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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HENNEPIN HEALTHCARE SYSTEM INC

Doing Business As
HENNEPIN COUNTY MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address)
701 PARK AVENUE FINANCE P-1

Room/suite

City or town, state or country, and ZIP + 4
MINNEAPOLIS, MN 55415

D Employer identification number
42-1707837

E Telephone number
(612) 873-9252

G Gross receipts $ 658,217,560

F Name and address of principal officer
LARRY A KRYZANIAK
701 PARK AVENUE FINANCE P-1
MINNEAPOLIS, MN 55415

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW HCMED ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2007

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FORM 990, PART I, LINE1 AND FORM 990, PART III, LINE 1 HCMC IS A LEVEL ONE TRAUMA CENTER, ACUTE & TERTIARY CARE, PUBLIC TEACHING HOSPITAL HCMC PROVIDES THE BEST POSSIBLE CARE TO EVERY PATIENT SERVED AND SEARCHES FOR NEW WAYS TO IMPROVE HEALTHCARE FOR TOMORROW HCMC IS EDUCATING HEALTHCARE PROVIDERS FOR THE FUTURE AND ENSURING ACCESS TO HEALTHCARE FOR ALL FORM 990, PART I LINE 1, SIGNIFICANT ACTVIVITES FOR 2010 AS A SAFETY NET HOSPITAL, HCMC RECEIVES SUPPLEMENTAL MEDICAID PAYMENTS, ALSO KNOWN AS UPPER PAYMENT LIMIT PAYMENTS (UPL), FOR INPATIENT AND OUTPATIENT SERVICES THROUGH INTERGOVERNMENTAL TRANSFERS IN ACCORDANCE WITH SPECIFIC STATE STATUES SUBJECT TO FEDERAL REGULATIONS AND APPROVAL DURING 2009, MINNESOTA STATE LEGISLATION CREATED SEVERAL NEW SUPPLEMENTAL MEDICAID PAYMENT STATUTES UPON FEDERAL APPROVAL IN 2010, THE MEDICAL CENTER RECEIVED NONRECURRING PAYMENTS OF APPROXIMATELY 17 MILLION UNDER THESE STATUTES RELATED TO THE 2009 FEDERAL FISCAL YEAR HCMC ALSO RECEIVES AMOUNTS FR

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	5,164
6	Total number of volunteers (estimate if necessary)	**6**	384
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,084,330
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-74,062

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	210,560	55,618,122
9	Program service revenue (Part VIII, line 2g)	591,747,048	597,152,250
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	493,320	593,837
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,392,444	4,385,210
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	597,843,372	657,749,419

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,006,600	1,008,754
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	330,354,097	323,356,779
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	252,418,676	265,464,183
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	583,779,373	589,829,716
19	Revenue less expenses Subtract line 18 from line 12	14,063,999	67,919,703

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	350,021,810	429,395,423
21	Total liabilities (Part X, line 26)	143,085,452	154,539,362
22	Net assets or fund balances Subtract line 21 from line 20	206,936,358	274,856,061

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** 2011-10-21
Signature of officer Date

LARRY A KRYZANIAK CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
		2011-11-09		
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☑ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

FORM 990, PART I, LINE1 AND FORM 990, PART III, LINE 1 HCMC IS A LEVEL ONE TRAUMA CENTER, ACUTE & TERTIARY CARE, PUBLIC TEACHING HOSPITAL HCMC PROVIDES THE BEST POSSIBLE CARE TO EVERY PATIENT SERVED AND SEARCHES FOR NEW WAYS TO IMPROVE HEALTHCARE FOR TOMORROW HCMC IS EDUCATING HEALTHCARE PROVIDERS FOR THE FUTURE AND ENSURING ACCESS TO HEALTHCARE FOR ALL FORM 990, PART I LINE 1, SIGNIFICANT ACTVIVITES FOR 2010 AS A SAFETY NET HOSPITAL, HCMC RECEIVES SUPPLEMENTAL MEDICAID PAYMENTS, ALSO KNOWN AS UPPER PAYMENT LIMIT PAYMENTS (UPL), FOR INPATIENT AND OUTPATIENT SERVICES THROUGH INTERGOVERNMENTAL TRANSFERS IN ACCORDANCE WITH SPECIFIC STATE STATUES SUBJECT TO FEDERAL REGULATIONS AND APPROVAL DURING 2009, MINNESOTA STATE LEGISLATION CREATED SEVERAL NEW SUPPLEMENTAL MEDICAID PAYMENT STATUTES UPON FEDERAL APPROVAL IN 2010, THE MEDICAL CENTER RECEIVED NONRECURRING PAYMENTS OF APPROXIMATELY 17 MILLION UNDER THESE STATUTES RELATED TO THE 2009 FEDERAL FISCAL YEAR HCMC ALSO RECEIVES AMOUNTS FR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 517,550,863 including grants of $ 1,008,754) (Revenue $ 657,692,237)

HHS, INC , CONSISTS OF A HOSPITAL IN MINNEAPOLIS, PRIMARY CARE CLINICS IN THE FOLLOWING COMMUNITIES AND SPECIALTY CARE CENTERS AS FOLLOWS HOSPITAL HCMC OPERATES APPROXIMATELY 477 BEDS AS AN ACUTE CARE HOSPITAL AND COMPREHENSIVE ACADEMIC MEDICAL CENTER AND PUBLIC HOSPITAL LOCATED IN THE HEART OF THE TWIN CITIES OF MINNEAPOLIS AND ST PAUL, MINNESOTA HCMC IS MINNESOTA'S PREMIER LEVEL 1 TRAUMA CENTER WITH MANY NATIONALLY RECOGNIZED PROGRAMS AND SPECIALTIES HCMC IS A TEACHING HOSPITAL FOR DOCTORS WHO GO ON TO PRACTICE THROUGHOUT THE STATE AND NATION HCMC IS A SAFETY NET HOSPITAL PROVIDING CARE FOR LOW-INCOME, THE UNINSURED AND VULNERABLE POPULATIONS ACUTE DIALYSIS (DAVITA) ACUTE DIALYSIS SERVICES' MAIN PURPOSE AND GOAL IS TO PROVIDE QUALITY CARE TO ALL OUR PATIENTS WE ARE RESPONSIBLE FOR HEMODIALYSIS TREATMENTS AND OTHER NEPHROLOGY NURSING NEEDS OF THE ACUTE AND CHRONIC PATIENTS ADMITTED TO THE HOSPITAL WE PROVIDE THE PATIENT WITH THE SERVICES OF AN EXPERIENCED TEAMMATE AND WORK IN CONJUNCTION WITH THE HOSPITAL TO ENSURE THAT EACH PATIENT REACHES THE HIGHES LEVEL OF HEALTH, SECURITY, AND INDEPENDENCE 24- HOURS A DAY, 7-DAYS A WEEK ACUTE PSYCHIATRIC SERVICES (APS) APS IS A PSYCHIATRIC EMERGENCY DEPARTMENT OPEN 24 HOURS PER DAY, 7 DAYS PER WEEK, FOR ANYONE EXPERIENCING A MENTAL HEALTH OR EMOTIONAL CRISIS WE PROVIDE ASSESSMENT, INTERVENTION, AND REFERRAL AMBULATORY BURN CLINIC THE AMBULATORY BURN AND WOUND CLINIC WHICH SERVES ALL AGES, IS A SPECIALTY CLINIC PROVIDING COMPREHENSIVE TREATMENT AND MANAGEMENT OF PATIENTS WITH A VARIETY OF WOUNDS AND/OR PATIENTS NEEDING IV THERAPY AMBULATORY CARE AMBULATORY CARE SERVICES AT HENNEPIN COUNTY MEDICAL CENTER (HCMC) ARE SUPPORTED BY MORE THAN 300 PHYSICIANS AND RELATED PROVIDERS FROM HENNEPIN FACULTY ASSOCIATES (HFA) AND HCMC AMBULATORY CARE IS PROVIDED THROUGH BOTH MULTISPECIALTY AND PRIMARY CARE CLINICS ANESTHESIA GENERAL, MONITORED ANESTHESIA CARE AND REGIONAL ANESTHESIA ARE PROVIDED BY ANESTHESIOLOGISTS AND CERTIFIED REGISTERED NURSE ANESTHETISTS ANESTHESIA CARE IS PROVIDED FOR ELECTIVE, URGENT AND EMERGENT OPERATING ROOM CASES AND IN ANCILLARY AREAS INCLUDING CARDIAC CATHETER LAB, RADIOLOGY, VASCULAR ACCESS, GASTRO-INTESTIONAL LAB, LABOR AND DELIVERY AND PSYCHIATRY AUDIOLOGY CLINIC THE AUDIOLOGY CLINIC PROVIDES HIGH QUALITY INPATIENT AND OUTPATIENT SERVICES TO INDIVIDUALS OF ALL AGES, FROM INFANCY TO GERIATRIC OUR LICENSED AUDIOLOGISTS HAVE ADVANCED EXPERTISE IN EVALUATING AND TREATING A WIDE RANGE OF HEARING IMPAIRMENTS, AS WELL AS PRESCRIBING AND FITTING SOPHISTICATED HEARING INSTRUMENTS BIOMEDICAL ETHICS COMMITTEE FOCUS ON ETHICAL ISSUES THAT ARISE IN PATIENT CARE BONE AND MINERAL CLINIC SPECIALTY CLINIC FOR THE MANAGEMENT OF BONE AND MINERAL METABOLISM SUCH AS OSTEOPOROSIS AND KIDNEY STONE DISEASE ALSO PERFORM BONE DENSITOMETRY WITH AN IDXA BONE DENSITOMETRY SCANNER, THE NEWEST AVAILABLE TECHNOLOGY FOR DETECTING BONE DENSITY BURN CENTER THE BURN CENTER IS A 17 BED UNIT THAT HAS RECEIVED VERIFICATION AS A BURN CENTER FROM THE AMERICAN BURN ASSOCIATION A MULTIDISCIPLINARY TEAM APPROACH IS USED BY THE BURN CENTER TO PROVIDE INTENSIVE, ACUTE, AND REHABILITATIVE CARE TO ALL AGE GROUPS THAT PRESENT WITH THERMAL INJURIES, COMPLEX WOUNDS, PLASTIC SURGERY, AND SKIN DISORDERS OF VARYING SEVERITY CARDIAC SERVICES (HENNEPIN HEART CENTER) CARDIAC SERVICES INCLUDES THE FOLLOWING SERVICE AREAS CARDIAC CATHETERIZATION LABORATORY, CARDIAC ECHOCARDIOGRAPHY LABORATORY, CARDIAC MEDICAL INTERMEDIATE CARE (CMIC), CARDIAC REHABILITATION, CARDIAC-RENAL, UNIT (CARE), CARDIAC RESEARCH CARDIOLOGY ADMINISTRATION, CARDIOLOGY CLINIC CARDIOTHORACIC SURGERY, ELECTROCARDIOGRAM (EKG), ELECTROPHYSIOLOGY LABORATORY AND R5 OBSERVATION UNIT CENTRAL STERILE SUPPLY REPROCESSING OF REUSABLE MEDICAL / SURGICAL INSTRUMENTS AND SUPPLIES IN A MANNER THAT IS SAFE, EFFECTIVE, AND FOLLOWS RECOMMENDATIONS SET FORTH BY GOVERNING AGENCIES CENTRAL STERILE SUPPLY SERVES ALL HCMC CLINICS, NURSING STATIONS, OPERATING ROOMS AND OTHER AFFILIATES CHAPLAINCY (SPIRITUAL CARE) THE MISSION OF HENNEPIN COUNTY MEDICAL CENTER'S SPIRITUAL CARE DEPARTMENT IS TO PROVIDE SENSITIVE SUPPORT TO PATIENTS AND FAMILY MEMBERS AFFECTED BY CRISIS, ILLNESS OR LOSS-WHILE RESPECTING THEIR CULTURE, RELIGION, VALUE SYSTEMS, TRADITIONS AND FAITH COMMUNITIES THE DEPARTMENT HAS A NUMBER OF ITEMS AVAILABLE UPON REQUEST TO SUPPORT THE DIVERSE NEEDS OF MANY FAITHS CHILD/ADOLESCENT PSYCHIATRY CLINIC THE CHILD/ADOLESCENT PSYCHIATRY CLINIC OFFERS A VARIETY OF OUTPATIENT SERVICES TO HELP CHILDREN AND ADOLESCENTS WHO ARE HAVING BEHAVIORAL AND EMOTIONAL PROBLEMS SERVICES INCLUDE PSYCHIATRIC AND PSYCHOLOGICAL EVALUATIONS, THERAPY, PARENTING SKILLS COUNSELING AND MEDICATION MANAGEMENT COMPREHENSIVE CANCER CENTER THE COMPREHENSIVE CANCER CENTER IS COMMITTED TO PROVIDING THE FINEST IN CANCER-RELATED SERVICES THROUGH AN INTEGRATED SYSTEM OF HEALTH AND SOCIAL SERVICES THE CONTINUUM OF CARE EXTENDS FROM PREVENTION, DIAGNOSIS, TREATMENT, SYMPTOM CONTROL, AND CURE, THROUGH ALL RELATED ASPECTS OF ADJUSTMENT TO RELAPSE, SURVIVORSHIP, AND BEREAVEMENT COUNSELING CONTACT CENTER THE CONTACT CENTER IS A MAIN POINT OF PATIENT ENTRY INTO HENNEPIN COUNTY MEDICAL CENTER'S HOSPITAL AND MEDICAL CLINICS WE PROVIDE PATIENTS WITH ONE-STOP ACCESS TO THE SERVICES PROVIDED BOTH ON AND OFF CAMPUS PATIENTS ARE ABLE TO REGISTER, SCHEDULE, RESCHEDULE, OR CANCEL APPOINTMENTS, SIGN UP FOR MY CHART ACTIVATION, AND LEARN MORE ABOUT TOPICS DISCUSSED ON WCCO'S HEALTHY MATTER'S RADIO SHOW IN ADDITION, THE CONTACT CENTER'S TRIAGE NURSES OFFER TRIAGE SUPPORT, SYMPTOM SUPPORT, LAB RESULTS, APPOINTMENT SCHEDULING, REFILL MANAGEMENT AND REQUESTS, AND WILL CONTACT PROVIDERS AS NEEDED CONTINUING MEDICAL EDUCATION THE PURPOSE OF MEDICAL CENTER'S CME PROGRAM IS TO PROVIDE ORGANIZED, PLANNED EDUCATION ACTIVITIES TO HELP PHYSICIANS IMPROVE THEIR MEDICAL KNOWLEDGE, DELIVERY OF-HEALTHCARE, AND PROFESSIONAL NETWORKING HCMC IS ACCREDITED BY THE MINNESOTA MEDICAL ASSOCIATION TO SPONSOR AMA PRA CATEGORY 1 CREDIT(S) FOR PHYSICIANS COORDINATED CARE SYSTEM THE HENNEPIN COORDINATED CARE SYSTEM (HCCCS) PROVIDES CARE FOR PATIENTS WITH COMPLEX MEDICAL NEEDS AND "EXPRESS ACCESS" TO CLINICS POST DISCHARGE EACH MONTH AN AVERAGE OF 1400 PATIENTS ARE SEEN SERVICE IS PROVIDED TO OUTPATIENTS AND INPATIENTS THE AGES OF THE PATIENT POPULATION RANGE FROM PEDIATRICS THROUGH GERIATRICS THEY REPRESENT A LARGE VARIETY OF RACES AND ETHNIC GROUPS AND VARIOUS FINANCIAL BACKGROUNDS THEY MAY BE INSURED, UNDERINSURED, OR UNINSURED APPROXIMATELY THIRTY PERCENT OF PATIENTS ARE UNDER AGE 12, AND ABOUT TEN PERCENT ARE OVER AGE 65 DISABILITY EVALUATION CENTER (DEC) THE DISABILITY EVALUATION CENTER ASSISTS HENNEPIN COUNTY MEDICAL CENTER PATIENTS WITH APPLICATIONS TO THE STATE MEDICAL REVIEW TEAM (SMRT) FOR DISABILITY AS WELL AS SOCIAL SECURITY APPLICATIONS WE WILL ASSIST THE PATIENT IN COMPLETING FORMS, SCHEDULING EXAMS THAT ARE REQUIRED BY THE STATE OR THE DEC AS WELL AS PROVIDE A RESOURCE FOR ALL HCMC USERS ELECTROENCEPHALOGRAM LAB (EEG) THE EEG LAB OFFERS DIAGNOSTIC TESTING FOR ALL PATIENTS FROM NEWBORNS TO ADULTS UPON A RECOMMENDATION FROM A PHYSICIAN ROUTINE EEG TESTING (RECORDING OF ELECTRICAL IMPULSES FROM THE BRAIN) IS PERFORMED IN BOTH AN INPATIENT AND OUTPATIENT SETTING EEG TESTING IN THE OPERATING ROOM IS USED TO MONITOR NEUROLOGICAL FUNCTION DURING SURGERY EMERGENCY MEDICINE (EMS) EMERGENCY MEDICAL SERVICES INCLUDES THE FOLLOWING SERVICE AREAS - EMERGENCY DEPARTMENT AND EXPRESS CARE - EMERGENCY MEDICAL SERVICES, COMPRISED OF EMS FIELD OPERATIONS, EMS EMERGENCY COMMUNICATION CENTER, EMS EDUCATION ELECTROMYOGRAPHY LABORATORY DEPARTMENT (EMG) THE EMG LABORATORY PROVIDES NERVE CONDUCTION STUDIES (NCS), NEEDLE ELECTROMYOGRAPHY, AUTONOMIC NERVOUS SYSTEM TESTING, BOTULINIUM TOXIN AND PHENOL INJECTIONS ON ADULT AND PEDIATRIC INPATIENTS (AMBULATORY OR PORTABLE) AND OUTPATIENTS FROM ALL ETHNIC AND SOCIO-ECONOMIC GROUPS EAR, NOSE AND THROAT CLINIC (ENT) THE ENT CLINIC IS A SPECIALTY CLINIC THAT PROVIDES A WIDE RANGE OF SURGICAL, DIAGNOSTIC AND POSTOPERATIVE MANAGEMENT OF PATIENTS WITH EAR, NOSE AND THROAT CONDITIONS EXTENDED CARE DEPARTMENT EXTENDED CARE PROVIDES PRIMARY CARE TO HCMC PATIENTS LIVING IN NURSING FACILITIES FAMILY MEDICINE DEPARTMENT THE VISION OF DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE IS TO USE HIGH QUALITY MEDICAL EDUCATION AND PATIENT CARE TO CREATE EXCELLENT FAMILY PHYSICIANS WHO ARE SKILLED IN CARING FOR PEOPLE OF DIVERSE CULTURES, COMMITTED TO SERVING THEIR COMMUNITY, AND COMPETENT TO PRACTICE IN MULTIPLE SETTINGS GASTROINTESTINAL LAB (GI) THE GI LAB IS PART OF THE SURGICAL SERVICES AREA PROVIDING PRE-PROCEDURE, PROCEDURAL AND NURSING VISITS TO A DIVERSE POPULATION OF BOTH INPATIENTS AND OUTPATIENTS SERVING PRIMARILY ADULTS G3 MEDICAL /SURGICAL / ORTHOPAEDICS G3 IS A 37-BED, ALL PRIVATE-ROOM UNIT THAT SERVES MEDICAL AND SURGICAL PATIENTS, WITH AN EMPHASIS ON ORTHOPAEDICS AND HOSPITALIST

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 517,550,863

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	287		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	5,164		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DAVID ALBRIGHT
701PARK AVENUE FINANCE P-1
701 PARK AVENUE FINANCE P-1
MINNEAPOLIS,MN 55415
(612) 873-9292

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ARTHUR A GONZALEZ CEO/SECRETAR	55 00	X		X				525,104	0	40,046
(2) RANDALL JOHNSON DIRECTOR	2 00	X						0	97,143	15,125
(3) MICHAEL OPAT DIRECTOR	2 00	X						0	88,983	25,850
(4) ANITA PAMPUSCH PHD DIRECTOR	2 00	X						0	0	0
(5) CHRISTOPHER PUTO PHD DIRECTOR/ TR	2 00	X						0	0	0
(6) DAVID JONES CHAIR-FINANC	2 00	X						0	0	0
(7) DONALD JACOBS MD DIRECTOR	2 00	X						0	0	0
(8) JAN MALCOLM DIRECTOR	2 00	X						0	0	0
(9) JUDITH SHANK MD DIRECTOR	2 00	X						0	0	0
(10) MARK BERNHARDSON CHAIRMAN	2 00	X						0	0	0
(11) MARY AZZAHIR CHAIR-GOVERN	2 00	X						0	0	0
(12) RAYMOND WALDRON DIRECTOR	2 00	X						0	0	0
(13) SHARON SAYLES BELTON VICE CHAIR	2 00	X						0	0	0
(14) LARRY KRYZANIAK CFO	55 00			X				319,813	0	30,984
(15) JOANNE SUNQUIST CIO	55 00				X			236,765	0	31,539
(16) KATHY WILDE CNO	55 00				X			233,405	0	24,841

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) TIMOTHY HARLIN CHIEF OPERAT	55 00				X			215,922	0	38,218
(18) TERRY W HOWELL CHIEF QUALIT	55 00				X			213,246	0	23,747
(19) JEANETTE TAYLOR-JONES VP SUPPORT S	55 00				X			195,574	0	28,074
(20) MICHAEL HARRISTHAL VP PUBLIC PO	55 00				X			160,607	0	27,367
(21) SCOTT CHASTEK ANESTHETIST	55 00					X		172,961	0	22,526
(22) MICHAEL SINGH ANESTHETIST	55 00					X		169,021	0	19,786
(23) SAMUEL D FINE PHARMACIST	55 00					X		167,579	0	28,294
(24) DIONNE HART PSYCHIATRIST	55 00					X		156,454	0	0
(25) THOMAS J LUTTENEGGER ANESTHETIST	55 00					X		155,971	0	27,502
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,922,422	186,126	383,899

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 207

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HENNEPIN FACULTY ASSOCIATES HENNEPIN FACULTY ASSOCIATES 914 SOUTH 8TH STREET 600 914 SOUTH 8TH STREET 600 MINNEAPOLIS, MN 55404	HEALTH SERVICES	46,682,311
MCGOUGH CONSTRUCTION INC MCGOUGH CONSTRUCTION INC 2737 FAIRVIEW AVENUE N 2737 FAIRVIEW AVENUE N SAINT PAUL, MN 55113	CONSTRUCTION	16,538,772
UNIVERSITY OF MINNESOTA UNIVERSITY OF MINNESOTA 420 DELAWARE STREET 420 DELAWARE ST SE MINNEAPOLIS, MN 55455	MEDICAL EDUCATI	6,586,978
SODEXO HEATLTHCARE SERVICES DODEXO HEALTHCARE SERVICES 3023 RANDOLPH STREET NE 4880 PAYSPERE CIRCLE CHICAGO, IL 60674	HEALTH SERVICES	4,959,460
EPIC SYSTEMS CORPORATION EPIC SYSTEMS CORPORATION BOX 88314 BOX 88314 MILWAUKEE, WI 53288	CONSULTING/MEDI	3,901,571

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 238

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e	55,246,873			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	371,249			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		55,618,122			
Program Service Revenue		Business Code				
	2a MEDICARE/MEDICAID PAYMENTS	900099	241,139,245	241,139,245		
	b INPATIENT REVENUE-NON GOV'T	900099	172,955,063	172,955,063		
	c OUTPATIENT REVENUE-NON GOV'T	900099	98,967,915	98,967,915		
	d OTHER STATE/FEDERAL PROGRAMS	900099	53,310,614	53,310,614		
	e INPATIENT PHARMACY	446110	26,959,568	26,959,568		
	f All other program service revenue		3,819,845	2,233,842		1,586,003
	g **Total.** Add lines 2a–2f . . . . . ▶		597,152,250			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,061,978			1,061,978
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents	1,122,572				
	b Less rental expenses					
	c Rental income or (loss)	1,122,572				
	d Net rental income or (loss) . . . . . ▶		1,122,572			1,122,572
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses	468,141				
	c Gain or (loss)	-468,141				
	d Net gain or (loss) . . . . . ▶		-468,141			-468,141
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA SALES	722210	1,904,586			1,904,586
	b UNRELATED PARKING LOT REVENUE	812930	570,612		570,612	
	c UNRELATED PHARMACY REVENUE	446110	513,718		513,718	
	d All other revenue		273,722	273,722		
	e **Total.** Add lines 11a–11d . . . . . ▶		3,262,638			
	12 **Total revenue.** See Instructions . . . ▶		657,749,419	595,839,969	1,084,330	5,206,998

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,008,754	1,008,754		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,887,190	316,104	1,571,086	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	241,835,314	201,327,899	40,507,415	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,682,701	13,888,349	2,794,352	
9 Other employee benefits	46,428,373	38,651,621	7,776,752	
10 Payroll taxes	16,523,201	13,755,565	2,767,636	
a Fees for services (non-employees) Management				
b Legal				
c Accounting	170,029	102,017	68,012	
d Lobbying	170,655		170,655	
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion	1,093,431	910,281	183,150	
13 Office expenses				
14 Information technology	913,567	760,545	153,022	
15 Royalties				
16 Occupancy	9,067,623	7,548,796	1,518,827	
17 Travel	352,995	293,868	59,127	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	257,913	214,713	43,200	
20 Interest	610,486	508,230	102,256	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,577,625	27,953,373	5,624,252	
23 Insurance	317,605	264,406	53,199	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MEDICAL SUPPLIES & MEDIC	65,928,779	65,928,779		
b PURCH SRV-HFA	36,895,455	36,895,455		
c BAD DEBTS	33,771,517	33,771,517		
d FACILITY/GROUNDS MAINT	14,482,543	12,056,717	2,425,826	
e MN CARE TAX/SURCHARGE	10,923,714	10,923,714		
f All other expenses	56,930,246	50,470,160	6,460,086	
25 **Total functional expenses.** Add lines 1 through 24f	589,829,716	517,550,863	72,278,853	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		37,693,888	1	88,716,597
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		102,079,046	4	118,822,733
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,617,615	8	3,278,587
	9	Prepaid expenses and deferred charges		2,141,933	9	3,937,867
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 519,118,830			
	b	Less accumulated depreciation	10b 307,700,890	203,292,824	10c	211,417,940
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		901,368	12	858,986
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		295,136	15	2,362,713
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		350,021,810	16	429,395,423
Liabilities	17	Accounts payable and accrued expenses		130,104,500	17	144,000,283
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		12,980,952	25	10,539,079
	26	**Total liabilities.** Add lines 17 through 25		143,085,452	26	154,539,362
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund		187,755,685	31	203,416,365
	32	Retained earnings, endowment, accumulated income, or other funds		19,180,673	32	71,439,696
	33	Total net assets or fund balances		206,936,358	33	274,856,061
	34	Total liabilities and net assets/fund balances		350,021,810	34	429,395,423

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	657,749,419
2	Total expenses (must equal Part IX, column (A), line 25)	2	589,829,716
3	Revenue less expenses Subtract line 2 from line 1	3	67,919,703
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	206,936,358
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	274,856,061

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☑ Other ENTERPRISE FUND If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number
42-1707837

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

_____

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

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

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
HENNEPIN HEALTHCARE SYSTEM INC	42-1707837

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☑ No

4a Was a correction made? ☐ Yes ☑ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☑ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	114,523	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	56,132	
c Total lobbying expenditures (add lines 1a and 1b)	170,655	
d Other exempt purpose expenditures	589,659,061	
e Total exempt purpose expenditures (add lines 1c and 1d)	589,829,716	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☑ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount			1,000,000	1,000,000	2,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000
c Total lobbying expenditures			213,175	170,655	383,830
d Grassroots non-taxable amount			250,000	250,000	500,000
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000
f Grassroots lobbying expenditures			160,810	114,523	275,333

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
	SCHEDULE C, PART I-A, LINE 1	HENNEPIN HEALTHCARE SYSTEM, INC AND HENNEPIN COUNTY MN ENTERED INTO A SERVICE AGREEMENT WITH HENNEPIN COUNTY INTERGOVERNMENTAL RELATIONS (IGR), TO FURNISH STATE AND FEDERAL LOBBYING SERVICES RELATED TO HHS, INC MISSION AND PURPOSE TOTAL 100,000 HHS, INC PAYS ASSOCIATION DUES TO THE FOLLOWING ORGANIZATIONS OF WHICH A PORTION OF THE DUES ARE FOR LOBBYING EFFORTS THE FOLLOWING AMOUNTS ARE THE PORTION THAT REPRESENTS LOBBYING 1 MINNESOTA HOSPITAL ASSOCIATION 4,180 2 ASSOCIATION OF AMERICAN MEDICAL COLLEGES 678 3 SAFETY NET HOSPITALS FOR PHARMACEUTICAL ACCESS 165 4 NATIONAL ASSOCIATION FOR PUBLIC HOSPITALS 9,500 TOTAL 14,523 TOTAL GRASS ROOTS LOBBYING BY HHS FOR 2010 114,523 HHS, INC INCURRED 56,132 FOR DIRECT LOBBYING EXPENSE IN REACTION TO THE ELIMINATION OF APPROXIMATELY 46 MILLION IN STATE OF MINNESOTA FUNDING FOR GENERAL ASSISTANCE MEDICAL CARE (GAMC) THAT WAS LINE ITEM VETOED BY THE GOVERNOR IN 2009 GAMC PROVIDES CARE FOR THOSE WHO HAVE NO, OR CAN NOT AFFORD HEALTH INSURANCE IN THE STATE OF MINNESOTA THE LOBBYIST IS REGISTERED WITH THE STATE OF MINNESOTA HCMC DISCOUNTINUED THE USE OF A LOBBYIST IN FEB 2011

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number
42-1707837

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,939,367		18,939,367
b Buildings		289,896,145	172,893,741	117,002,404
c Leasehold improvements		5,698,088	3,492,261	2,205,827
d Equipment		134,467,584	92,202,520	42,265,064
e Other		70,117,646	39,112,368	31,005,278
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				211,417,940

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
LEASE REFUNDING CERTIFICATES	10,539,079
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	10,539,079

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	657,749,419
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	589,829,716
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	67,919,703
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	67,919,703

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	617,185,902
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	617,185,902
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	40,563,517		
c	Add lines **4a** and **4b**			4c	40,563,517
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	657,749,419

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	549,266,199
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	549,266,199
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	40,563,517		
c	Add lines **4a** and **4b**			4c	40,563,517
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	589,829,716

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	BAD DEBT RECLASS -33,771,517 IGT2 RECLASS - 6,792,000 BAD DEBT RECLASS 33,771,517 IGT2 RECLASS 6,792,000
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	BAD DEBT RECLASS 33,771,517 IGT2 RECLASS 6,792,000
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	BAD DEBT RECLASS 33,771,517 IGT2 RECLASS 6,792,000

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number
42-1707837

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			31,956,000		31,956,000	5 420 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			209,587,000	189,534,000	20,053,000	3 400 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			241,543,000	189,534,000	52,009,000	8 820 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	24	3,030,327	3,994,922	3,942,883	52,039	0 010 %
f Health professions education (from Worksheet 5)	5	1,320	64,347,214	41,954,569	22,392,645	3 800 %
g Subsidized health services (from Worksheet 6)	1	50,000	233,704	93,000	140,704	0 020 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	1	200	9,000		9,000	
j **Total** Other Benefits	31	3,081,847	68,584,840	45,990,452	22,594,388	3 830 %
k **Total.** Add lines 7d and 7j	31	3,081,847	310,127,840	235,524,452	74,603,388	12 650 %

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support	1		13,511		13,511	
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	1		23,988	1,700	22,288	
7	Community health improvement advocacy	1		11,200		11,200	
8	Workforce development						
9	Other						
10	**Total**	3		48,699	1,700	46,999	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	16,530,000		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	104,805,000
6	Enter Medicare allowable costs of care relating to payments on line 5	6	152,139,000
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-47,334,000
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	HENNEPIN HEALTHCARE SYSTEM INC HENNEPIN COUNTY MEDICAL CENTER 701 PARK AVENUE MINNEAPOLIS,MN 55415	X	X	X	X		X	X	X	LEVEL 1 TRAUMA HOSPITAL

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **7**

	Name and address	Type of Facility (Describe)
1	HCMC- BROOKLYN CENTER CLINIC 6601 SHINGLE CREEK PARKWAY MINNEAPOLIS,MN 55430	HOSPITAL BASED CLINIC
2	HCMC- BROOKLYN CENTER CLINIC 6601 SHINGLE CREEK PARKWAY MINNEAPOLIS,MN 55430	HOSPITAL BASED CLINIC
3	HCMC- BROOKLYN CENTER CLINIC 6601 SHINGLE CREEK PARKWAY MINNEAPOLIS,MN 55430	HOSPITAL BASED CLINIC
4	HCMC- BROOKLYN CENTER CLINIC 6601 SHINGLE CREEK PARKWAY MINNEAPOLIS,MN 55430	HOSPITAL BASED CLINIC
5	HCMC- BROOKLYN CENTER CLINIC 6601 SHINGLE CREEK PARKWAY MINNEAPOLIS,MN 55430	HOSPITAL BASED CLINIC
6	HCMC- BROOKLYN CENTER CLINIC 6601 SHINGLE CREEK PARKWAY MINNEAPOLIS,MN 55430	HOSPITAL BASED CLINIC
7	HCMC- BROOKLYN CENTER CLINIC 6601 SHINGLE CREEK PARKWAY MINNEAPOLIS,MN 55430	HOSPITAL BASED CLINIC
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
OTHER TESTING METHODS FOR FREE OR DISCOUNTED CARE	PART I LINE 3C	THIS LINE IS NOT APPLICABLE
SUBSIDIZED HEALTH SERVICES EXPLANATION	PART I LINE 7G	THE HOSPITAL PROVIDES SERVICES THAT WOULD NOT BE PROVIDED OR WOULD NEED TO BE PROVIDED BY THE GOVERNMENT OR OTHER NONPROFITS IF THE DECISION WAS BASED ON FINANCIAL TERMS RESPOND TO PUBLIC HEALTH NEEDS OR INVOLVE EDUCATION OR RESEARCH THAT FURTHERS COMMUNITY HEALTH THE HOSPITAL ALSO PROVIDES EMERGENCY AND TRAUMA BEHAVIORAL HEALTH SERVICES OTHER SERVICES PROVIDED AT A FINANCIAL LOSS BECAUSE THEY MEET COMMUNITY NEEDS INCLUDE EMERGENCY CLOTHING FOR ADULTS AND CHILDREN WHEN PATIENTS CANNOT AFFORD CLOTHING APPROPRIATE FOR THE WEATHER HAVE CLOTHING RUINED IN AN ACCIDENT OR CLOTHING THAT IS IN POOR SHAPE OR TOO WORN ADDRESSING HOMELESSNESS AND POVERTY SUPPORTING ECONOMIC DEVELOPMENT OR ENVIRONMENTAL PROTECTION EFFORTS OR IMPROVING PUBLIC SPACES THROUGH REVITALIZATION
EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	PART I LINE 7 COLUMN F	COMMUNITY BENEFIT AMOUNTS DO NOT INCLUDE BAD DEBTS IN THE AMOUNT OF 33772000 THIS IS COMPUTED FROM HHS INC EPIC AR SYSTEM AND FROM WRITE OFFS CHARGES FORGONE AND BAD DEBT POSTED OR RESERVED FOR IN THE GENERAL LEDGER FOR COMMUNITY BENEFIT REPORTING IN THE NOTES TO THE FINANCIAL STATEMENTS THE MINNESOTA HOSPITAL ASSOCIATION INCLUDES BAD DEBTS AS COMMUNITY BENEFIT AS ALL OTHER HOSPITALS REPORT THIS AMOUNT WHICH IS SEPARATELY LISTED ALONG WITH OTHER COMMUNITY BENEFITS WHICH ARE REPORTED TO THE MINNESOTA STATE LEGISLATURE
COSTING METHODOLOGY EXPLANATION	PART I LINE 7	HENNEPIN HEALTHCARE SYSTEM INC AS A SAFETY NET HOSPITAL HAS A TREAT FIRST POLICY TO MEET THE HEALTHCARE NEEDS OF ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY CONSISTENT WITH A COMMITMENT TO CHARITABLE PURPOSES AND A DEDICATION TO SERVING THE HEALTHCARE NEEDS OF THE COMMUNITY NO INDIVIDUAL IS TURNED AWAY OR DENIED TREATMENT FOR COSTING PURPOSES HHS INC USES A COMBINATION OF STANDARD COSTING WHERE APPLICABLE AND FEDERAL POVERTY GUIDELINES PART I LINE 7A INCLUDED IN CHARITY CARE AT COST IS MN CARE TAX AND SURCHARGE TAXES IN THE AMOUNT OF 6046387 AND 4721100 RESPECTIVELY THESE TAXES ARE IMPOSED BY MINNESOTA STATUTE TO COVER COST OF PROVIDING HEALTHCARE COVERAGES FOR THOSE WHO CANNOT AFFORD INSURANCE
COMMUNITY BUILDING ACTIVITIES	PART II	THE HOSPITAL IS HEAVILY INVOLVED IN COMMUNITY SUPPORT PROGRAMS INCLUDING DOMESTIC FAMILY VIOLENCE PROGRAMS FOR THE SURROUNDING COUNTIES IN THE STATE OF MINNESOTA SUSPECTED CHILD ABUSE AND NEGLECTSCANT PROGRAMS AND CONFERENCES TO MEET THE NEEDS OF COMMUNITIES NATIVE AMERICAN ADVOCATE WHICH IS HEALTH IMPROVEMENT ADVOCACY FOR NATIVE AMERICANS ADDRESSING HOMELESSNESS AND POVERTY SUPPORTING ECONOMIC DEVELOPMENT AND ENVIRONMENTAL PROTECTION EFFORTS OR IMPROVING PUBLIC SPACE THROUGH REVITALIZATION EACH PROGRAM IS DONE ANNUALLY AND IS FREE OF CHARGE
BAD DEBT EXPENSE EXPLANATION	PART III LINE 4	BAD DEBTS IN THE COST AMOUNT OF 16530000 AS REPORTED ON LINE 2 IS THE COST AS A PERCENTAGE OF ADJUSTED PATIENT CHARGES DIVIDED BY OPERATING EXPENSES TO ACHIEVE A COST TO CHARGE RATIO THIS AMOUNT IS THE PRODUCT OF THE RATIO OF COST TO CHARGES MULTIPLIED BY THE BAD DEBT EXPENSE PART III LINE 4 BAD DEBT EXPENSE EXPLANATION BAD DEBTS EXPENSE IN THE AMOUNT OF 33772000 WHICH IS NOT INCLUDED IN COMMUNITY BENEFITS IS THE AMOUNT RECORDED DURING 2010 WHICH IS WRITTEN OFF OR SENT TO COLLECTIONS NET OF RECOVERIES AS PART OF BOOK RESERVES FOR ADJUSTMENTS TO THE ONGOING BAD DEBT ALLOWANCE ON OPEN ACCOUNTS RECEIVABLE
MEDICARE EXPLANATION	PART III LINE 8	THE SHORTFALL IN MEDICARE IS DETERMINED BY THE COST TO CHARGE RATIO THAT IS COMPUTED EVERY YEAR AND COMPARED FOR REASONABLENESS THE SHORTFALL IN MEDICARE PAYMENTS TO COMPUTED COSTS REPRESENTS THE NET COSTS THAT THE HOSPITAL INCURS FOR NONCOMMUNITY BENEFIT MEDICARE EXPENSES ABSORBED BY THE HOSPITAL
COLLECTION PRACTICES EXPLANATION	PART III LINE 9B	HHS INC USES A COMBINATION OF DISCOUNT AND COLLECTION POLICIES PATIENTS ARE SCREENED USING ESTABLISHED GUIDELINES AS SET BY THE HOSPITAL AND WHEREVER POSSIBLE THE PATIENT OR PATIENTS FAMILY CAN FILL OUT AN APPLICATION FOR FINANCIAL ASSISTANCE THOSE THAT DO NOT QUALIFY FOR MEDICAL ASSISTANCE CHARITY CARE OR HENNEPIN CARE OR WHO ARE UNINSURED WILL BE OFFERED AN UNINSURED DISCOUNT CARE PATIENTS WITH SELF PAY BALANCES WHO ARE CONSIDERED ABLE TO PAY BASED ON FINANCIAL SCREENING MAY BE TURNED OVER TO COLLECTIONS IF THE HOSPITAL DEEMS THAT THEY HAVE THE ABILITY TO COLLECT FOR SERVICES
NEEDS ASSESSMENT	PART VI	SCHEDULE H PART V COMMUNITY HEALTH NEEDS ASSESSMENT AS REQUIRED BY MINNESOTA LAW HHS INC IS REQUIRED TO PERFORM AN ANNUAL NEEDS ASSESMENT FOR THE SURROUNDING METRO TWIN CITIES AREA ENTITLED HEALTH SERVICES PLAN THE REPORT IS ANNUALLY APPROVED BY HHS INC BOARD AND THE HENNEPIN COUNTY HEALTH HUMAN SERVICES COMMITTEE THE REPORT IS ALSO SUBMITTED TO THE MINNESOTA DEPARTMENT OF HEALTH HHS INC USES A VARIETY OF COMMUNITY NEEDS ASSESSMENTS EG SHAPE AND HEALTH SERVICE PLANNING DOCUMENTS TO DEVELOP A PROFILE OF THE HEALTH STATUS OF THE COMMUNITY CURRENTLY THERE ARE NO COMPREHENSIVE AND WIDELY ACCESSIBLE AND ACCEPTED DOCUMENTS THAT PROVIDE A DEFENSIVE BASELINE AS A MEANS FOR LONGITUDINAL ESTIMATE FOR IMPROVEMENT HHS INC USES STUDIES OR INITIATIVES BEING CONDUCTED BY PUBLIC HEALTH DEPARTMENTS HEALTH CARE SYSTEMS AND OTHER AGENCIES AND ENTITIES FOCUSED ON SPECIFIC CONDITIONS OR SPECIFIC GEOGRAPHIC REGIONS IMPROVEMENTS INCLUDE THE IDENTIFICATION OF DATASETS TO CREATE AND SYNDICATE BASELINE DATA AND ENGAGE IN COLLABORATIVE DISCUSSIONS AMONG AND BETWEEN PUBLIC HEALTH DEPARTMENTS AND HEALTH CARE SYSTEMS HCMC CONDUCTED EXPLORATORY DISCUSSION SESSIONS THAT INCLUDED ALL OF THE HENNEPIN COUNTY HEALTHCARE SYSTEMS OPEN COMMUNITY FORUM AND THE THREE LARGEST PUBLIC HEALTH DEPARTMENTS HCMC DATA SHOW THAT PROFOUND HEALTH DISPARITIES EXIST IN MINNESOTA AT HCMC 6065 OF SERVICES ARE PROVIDED TO PERSONS BELONGING TO RACIAL AND ETHNIC MINORITIES HCMCHHS ADMINISTERS PRESS GANEY PATIENT SATISFACTION SURVEYS IN FIVE LANGUAGES AND HAS BEGUN TO STRATIFY RESULTS BY RACE AND ETHNICITY THUS ALLOWING FOR GREATER AWARENESS AND THE OPPORTUNITY FOR FOCUSED INTERVENTION THE HEALTH SERVICES PLAN IS APPROVED ANNUALLY BY THE HENNEPIN HEALTHCARE SYSTEM INC BOARD OF DIRECTORS AND THE HENNEPIN COUNTY HEALTH HUMAN SERVICES COMMITTEE
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI	PATIENTS ARE SCREENED USING ESTABLISHED GUIDELINES AS SET BY THE HOSPITAL AND WHEREVER POSSIBLE THE PATIENT OR PATIENTS FAMILY CAN FILL OUT AN APPLICATION FOR MEDICAL ASSISTANCE ANDOR HENNEPIN CARE REQUIRED TO SUBMIT THE REQUIRED VERIFICATIONS FOR THOSE THAT DO NOT QUALIFY FOR CHARITY CARE HENEPIN CARE MAY BE ELIGIBLE FOR AN UNINSURED DISCOUNT PATIENTS WHO HAVE A PATIENT BILL BALANCE AND BASED UPON FINANCIAL ASSISTANCE SCREENING ARE CONSIDERED ABLE TO PAY MAY BE TURNED OVER TO COLLECTIONS IF THE HOSPITAL DEEMS THAT THEY HAVE TO THE ABILITY TO COLLECT FOR SERVICES
COMMUNITY INFORMATION	PART VI	HENNEPIN HEALTHCARE SYSTEM INC IS A PUBLIC CORPORATION SAFETY NET HOSPITAL ENGAGED IN THE DELIVERY OF HEALTHCARE AND RELATED SERVICES TO THE GENERAL PUBLIC IN THE STATE OF MN INCLUDING THE INDIGENT AS DEFINED BY STATE AND FEDERAL LAW AS DETERMINED BY THE HENNEPIN COUNTY BOARD OF COMMISSIONERS IT HAS A TREAT FIRST POLICY REGARDLESS OF A PATIENTS ABILITY TO PAY
HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE	PART VI	HCMC PROVIDES MORE CARE TO MINNESOTA HEALTH CARE PROGRAM MHCP RECIPIENTS AND THE UNINSURED THAN DO OUR NONTEACHING HOSPITAL COUNTERPARTS NEARLY 50 OF HCMCHHS VOLUME IS PROVIDED TO LOWINCOME POPULATIONS HCMCHHS IS THE STATES LARGEST PROVIDER OF SERVICE TO THE POOR BY A SUBSTANTIAL MARGIN HCMC TREATS THE COUNTYS AND REGIONS MORE SEVERELY ILL PATIENTS SUCH AS THOSE REFERRED FROM OTHER HOSPITALS AND THOSE REQUIRING EXTENSIVE SUPPORT SERVICES PHYSICIANS AND ALUMNI ARE INTEGRAL TO THE REGIONS EMERGENCY PREPAREDNESS AND STANDBY CAPACITY AND PROVIDE MANY SPECIALIZED INPATIENT AND OUTPATIENT SERVICES SUCH AS ORGAN TRANSPLANTATION INTENSIVE NEONATAL CARE ONCOLOGY SERVICES AND SOPHISTICATED RECONSTUCTIVE SURGERY TO THE REGIONS POPULATION HCMC FACILITATES THE TRANSITION OF NEW SERVICES AND TECHNOLOGIES INTO THE MAINSTREAM AND RAISE OUR REGIONAL STANDARDS
LIST OF STATES WHERE COMMUNITY BENEFIT REPORT IS FILED	PART VI	MINNESOTA
ADDITIONAL INFORMATION	PART VI	PART I LINE 6A B THE COMMUNITY BENEFIT REPORT IS A FOOTNOTE DISCLOSURE AS PART OF HHS INC ANNUAL AUDITED FINANCIAL STATEMENT THIS IS AN ENTERPRISE FUND OF HENNEPIN COUNTY MINNESOTA AND IS SUCH FILED WITH THE COUNTY THE AUDITED STATEMENT IS AVAILABLE TO THE PUBLIC THE REPORT IS FILED WITH THE SECRETARY OF STATE MINNESOTA PART 1 LINE 7F HEALTH PROFESSIONAL EDUCATION PUBLIC HOSPITALS ARE SPECIAL PLACES THAT HELP THE UNDERSERVED AND PROVIDE COMPREHENSIVE AND UNIQUE SERVICES FOR THE GENERAL POPULATION HCMC IS A PREMIER TEACHING HOSPITAL AND CLINIC SYSTEM FROM THE TRAINING OF TOMORROWS DOCTORS TO ENSURING PHYSICIANS THROUGH OUT MINNESOTA REMAIN CURRENT ON THE LATEST MEDICAL ADVANCES HCMC HAS LONG BEEN AND CONTINUES TO BE A NATIONALLY RECOGNIZED PUBLIC HEALTH SYSTEM AND MEDICAL EDUCATION RESOURCE
HENNEPIN HEALTHCARE SYSTEM INC LINE NUMBER 1 PART V LINE 1J	PART V LINE 1J	HENNEPIN COUNTY MEDICAL CENTERHENNEPIN HEALTHCARE SYSTEM INC HCMCHHS PRODUCES AN ANNUAL HEALTH SERVICES PLAN FOR THE REVIEW AND APPROVAL BY THE HENNEPIN COUNTY BOARD OF COMMISSIONERSAS STATED IN THE BYLAWS THE HEALTH SERVICES PLAN WILL DRAW FROM A POPULATION NEEDS ASSESSMENT AND WILL DELINEATE THE CORPORATIONS ROLE IN THE COMMUNITY INCLUDING EDUCATION RESEARCH AND SERVICES TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY INCLUDING INDIGENT POPULATIONS THE PLAN MUST ALSO DESCRIBE CONTINUED COORDINATION WITH THE COUNTY THE PRINCIPLE HEALTH SERVICES TO BE PROVIDED SIGNIFICANT CHANGES IN THE PATTERNS OF THE COMMUNITY HEALTH NEEDS SIGNIFICANT PLANS FOR CHANGES IN THE DEPLOYMENT OF RESOURCES OR SITES THE PRIMARY THRUST OF WORKFORCE PLANS AND THE OPERATION AND EFFECT OF THE INDIGENT CARE FORMULA OUR OBJECTIVES ARE TO DESIGN AND FACILITATE ACTIONS THAT ARE CONTINUING OVER TIME MEASURABLE AND THAT BOTH LEVERAGE AND COMPLEMENT RELATIONSHIPS WITH PARTNERING ORGANIZATIONS THIS WORK INCLUDES ASSURANCE THAT INITIATIVES ARE DEEPLY EMBEDDED INTO DAYTODAY OPERATIONS
HENNEPIN HEALTHCARE SYSTEM INC LINE NUMBER 1 PART V LINE 3	PART V LINE 3	THE HEALTH SERVICES PLAN DRAWS FROM A POPULATION NEEDS ASSESSMENT AND WILL DELINEATE THE CORPORATIONS ROLE IN THE COMMUNITY INCLUDING EDUCATION RESEARCH AND SERVICES TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY INCLUDING INDIGENT POPULATIONS
HENNEPIN HEALTHCARE SYSTEM INC LINE NUMBER 1 PART V LINE 13G	PART V LINE 13G	HMSINC CREATED A WEB SITE BASED INFORMATION FOR PATIENTS FAMILY VISITORS THE SITE ALLOWS INDIVIDUALS ACCESS TO PATIENT RESOURCES AND A PORTAL IN THE PATIENT BILLING SITE THAT ASSISTS WITH PAYING FOR YOUR HEALTH SERVICES IN WHICH THE PATIENT CAN BE GUIDED THROUGH THE INPUT SCREENS WHETHER OR NOT THEY ARE INSURED
HENNEPIN HEALTHCARE SYSTEM INC LINE NUMBER 1 PART V LINE 15E	PART V LINE 15E	SEE EXPLANATION PART III LINE 9B
HENNEPIN HEALTHCARE SYSTEM INC LINE NUMBER 1 PART V LINE 16E	PART V LINE 16E	SEE EXPLANATION PART III LINE 9B
HENNEPIN HEALTHCARE SYSTEM INC LINE NUMBER 1 PART V LINE 17E	PART V LINE 17E	SEE EXPLANATION PART III LINE 9B
HENNEPIN HEALTHCARE SYSTEM INC LINE NUMBER 1 PART V LINE 19D	PART V LINE 19D	HCMC COLLECTIONSCUSTOMER SERVICE AREAS PROCESS DISCOUNT ADJUSTMENTS TO PATIENTS ACCOUNTS SUBJECT TO PROPER ADJUSTMENT APPROVALS AND GUIDELINES PATIENTS ARE ELIGIBLE FOR DISCOUNTS BASED ON PATIENT HOUSEHOLD SIZE AND INCOME IN RELATION TO FEDERAL POVERTY GUIDELINES PATIENTS WHO MAY BE ELIGIBLE FOR GOVERNMENT PROGRAMS ARE REQUIRED TO APPLY FOR THOSE PROGRAMS IF BENEFITS ARE DENIED A PPLICABLE DISCOUNT SHALL APPLY FINANCIAL COUNSELORS COLLECT AND RECORD THE PATIENTS GROSSNET INCOME AND FAMILY SIZE TO DETERMINE APPROPRIATE DISCOUNT THE HOSPITAL USES FEDERAL GUIDELINES FOR DETERMINING DISCOUNTS AND FREE CARE

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number
42-1707837

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 24

3 Enter total number of other organizations . . . ▶ 14

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	HENNEPIN HEALTHCARE SYSTEMS, INC HAS A GRANT MANAGEMENT DEPARTMENT THAT WORKS IN COOPERATION WITH FINANCE, PROGRAM DIRECTORS AND HENNEPIN COUNTY, MN TO MONITOR GRANT RECEIPTS AND GRANT DISBURSEMENTS, (WHETHER FEDERAL, STATE, LOCAL OR INDIVIDUAL,) THAT THE ORGANIZATION HAS RECEIVED AND EXPENDED AND MONITORS COMPLIANCE ,(IF ANY) WITH SUCH GRANT REQUIREMENTS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 42-1707837
Name: HENNEPIN HEALTHCARE SYSTEM INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLINA HOSPITAL - MERCY HOSPITAL ALLINA HOSPITAL - MERCY HOSPITAL4050 COON RAPIDS BLVD 4050 COON RAPIDS BLVD COON RAPIDS,MN 55433	36-3261413		47,612				EMERGENCY & PREPARD
ALLINA HOSPITAL - UNITED HOSPITAL ALLINA HOSPITAL - UNITED HOSPITAL333 SMITH AVENUE NORTH 333 SMITH AVENUE SAINT PAUL,MN 55102	36-3261413		54,942				EMERGENCY & PREPARD
ALLINA HOSPITAL - UNITY HOSPITAL ALLINA HOSPITAL - UNITY HOSPITAL5500 OSBORNE ROAD 550 OSBORNE ROAD FRIDLEY,MN 55435	36-3261413		46,211				EMERGENCY & PREPARD
ALLINA HOSPITAL - ABBOTT NORTHWSTRN ALLINA HOSPITAL- ABBOTT NORTHWESTER 800 EAST 28TH STREET 800 EAST 28TH STREET MINNEAPOLIS,MN 55407	36-3261413		92,826				EMERGENCY & PREPARD
CHILDREN'S HOSPITAL- ST PAUL CHILDREN'S HOSPITAL- ST PAUL345 N SMITH AVENUE 345 N SMITH AVENUE SAINT PAUL,MN 55102	41-1754276		44,402				EMERGENCY & PREPARD
CHILDREN'S HOSPITAL- MPLS CHILDREN'S HOSPITAL- MPLS2525 CHICAGO AVENUE 2525 CHICAGO AVENUE MINNEAPOLIS,MN 55404	41-1754276		46,616				EMERGENCY & PREPARD
CLEARWTER TRUCK CENTER INC CLEARWATER TRUCK CENTER INC925 SHORTY STREET 925 SHORTY STREET CLEARWATER,MN 55320	41-1639302		26,385				EMERGENCY &PREPARD
EARLE BROWN HERITAGE CENTER EARLE BROWN HERITAGE CENTEREARLE BROWN DRIVE EARLE BROWN DRIVE BROOKLYN CENTER,MN 55430	41-6005011		38,995				EMERGENCY & PREPARD
FAIRVIEW RIDGES HOSPITAL FARIVIEW RIDGES HOSPITAL201 E NICOLLET BLVD 201 E NICOLLET BLVD BURNSVILLE,MN 55337	41-0991680		67,850				EMERGENCY & PREPARD
FAIRVIEW RIVERSIDE HOSPITAL FAIRVIEW RIVERSIDE HOSPITAL2450 RIVERSIDE AVENUE 2450 RIVERSIDE AVENUE MINNEAPOLIS,MN 55454	41-0991680		31,359				EMERGENCY & PREPARD
FAIRVIEW SOUTHDALE HOSPITAL FAIRVIEW SOUTHDALE HOSPITAL6401 FRANCE AVENUE SOUTH 6401 FRANCE AVENUE SOUTH EDINA,MN 55435	41-0991680		32,088				EMERGENCY & PREPARD
FAIRVIEW UNIVERSITY HOSPITAL FAIRVIEW UNIVERSITY HOSPITAL500 HARVARD STREET 500 HARVARD STREET MINNEAPOLIS,MN 55455	41-0991680		33,033				EMERGENCY & PREPARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAINGER GRAINGER100 GRAINGER PARKWAY 100 GRAINGER PARKWAY LAKE FOREST,IL 60045	36-1150280		35,898				EMERGENCY & PREPARD
HEALTHEAST - SAINT JOHN'S HOSPITAL HEALTHEAST - SAINT JOHN'S HOSPITAL1575 BEAM AVENUE 1575 BEAM AVENUE MAPLEWOOD,MN 55109	41-1456897		45,960				EMERGENCY & PREPARD
HEALTHEAST - SAINT JOSEPH HOSPITAL HEALTHEAST - SAINT JOSEPH HOSPITAL45 WEST 10TH STREET 45 WEST 10TH STREET SAINT PAUL,MN 55102	41-0693880		20,500				EMERGENCY & PREPARD
HEALTHEAST - WOODWINDS HOSPITAL HEALTHEAST - WOODWINDS HOSPITAL 1690 UNIVERSITY AVENUE WEST 1690 UNIVERSITY AVENUE WEST SAINT PAUL,MN 55104	41-1592761		38,822				EMERGENCY & PREPARD
LAKEVIEW HOSPITAL LAKEVIEW HOSPITAL927 CHURCHILL STREET WEST 927 CHURCHILL STREET WEST STILLWATER,MN 55082	41-0811697		18,250				EMERGENCY & PREPARD
MAPLE GROVE HOPITAL CORP MAPLE GROVE HOSPITAL CORP9875 HOSPITAL DRIVE 9875 HOSPITAL DRIVE MAPLE GROVE,MN 55369	20-8316475		18,250				EMERGEMCY & PREPARD
NORTH MEMORIAL MEDICAL CENTER NORTH MEMORIAL HOSPITAL3300 OAKDALE AVENUE N 3300 OAKDALE AVENUE N ROBBINSDALE,MN 55422	41-0729979		71,909				EMERGENCY & PREPARD
NORTHFIELD HOSPITAL NORTHFIEL HOSPITAL 2000 NORTH AVENUE 2000 NORTH AVENUE NORTHFIELD,MN 55057	41-6007241		19,249				EMERGENCY & PREPARD
PARK NICOLLET METHODIST HOSPITAL PARK NICOLLET METHODIST HOSPITAL 6500 EXCELSIOR BLVD 6500 EXCELSIOR BLVD SAINT LOUIS PARK,MN 55426	41-0132080		54,456				EMERGENCY & PREPARD
QUEEN OF PEACE HOSPITAL QUEEN OF PEACE HOSPITAL301 2ND STREET NE 301 2ND STREET NE NEW PRAGUE,MN 56071	41-0723639		18,250				EMERGENCY & PREPARD
REGINA MEDICAL CENTER REGINA MEDICAL CENTER 1175 SINGER ROAD 1175 SINGER ROAD HASTINGS,MN 55033	41-0740678		37,391				EMERGENCY & PREPARD
REGIONS HOSPITAL REGIONS HOSPITAL640 JACKSON STREET 640 JACKSON STREET SAINT PAUL,MN 55101	41-0956618		31,000				EMERGENCY & PREPARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RIDGEVIEW MEDICAL CENTER RIDGEVIEW MEDICAL CENTER500 SOUTH MAPLE STREET 500 SOUTH MAPLE STREET WACONIA,MN 55387	31-1667875		18,250				EMERGENCY & PREPARD
SAINT FRANCIS REGIONAL MEDICAL CTR SAINT FRANCIS REGIONAL MEDICAL CTR 1455 SAINT FRANCIS AVENUE 1455 SAINT FRANCIS AVENUE SHAKOPEE,MN 55379	36-3261413		18,250				EMERGENCY & PREPARD

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number
42-1707837

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ARTHUR A GONZALEZ	(i) (ii)	525,104			24,500	15,546	565,150	
(2) LARRY KRYZANIAK	(i) (ii)	319,813			17,150	13,834	350,797	
(3) JOANNE SUNQUIST	(i) (ii)	236,765			16,222	15,317	268,304	
(4) KATHY WILDE	(i) (ii)	233,405			16,422	8,419	258,246	
(5) TIMOTHY HARLIN	(i) (ii)	215,922			12,946	25,272	254,140	
(6) TERRY W HOWELL	(i) (ii)	213,246			12,680	11,067	236,993	
(7) JEANETTE TAYLOR-JONES	(i) (ii)	195,574			14,571	13,503	223,648	
(8) MICHAEL HARRISTHAL	(i) (ii)	160,607			11,130	16,237	187,974	
(9) SCOTT CHASTEK	(i) (ii)	172,961			10,575	11,951	195,487	
(10) MICHAEL SINGH	(i) (ii)	169,021			11,831	7,955	188,807	
(11) SAMUEL D FINE	(i) (ii)	167,579			11,626	16,668	195,873	
(12) DIONNE HART	(i) (ii)	156,454					156,454	
(13) THOMAS J LUTTENEGGER	(i) (ii)	155,971			10,820	16,682	183,473	
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
COMPENSATION CONTINGENT UPON NET EARNINGS OF ORGANIZATION	SCHEDULE J, PAGE 1, PART I, LINE 6A	HENNEPIN HEALTHCARE SYSTEM, INC , HAS TWO INCENTIVE PROGRAMS DESIGNED TO REWARD ELIGIBLE EMPLOYEES WITH A FINANCIAL PAYOUT IF ESTABLISHED ORGANIZATIONAL GOALS (FOCUSED ON CUSTOMER SERVICE AND PATIENT SAFETY) ARE MET THE OBJECTIVES OF THE PLANS ARE TO ALIGN COMPENSATION PRACTICES WITH ORGANIZATIONAL GOALS AND OBJECTIVES AND REWARD INDIVIDUALS BASED ON PERFORMANCE-BASED CRITERIA INDIVIDUALS ARE NOT ALLOWED TO PARTICIPATE IN BOTH PLANS AND BOTH ARE SUBJECT TO MODIFICATION BY THE BOARD OF DIRECTORS INCLUDING THE RIGHT TO NOT PAY ANY AMOUNT FOR EXAMPLE, UNFORESEEN OR CATASTROPHIC CIRCUMSTANCES THAT WOULD MAKE IT DIFFICULT TO JUSTIFY PAYING IN A GIVEN YEAR EACH PLAN HAS QUALIFICATIONS THAT MUST BE MET IN ORDER FOR THE DISCRETIONARY PAYMENT TO BE CONSIDERED DURING 2010 THERE WERE PAYOUTS FOR CERTAIN PERSONS LISTED IN PART VII, SECTION A, LINE 1A THESE INCENTIVE PAYMENTS WERE FOR THE 2009 PROGRAM YEAR, ACCRUED DURING 2009 THE SPECIFIC INCENTIVE PLAN FOR LEADERS WITHIN THE ORGANIZATION WAS NOT IN PLACE DURING 2010, THEREFORE, NO ACCRUALS WERE MADE DURING 2010 FOR THIS PROGRAM
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	FORM 990 SCHEDULE J PART 1, QUESTION 3 AS PART OF ITS ANNUAL BOARD APPROVAL ITEMS, A LINE ITEM MOTION IS DONE FORM 990 SCHEDULE J PART II KEY EMPLOYEES - ADDITIONS INCLUDED AS HHS, INC KEY EMPLOYEES ARE THE FOLLOWING HENNEPIN FACULTY ASSOCIATES (HFA) EMPLOYEES THEY ARE NOT COMPENSATED BY HHS, INC OR ANY RELATED ORGANIZATION, BUT ARE PAID THROUGH A SHARED SERVICES AGREEMENT WITH HFA THIS AGREEMENT IS INCLUDED AS PART OF FORM 990, PART VII, SECTION B, INDEPENDENT CONTRACTORS DEFERRED NON-TAXABLE NAME/ TITLE COMPENSATION COMPENSATION BENEFITS MICHAEL B BELZER M D 323,796 31,152 26,794 CHIEF MEDICAL OFFICER GREGORY A LUTZ 252,278 31,152 6,458 CHIEF CLINICAL OFFICER CONTINUE FROM PREVIOUS PAGE STEVEN P STERNER M D 291,867 31,152 24,894 CHIEF CLINICAL OFFICER

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number
42-1707837

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	FORM 990, PART I, LINE1 AND FORM 990, PART III, LINE 1 HCMC IS A LEVEL ONE TRAUMA CENTER, ACUTE & TERTIARY CARE, PUBLIC TEACHING HOSPITAL HCMC PROVIDES THE BEST POSSIBLE CARE TO EVERY PATIENT SERVED AND SEARCHES FOR NEW WAYS TO IMPROVE HEALTHCARE FOR TOMORROW HCMC IS EDUCATING HEALTHCARE PROVIDERS FOR THE FUTURE AND ENSURING ACCESS TO HEALTHCARE FOR ALL FORM 990, PART I LINE 1, SIGNIFICANT ACTVIVITES FOR 2010 AS A SAFETY NET HOSPITAL, HCMC RECEIVES SUPPLEMENTAL MEDICAID PAYMENTS, ALSO KNOWN AS UPPER PAYMENT LIMIT PAYMENTS (UPL), FOR INPATIENT AND OUTPATIENT SERVICES THROUGH INTERGOVERNMENTAL TRANSFERS IN ACCORDANCE WITH SPECIFIC STATE STATUES SUBJECT TO FEDERAL REGULATIONS AND APPROVAL DURING 2009, MINNESOTA STATE LEGISLATION CREATED SEVERAL NEW SUPPLEMENTAL MEDICAID PAYMENT STATUTES UPON FEDERAL APPROVAL IN 2010, THE MEDICAL CENTER RECEIVED NONRECURRING PAYMENTS OF APPROXIMATELY 17 MILLION UNDER THESE STATUTES RELATED TO THE 2009 FEDERAL FISCAL YEAR HCMC ALSO RECEIVES AMOUNTS FROM HENNEPIN COUNTY FOR CAPITAL ASSET ADDITIONS THESE CAPITAL CONTRIBUTIONS TOTALED APPROXIMATELY 22 MILLION AND 16 MILLION IN 2010 AND 2009, RESPECTIVELY NET OF THESE AMOUNTS, PART 1, LINE 19 "REVENUE LESS EXPENSES" WOULD BE 28 5 MILLION AND (2 5) MILLION FOR 2010 AND 2009, RESPECTIVELY

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	HENNEPIN COUNTY MEDICAL CENTER HAD 11,756 HOURS LOGGED IN 2010 BY VOLUNTEERS WHO HELP THROUGHOUT THE HOSPITAL, ANSWERING PHONES LINES AND SUPPORTING THE INFORMATION DESK AND ENHANCING THE PATIENT AND VISITOR EXPERIENCE AND PROVIDING COMPANIONSHIP TO PATIENTS

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	POPULATIONS ACUTE DIALYSIS (DAVITA) ACUTE DIALYSIS SERVICES' MAIN PURPOSE AND GOAL IS TO PROVIDE QUALITY CARE TO ALL OUR PATIENTS WE ARE RESPONSIBLE FOR HEMODIALYSIS TREATMENTS AND OTHER NEPHROLOGY NURSING NEEDS OF THE ACUTE AND CHRONIC PATIENTS ADMITTED TO THE HOSPITAL WE PROVIDE THE PATIENT WITH THE SERVICES OF AN EXPERIENCED TEAMMATE AND WORK IN CONJUNCTION WITH THE HOSPITAL TO ENSURE THAT EACH PATIENT REACHES THE HIGHES LEVEL OF HEALTH, SECURITY, AND INDEPENDENCE 24- HOURS A DAY, 7-DAYS A WEEK ACUTE PSYCHIATRIC SERVICES (APS) APS IS A PSYCHIATRIC EMERGENCY DEPARTMENT OPEN 24 HOURS PER DAY, 7 DAYS PER WEEK, FOR ANYONE EXPERIENCING A MENTAL HEALTH OR EMOTIONAL CRISIS WE PROVIDE ASSESSMENT, INTERVENTION, AND REFERRAL AMBULATORY BURN CLINIC THE AMBULATORY BURN AND WOUND CLINIC WHICH SERVES ALL AGES, IS A SPECIALTY CLINIC PROVIDING COMPREHENSIVE TREATMENT AND MANAGEMENT OF PATIENTS WITH A VARIETY OF WOUNDS AND/OR PATIENTS NEEDING IV THERAPY AMBULATORY CARE AMBULATORY CARE SERVICES AT HENNEPIN COUNTY MEDICAL CENTER (HCMC) ARE SUPPORTED BY MORE THAN 300 PHYSICIANS AND RELATED PROVIDERS FROM HENNEPIN FACULTY ASSOCIATES (HFA) AND HCMC AMBULATORY CARE IS PROVIDED THROUGH BOTH MULTISPECIALTY AND PRIMARY CARE CLINICS ANESTHESIA GENERAL, MONITORED ANESTHESIA CARE AND REGIONAL ANESTHESIA ARE PROVIDED BY ANESTHESIOLOGISTS AND CERTIFIED REGISTERED NURSE ANESTHETISTS ANESTHESIA CARE IS PROVIDED FOR ELECTIVE, URGENT AND EMERGENT OPERATING ROOM CASES AND IN ANCILLARY AREAS INCLUDING CARDIAC CATHETER LAB, RADIOLOGY, VASCULAR ACCESS, GASTRO-INTESTIONAL LAB, LABOR AND DELIVERY AND PSYCHIATRY AUDIOLOGY CLINIC THE AUDIOLOGY CLINIC PROVIDES HIGH QUALITY INPATIENT AND OUTPATIENT SERVICES TO INDIVIDUALS OF ALL AGES, FROM INFANCY TO GERIATRIC OUR LICENSED AUDIOLOGISTS HAVE ADVANCED EXPERTISE IN EVALUATING AND TREATING A WIDE RANGE OF HEARING IMPAIRMENTS, AS WELL AS PRESCRIBING AND FITTING SOPHISTICATED HEARING INSTRUMENTS BIOMEDICAL ETHICS COMMITTEE FOCUS ON ETHICAL ISSUES THAT ARISE IN PATIENT CARE BONE AND MINERAL CLINIC SPECIALTY CLINIC FOR THE MANAGEMENT OF BONE AND MINERAL METABOLISM SUCH AS OSTEOPOROSIS AND KIDNEY STONE DISEASE ALSO PERFORM BONE DENSITOMETRY WITH AN IDXA BONE DENSITOMETRY SCANNER, THE NEWEST AVAILABLE TECHNOLOGY FOR DETECTING BONE DENSITY BURN CENTER THE BURN CENTER IS A 17 BED UNIT THAT HAS RECEIVED VERIFICATION AS A BURN CENTER FROM THE AMERICAN BURN ASSOCIATION A MULTIDISCIPLINARY TEAM APPROACH IS USED BY THE BURN CENTER TO PROVIDE INTENSIVE, ACUTE, AND REHABILITATIVE CARE TO ALL AGE GROUPS THAT PRESENT WITH THERMAL INJURIES, COMPLEX WOUNDS, PLASTIC SURGERY, AND SKIN DISORDERS OF VARYING SEVERITY CARDIAC SERVICES (HENNEPIN HEART CENTER) CARDIAC SERVICES INCLUDES THE FOLLOWING SERVICE AREAS CARDIAC CATHETERIZATION LABORATORY, CARDIAC ECHOCARDIOGRAPHY LABORATORY, CARDIAC MEDICAL INTERMEDIATE CARE (CMIC), CARDIAC REHABILITATION, CARDIAC-RENAL, UNIT (CARE), CARDIAC RESEARCH CARDIOLOGY ADMINISTRATION, CARDIOLOGY CLINIC CARDIOTHORACIC SURGERY, ELECTROCARDIOGRAM (EKG), ELECTROPHYSIOLOGY LABORATORY AND R5 OBSERVATION UNIT CENTRAL STERILE SUPPLY REPROCESSING OF REUSABLE MEDICAL / SURGICAL INSTRUMENTS AND SUPPLIES IN A MANNER THAT IS SAFE, EFFECTIVE, AND FOLLOWS RECOMMENDATIONS SET FORTH BY GOVERNING AGENCIES CENTRAL STERILE SUPPLY SERVES ALL HCMC CLINICS, NURSING STATIONS, OPERATING ROOMS AND OTHER AFFILIATES CHAPLAINCY (SPIRITUAL CARE) THE MISSION OF HENNEPIN COUNTY MEDICAL CENTER'S SPIRITUAL CARE DEPARTMENT IS TO PROVIDE SENSITIVE SUPPORT TO PATIENTS AND FAMILY MEMBERS AFFECTED BY CRISIS, ILLNESS OR LOSS-WHILE RESPECTING THEIR CULTURE, RELIGION, VALUE SYSTEMS, TRADITIONS AND FAITH COMMUNITIES THE DEPARTMENT HAS A NUMBER OF ITEMS AVAILABLE UPON REQUEST TO SUPPORT THE DIVERSE NEEDS OF MANY FAITHS CHILD/ADOLESCENT PSYCHIATRY CLINIC THE CHILD/ADOLESCENT PSYCHIATRY CLINIC OFFERS A VARIETY OF OUTPATIENT SERVICES TO HELP CHILDREN AND ADOLESCENTS WHO ARE HAVING BEHAVIORAL AND EMOTIONAL PROBLEMS SERVICES INCLUDE PSYCHIATRIC AND PSYCHOLOGICAL EVALUATIONS, THERAPY, PARENTING SKILLS COUNSELING AND MEDICATION MANAGEMENT COMPREHENSIVE CANCER CENTER THE COMPREHENSIVE CANCER CENTER IS COMMITTED TO PROVIDING THE FINEST IN CANCER-RELATED SERVICES THROUGH AN INTEGRATED SYSTEM OF HEALTH AND SOCIAL SERVICES THE CONTINUUM OF CARE EXTENDS FROM PREVENTION, DIAGNOSIS, TREATMENT, SYMPTOM CONTROL, AND CURE, THROUGH ALL RELATED ASPECTS OF ADJUSTMENT TO RELAPSE, SURVIVORSHIP, AND BEREAVEMENT COUNSELING CONTACT CENTER THE CONTACT CENTER IS A MAIN POINT OF PATIENT ENTRY INTO HENNEPIN COUNTY MEDICAL CENTER'S HOSPITAL AND MEDICAL CLINICS WE PROVIDE PATIENTS WITH ONE-STOP ACCESS TO THE SERVICES PROVIDED BOTH ON AND OFF CAMPUS PATIENTS ARE ABLE TO REGISTER, SCHEDULE, RESCHEDULE, OR CANCEL APPOINTMENTS, SIGN UP FOR MY CHART ACTIVATION, AND LEARN MORE ABOUT TOPICS DISCUSSED ON WCCO'S HEALTHY MATTER'S RADIO SHOW IN ADDITION, THE CONTACT CENTER'S TRIAGE NURSES OFFER TRIAGE SUPPORT, SYMPTOM SUPPORT, LAB RESULTS, APPOINTMENT SCHEDULING, REFILL MANAGEMENT AND REQUESTS, AND WILL CONTACT PROVIDERS AS NEEDED CONTINUING MEDICAL EDUCATION THE PURPOSE OF MEDICAL CENTER'S CME PROGRAM IS TO PROVIDE ORGANIZED, PLANNED EDUCATION ACTIVITIES TO HELP PHYSICIANS IMPROVE THEIR MEDICAL KNOWLEDGE, DELIVERY OF-HEALTHCARE, AND PROFESSIONAL NETWORKING HCMC IS ACCREDITED BY THE MINNESOTA MEDICAL ASSOCIATION TO SPONSOR AMA PRA CATEGORY 1 CREDIT(S) FOR PHYSICIANS COORDINATED CARE SYSTEM THE HENNEPIN COORDINATED CARE SYSTEM (HCCCS) PROVIDES CARE FOR PATIENTS WITH COMPLEX MEDICAL NEEDS AND "EXPRESS ACCESS" TO CLINICS POST DISCHARGE EACH MONTH AN AVERAGE OF 1400 PATIENTS ARE SEEN SERVICE IS PROVIDED TO OUTPATIENTS AND INPATIENTS THE AGES OF THE PATIENT POPULATION RANGE FROM PEDIATRICS THROUGH GERIATRICS THEY REPRESENT A LARGE VARIETY OF RACES AND ETHNIC GROUPS AND VARIOUS FINANCIAL BACKGROUNDS THEY MAY BE INSURED, UNDERINSURED, OR UNINSURED APPROXIMATELY THIRTY PERCENT OF PATIENTS ARE UNDER AGE 12, AND ABOUT TEN PERCENT ARE OVER AGE 65 DISABILITY EVALUATION CENTER (DEC) THE DISABILITY EVALUATION CENTER ASSISTS HENNEPIN COUNTY MEDICAL CENTER PATIENTS WITH APPLICATIONS TO THE STATE MEDICAL REVIEW TEAM (SMRT) FOR DISABILITY AS WELL AS SOCIAL SECURITY APPLICATIONS WE WILL ASSIST THE PATIENT IN COMPLETING FORMS, SCHEDULING EXAMS THAT ARE REQUIRED BY THE STATE OR THE DEC AS WELL AS PROVIDE A RESOURCE FOR ALL HCMC USERS ELECTROENCEPHALOGRAM LAB (EEG) THE EEG LAB OFFERS DIAGNOSTIC TESTING FOR ALL PATIENTS FROM NEWBORNS TO ADULTS UPON A RECOMMENDATION FROM A PHYSICIAN ROUTINE EEG TESTING (RECORDING OF ELECTRICAL IMPULSES FROM THE BRAIN) IS PERFORMED IN BOTH AN INPATIENT AND OUTPATIENT SETTING EEG TESTING IN THE OPERATING ROOM IS USED TO MONITOR NEUROLOGICAL FUNCTION DURING SURGERY EMERGENCY MEDICINE (EMS) EMERGENCY MEDICAL SERVICES INCLUDES THE FOLLOWING SERVICE AREAS - EMERGENCY DEPARTMENT AND EXPRESS CARE - EMERGENCY MEDICAL SERVICES, COMPRISED OF EMS FIELD OPERATIONS, EMS EMERGENCY COMMUNICATION CENTER, EMS EDUCATION ELECTROMYOGRAPHY LABORATORY DEPARTMENT (EMG) THE EMG LABORATORY PROVIDES NERVE CONDUCTION STUDIES (NCS), NEEDLE ELECTROMYOGRAPHY, AUTONOMIC NERVOUS SYSTEM TESTING, BOTULINIUM TOXIN AND PHENOL INJECTIONS ON ADULT AND PEDIATRIC INPATIENTS (AMBULATORY OR PORTABLE) AND OUTPATIENTS FROM ALL ETHNIC AND SOCIO-ECONOMIC GROUPS EAR, NOSE AND THROAT CLINIC (ENT) THE ENT CLINIC IS A SPECIALTY CLINIC THAT PROVIDES A WIDE RANGE OF SURGICAL, DIAGNOSTIC AND POSTOPERATIVE MANAGEMENT OF PATIENTS WITH EAR, NOSE AND THROAT CONDITIONS EXTENDED CARE DEPARTMENT EXTENDED CARE PROVIDES PRIMARY CARE TO HCMC PATIENTS LIVING IN NURSING FACILITIES FAMILY MEDICINE DEPARTMENT THE VISION OF DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE IS TO USE HIGH QUALITY MEDICAL EDUCATION AND PATIENT CARE TO CREATE EXCELLENT FAMILY PHYSICIANS WHO ARE SKILLED IN CARING FOR PEOPLE OF DIVERSE CULTURES, COMMITTED TO SERVING THEIR COMMUNITY, AND COMPETENT TO PRACTICE IN MULTIPLE SETTINGS GASTROINTESTINAL LAB (GI) THE GI LAB IS PART OF THE SURGICAL SERVICES AREA PROVIDING PRE-PROCEDURE, PROCEDURAL AND NURSING VISITS TO A DIVERSE POPULATION OF BOTH INPATIENTS AND OUTPATIENTS SERVING PRIMARILY ADULTS G3 MEDICAL /SURGICAL / ORTHOPAEDICS G3 IS A 37-BED, ALL PRIVATE-ROOM UNIT THAT SERVES MEDICAL AND SURGICAL PATIENTS, WITH AN EMPHASIS ON ORTHOPAEDICS AND HOSPITALIST SERVICES HENNEPIN BARIATRIC CENTER THE HENNEPIN COUNTY MEDICAL CENTER HAS ESTABLISHED A WORLD-CLASS TEAM OF HEALTH CARE PROVIDERS TO HELP PATIENTS ACHIEVE WEIGHT LOSS GOALS THE CENTERS OFFERS A COMPREHENSIVE WEIGHT LOSS PROGRAM HENNEPIN CENTER FOR DIABETES AND ENDOCRINOLOGY THE HENNEPIN CENTER FOR DIABETES AND ENDOCRINOLOGY (HCDE) PROVIDES COMPREHENSIVE SERVICES TO PEOPLE WITH HORMONAL DISORDERS SUCH AS DIABETES TREATMENT INCLUDES CLINICAL CARE, EDUCATION, NUTRITION AND WEIGHT MANAGEMENT PATIENT CARE FOCUSES ON PREVENTING COMPLICATIONS ASSOCIATED WITH DIABETES HOME EQUIPMENT SERVICES HOME EQUIPMENT SERVICES (HES) PARTNERS WITH HCMC

Identifier	Return Reference	Explanation
REASON FORM 720 WAS NOT FILED	FORM 990, PART V, LINE 14B	HHS, INC DOES NOT PROVIDE ANY TANNING SERVICES

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	AS PER THE CORPORATE BYLAWS, THE ORGANIZATION SHALL HAVE ONE CLASS OF MEMBERS A GOVERNING MEMBER THE GOVERNING MEMBER OF THE ORGANIZATION IS THE COUNTY OF HENNEPIN MINNESOTA AND IS REPRESENTED BY THE HENNEPIN COUNTY BOARD OF COMMISSIONERS

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	HENNEPIN COUNTY, MN HAS RETAINED ALL THE RIGHTS , DUTIES AND PRIVILEGES AS TO ALL MATTERS SPECIFIED UNDER THE BYLAWS OF HHS, INC HHS, INC BOARD OF DIRECTORS IS EMPOWERED TO CARRY OUT RIGHTS, DUTIES AND PRIVILEGES OF THE ORGANIZATION TO THE EXTENT AS SPECIFIED IN HHS, INC BYLAWS HENNEPIN COUNTY, MN RETAINS ITS AUTHORITY TO APPOINT HHS, INC BOARD MEMBERS, APPROVE HHS, INC ANNUAL BUDGETS, APPROVE ANY ADDITIONAL INDEBTEDNESS, AND APPROVE THE ANNUAL HHS, INC HEALTH SERVICES PLAN WHICH IS REQUIRED BY STATE LAW

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	HENNEPIN COUNTY, MN AUTHORITY IS SET IN THE BYLAWS OF THE ORGANIZATION THIS INCLUDES APPOINT HHS, INC BOARD MEMBERS, APPROVE HHS, INC ANNUAL BUDGETS, APPROVE ANY ADDITIONAL INDEBTEDNESS, APPROVAL OF THE FINANCE COMMITEE RECONMENDATIONS AND EXECUTIVE COMMITTEE AND APPROVE THE ANNUAL HHS, INC HEALTH SERVICES PLAN WHICH IS REQUIRED BY STATE LAW

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS COMPLETED AND REVIEWED INTERNALLY FOR FINALIZATION AND IS THEN MAILED TO THE HHS, INC BOARD OF DIRECTORS FOR REVIEW ANY QUESTIONS THAT THE BOARD HAS IS ANSWERED BY THE NEXT MEETING BEFORE APPROVAL AT THE OCTOBER MONTHLY BOARD MEETING IT IS FORMALLY APPROVED VIA A LINE ITEM MOTION IT IS THEN SIGNED AND MAILED BY THE DUE DATE

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	HHS, INC HAS A POLICY ON CONFLICT OF INTEREST AND CONFIDENTIALITY WHICH REQUIRES AN INTERESTED PERSON WHO IS A DIRECTOR, OFFICER OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS MUST DISLOSE IN WRITING WHEN POSSIBLE, OR ORALLY WHEN TIME DOES NOT ALLOW FOR WRITTEN DISCLOSURE THE EXISTENCE AND NATURE OF HIS/HER RELATIONSHIP OR MATERIAL FINANCIAL INTEREST TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT AT OR PRIOR TO THE MEETING OF THE BOARD OR COMMITTEE CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT AN INTEREST PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER EITHER AT OR OUTSIDE THE MEETING COPIES OF DISCLOSURES ARE MAINTAINED BY CORPORATE LEGAL COUNSEL WHO ALSO DOES MONITORING EVERY YEAR THE ORGANIZATION IS AUDITED SEPARATELY FROM HENNEPIN COUNTY, MN AND A SEPARATE AUDIT REPORT IS PREPARED AND PRESENTED TO THE BOARD OF DIRECTORS AND TO THE HENNEPIN COUNTY, MN BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	HHS, INC BOARD OF DIRECTORS ENGAGES AN INDEPENDENT CONSULTING FIRM EXPERT, RSM MCGLADREY TO EVALUATE THE BASE AND TOTAL CASH COMPENSATION FOR THE CEO AND OTHER QUALIFIED EXECUTIVES MCGLADREY GATHERED COMPARABILITY DATA ACCORDING TO THE ASSUMPTIONS OUTLINED IN HHS' COMPENSATION PHILOSOPHY, INCLUDING DATA RELEVANT TO OTHER ACADEMIC AND PUBLIC HOSPITALS THE DATA TAKES INTO CONSIDERATION THE SCOPE OF THE COMPARISON GROUP, INCLUDING FACTORS SUCH AS REVENUE, EMPLOYEE SIZE AND GEOGRAPHIC REGION MCGLADREY COMPILED THIS DATA FIRST FOR CONSIDERATION BY THE COMPENSATION SUBCOMMITTEE OF THE BOARD WHO THEN DISCUSSES AND SUBMITS FOR APPROVAL BY THE HHS, INC BOARD OF DIRECTORS ARTHUR A GONZALEZ, CHIEF EXECUTIVE OFFICER HAS AN EMPLOYMENT CONTRACT WITH THE HOSPITAL WHICH IS APPROVED BY THE HHS, INC BOARD

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SEE ABOVE EXPLANATION IN LINE 15A

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	INFORMATION FROM THE ORGANIZATION ANNUAL FORM 990 TAX RETURN IS AVAILABLE ON THE OFFICE OF ATTORNEY GENERAL WEBSITE AT WWW AG STATE MN US/CHARITIES AUDITED FINANCIAL STATEMENTS AND FORM 1023, FORM 990 & FORM 990-T TAX RETURN ARE AVAILABLE UPON REQUEST DURING NORMAL BUSINESS HOURS ITEMS DESCRIBED WITHIN ARE AVAILABLE UPON REQUEST DURING NORMAL BUSINESS HOURS HENNEPIN HEALTHCARE SYSTEM IS A COMPONENT UNIT OF HENNEPIN COUNTY, MINNESOTA A POLITICAL SUBDIVISION OF THE STATE OF MINNESOTA AND AS SUCH TNE ABOVE LISTED DOCUMENTS ARE AVAILABLE TO PUBLIC INSPECTION THE TAX RETURN IS AVAILALBE FOR PUBLIC INSPECTION AT WWW GUIDESTAR ORG WEBSITE

Identifier	Return Reference	Explanation
REASON FOR NOT UNDERGOING REQUIRED AUDIT	FORM 990, PAGE 12, PART XII, LINE 3B	HHS, INC DID UNDERGO THE REQUIRED AUDITS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number
42-1707837

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) HENNEPIN HEALTH FOUNDATION HENNEPIN HEALTH FOUNDATION 701 PARK AVENUE ADMINISTRATION BUILDING MINNEAPOLIS, MN 55415 41-0845733	PUB SUPPT	MN	501C3	11A	HHS INC HENNEPIN HEALTHCARE SYSTEM INC	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) HENNEPIN HEALTH FOUNDATION	P	265,907	CASH
(2) HENNEPIN COUNTY	C	55,246,873	CASH
(3) METROPOLITAN HEALTH PLAN	K	25,196,000	CASH
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	HHS INC IS RELATED TO THE FOLLOWING ORGANIZATIONS THROUGH COMMON BOARD MEMBER RELATIONSHIP WITH THE FOLLOWING ORGANIZATIONS AND ARE DISCLOSED IN HHS INC ANNUAL AUDIT FINANCIAL REPORT 1 HENNEPIN COUNTY MN 2 HENNEPIN HEALTH FOUNDATION 3 METROPOLITAN HEALTH PLAN

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
HENNEPIN HEALTHCARE SYSTEM INC	HOSPITAL	42-1707837

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	500,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	**17**	30,244,137
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

	(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a	3-year property		358,495	3 0	HY		533,137
b	5-year property		4,408,023	5 0	HY		756,501
c	7-year property		5,076,780	7 0	HY		999,897
d	10-year property		2,584,030	10 0	HY		285,919
e	15-year property		14,140,189	15 0	HY		642,375
f	20-year property		67,303	20 0	HY		2,036
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year		15,597,912	40 yrs	MM	S/L	113,623

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	33,577,625
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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TY 2010 Averaging Attachment

Name: HENNEPIN HEALTHCARE SYSTEM INC

EIN: 42-1707837

Explanation: FORM 5768 ELECTION EFFECTIVE FOR 2009 RETURN FILING.