOSTON	MA	02110	COLUMBIA FUNDS	19765N278
41548	CONESTOGA SMALL CAP INVESTOR CLASS	0.40%	USADDRESS	225 PICTORIA DRIVE, SUITE 450	CINCINNATI	OH	45246	CONESTOGA	207019100
41548	DFA US CORE EQUITY I	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203413
41548	DOUBLELINE TOTAL RT BOND FD CL N	0.40%	USADDRESS	777 EAST WISCONSIN AVENUE	MILWAUKEE	WI	53202	DOUBLELINE	258620202
41548	AMERICAN EUROPACIFICGROWTH CLASS F1	0.37%	USADDRESS	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	AMERICAN CLASS F	298706409
41548	JP MORGAN MID CAP VALUE FUND CLASS A	0.08%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	339128308
41548	FRANKLIN STRATEGIC INCOME CLASS A	$16.00	USADDRESS	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	FRANKLIN GROUP OF FUNDS	354713505
41548	FRANKLIN SMALL CAP VALUE CLASS A	0.35%	USADDRESS	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	FRANKLIN GROUP OF FUNDS	355148305
41548	GUGGENHEIM TOTAL RETURN BOND CL P	0.40%	USADDRESS	9601 BLACKWELL RD., STE. 500	ROCKVILLE	MD	20850	RYDEX SERIES TRUST	40169J879
41548	OAKMARK INTL INVESTOR CL	0.35%	USADDRESS	111 SOUTH WACKER DR.	CHICAGO	IL	60606	OAKMARK FUNDS	413838202
41548	HENNESSY GAS UTILITYINVESTOR CL	0.40%	USADDRESS	7250 REDWOOD BLVD., STE 200	NOVATO	CA	94945	HENNESSY FUNDS	42588P833
41548	WCM FOCUSED INTL GROWTH FUND INVESTOR	0.40%	USADDRESS	2220 EAST ROUTE 66, SUITE 226	GLENDORA	CA	91740	WCM FUNDS	461418386
41548	JANUS HENDERSON ENTERPRISE T	0.35%	USADDRESS	151 DETROIT ST.	DENVER	CO	80206	JANUS FUNDS	471023804
41548	JANUS HENDERSON OVERSEAS T	0.35%	USADDRESS	151 DETROIT ST.	DENVER	CO	80206	JANUS FUNDS	471023846
41548	JPMORGAN EQUITY INCOME FUND CL A	0.40%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	4812C0464
41548	CLEARBRIDGE INTERN'TGROWTH FD CL A	0.40%	USADDRESS	620 8TH AVENUE, 49TH FL.	NEW YORK	NY	10018	LEGG MASON	524686540
41548	CLEARBRIDGE LARGE CAP GROWTH A	0.40%	USADDRESS	620 8TH AVENUE, 49TH FL.	NEW YORK	NY	10018	LEGG MASON	52469H826
41548	MFS INTERNATIONAL INTRINSIC VALUE CL A	0.40%	USADDRESS	111 HUNTINGTON AVE	BOSTON	MA	021997632	MFS FAMILY OF FUNDS	55273E301
41548	MFS GROWTH FUND CLASS A	0.40%	USADDRESS	111 HUNTINGTON AVE	BOSTON	MA	021997632	MFS FAMILY OF FUNDS	552985103
41548	MFS GLOBAL EQUITY CLASS A	0.40%	USADDRESS	111 HUNTINGTON AVE	BOSTON	MA	021997632	MFS FAMILY OF FUNDS	552986507
41548	MANNING & NAPIER RAINIER INTL DISCV S	0.40%	USADDRESS	290 WOODCLIFF DR.	FAIRPORT	NY	14450	MANNING & NAPIER	56382R670
41548	MATTHEWS ASIA DIVIDEND FUND	0.40%	USADDRESS	4 EMBARCADERO CENTER SUITE 550	SAN FRANCISCO	CA	94111	MATTHEWS ASIAN FUNDS	577125107
41548	METROPOLITAN WEST TOT RETURN BOND CL M	0.35%	USADDRESS	865 SOUTH FIGUEROA ST. #1400	LOS ANGELES	CA	90017	METROPOLITAN WEST FUNDS	592905103
41548	MORGAN STANLEY DISCOVERY PORT CL A	0.40%	USADDRESS	522 FIFTH AVENUE, 4TH FLOOR	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	617440599
41548	MORGAN STANLEY GROWTH PORTFOLIO A	0.40%	USADDRESS	522 FIFTH AVENUE, 4TH FLOOR	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	61744J564
41548	MORGAN STANLEY INSIGHT I	0.15%	USADDRESS	522 FIFTH AVENUE, 4TH FLOOR	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	61747T403
41548	MORGAN STANLEY GLOBAL OPPORTUNITY I	0.15%	USADDRESS	522 FIFTH AVENUE, 4TH FLOOR	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	61756E693
41548	ALPHACENTRIC INCOME OPPORTUNITIES CL I	0.15%	USADDRESS	80 ARKAY DRIVE	HAUPPAUGE	NY	11788	ALPHACENTRIC FUNDS	62827M144
41548	AMERICAN NEW WORLD FUND CLASS A	$18.00	USADDRESS	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	AMERICAN FUNDS GROUP	649280104
41548	PIMCO LOW DURATION INCOME FUND CL A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	722005162
41548	PIMCO INCOME FUND CL A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	72201F474
41548	PIMCO PREFERRED AND CAPITAL SECS CL A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	72202E666
41548	PIMCO FLEXIBLE CREDIT INC FD INSTL	0.15%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	72202M106
41548	PRIMECAP ODYSSEY AGGRESSIVE GRWTH FD	0.10%	USADDRESS	2020 E. FINANCIAL WAY, SUITE 100	GLENDORA	CA	91741	PRIME CAP ODYSSEY	74160Q202
41548	PRINCIPAL MID CAP FUND CLASS A	0.40%	USADDRESS	620 COOLIDGE DRIVE, SUITE 300	FOLSOM	CA	95630	PRINCIPAL	74254T443
41548	AKRE FOCUS FUND RETAIL	0.40%	USADDRESS	777 E. WISCONSIN AVE. 4TH FL	MILWAUKEE	WI	53202	AKRE FUNDS	742935117
41548	OSTERWEIS EMERGING OPPORTUNITY FUND	0.10%	USADDRESS	777 E. WISCONSIN AVE, 4TH FL	MILWAUKEE	WI	53202	OSTERWEIS	74316P744
41548	PGIM TOTAL RETURN BOND CL A	0.40%	USADDRESS	655 BROAD STREET	NEWARK	NJ	07102	PRUDENTIAL INVESTMENTS	74440B108
41548	PUTNAM SUSTAINABLE LEADERS FD CL A	0.40%	USADDRESS	ONE POST OFFICE SQUARE MAILZONE G3C	BOSTON	MA	02109	PUTNAM FUNDS	746916105
41548	T ROWE PRICE FINANCIAL SERVICES	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	77954N103
41548	T ROWE PRICE BLUE CHIP GROWTH INC	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	77954Q106
41548	T ROWE PRICE BLUE CHIP GROWTH ADV CL	0.40%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	77954Q205
41548	T ROWE PRICE EXTEND EQU MKT INDEX FUND	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	779552207
41548	T ROWE PRICE VALUE FUND ADVISOR CL	0.40%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	779578202
41548	T ROWE PRICE QM US SML CAP GRWTH EQUITY	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	779917103
41548	SCHWAB HEALTH CARE FUND	0.40%	USADDRESS	211 MAIN ST	SAN FRANCISCO	CA	94105	SCHWAB FUNDS	808509731
41548	TCW TOTAL RETURN BOND CLASS N	0.35%	USADDRESS	865 SOUTH FIGUERA STREET, 22ND FLOOR	LOS ANGELES	CA	90017	TCW GALILEO	87234N641
41548	TCW CORE FIXED INCOME CLASS N	0.35%	USADDRESS	865 SOUTH FIGUERA STREET, 22ND FLOOR	LOS ANGELES	CA	90017	TCW GALILEO	87234N724
41548	TEMPLETON GLOBAL BOND CLASS A	$16.00	USADDRESS	100 FOUNTAIN PARKWAY	ST. PETERSBURG	FL	33716	FRANKLIN GROUP OF FUNDS	880208103
41548	TOUCHSTONE SMALL COMPANY FUND CL A	0.08%	USADDRESS	303 BROADWAY, SUITE 1100	CINCINNATI	OH	452024203	TOUCHSTONE FAMILY OF FUNDS	89154Q257
41548	TOUCHSTONE MID CAP FUND CL Z	0.40%	USADDRESS	303 BROADWAY, SUITE 1100	CINCINNATI	OH	452024203	TOUCHSTONE FAMILY OF FUNDS	89155H785
41548	VIRTUS KAR SMALL CAP GROWTH FUND CL I	0.15%	USADDRESS	101 MUNSON ST. STE. 3	GREENFIELD	MA	01301	VIRTUS	92828N593
41548	WASATCH ULTRA GROWTH	0.40%	USADDRESS	505 WAKARA WAY, SUITE 300	SALT LAKE CITY	UT	84108	WASATCH FUNDS	936772409
41548	WELLS FARGO SPECIAL MID CAP CL A	0.40%	USADDRESS	525 MARKET ST., MAC #A0103-122	SAN FRANCISCO	CA	94105	WELLS FARGO FUNDS	949921308
41548	WESTERN ASSET CORE PLUS BOND FUND FI	0.35%	USADDRESS	620 8TH AVENUE, 49TH FL.	NEW YORK	NY	10018	LEGG MASON	957663602

SCHEDULE H, LINE 4A, SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
EIN 95-4509662
Plan 003
For the Year Ended December 31, 2021

	Total That Constitute Nonexempt Prohibited Transactions			
	Contributions Not Corrected	**Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCP)**	**Contribution Pending Correction in (VFCP)**	**Total Fully Corrected under (VFCP) and Prohibited Transaction Exemption 2002-51**
Participant Contributions Transferred Late to the Plan	$ —	$ 12,557,310	$ —	$ —

Check here if late participant loan repayments are included: X

OptumCare Management, LLC 401(k) Retirement Savings Plan

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 95-4509662
Plan 003
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 ***	**	$ 68,551,013
*		Participant loans (interest rate ranging from 4.25% to 7.50% with maturity dates ranging from January 2022 – July 2033)	$0	9,719,885
				$ 78,270,898

* 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