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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011</b>		<b>D Employer identification number</b> 41-0845733	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>E Telephone number</b> (612) 873-6090	
<b>C</b> Name of organization HENNEPIN HEALTH FOUNDATION Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 701 PARK AVENUE City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 55415		<b>G</b> Gross receipts \$ 2,718,383	
<b>F</b> Name and address of principal officer SUZANNE BEGIN 701 PARK AVE LSB-3 MINNEAPOLIS, MN 55415		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> WWW.HCMC.ORG/HHF/INDEX.HTM			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1958	<b>M</b> State of legal domicile MN

<b>Part I</b>	<b>Summary</b>
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO RAISE AND ADMINISTER PHILANTHROPIC SUPPORT FOR HENNEPIN COUNTY MEDICAL CENTER		
	2 Check this box <input type="checkbox"/> 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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	18
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5	42
	6 Total number of volunteers (estimate if necessary) . . . . .	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) . . . . .	1,861,881	1,362,560
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	143,509	129,731
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,172	6,914
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	186,413	409,014
		2,198,975	1,908,219
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	211,047	473,059
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	872,325	1,043,911
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>436,057</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	548,611	431,532
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,631,983	1,948,502
	19 Revenue less expenses Subtract line 18 from line 12 . . . . .	566,992	-40,283
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16) . . . . .		2,189,760	2,058,638
21 Total liabilities (Part X, line 26) . . . . .		284,257	195,932
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .		1,905,503	1,862,706

## 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.

<b>Sign Here</b>	***** Signature of officer			2012-09-28 Date	
	SUZANNE BEGIN PRESIDENT Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature	XIAOYAN LUO	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P01305207
	Firm's name (or yours if self-employed), address, and ZIP + 4	CLIFTONLARSONALLEN LLP 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402			EIN 41-0746749
					Phone no (612) 376-4500

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

SEE SCHEDULE O

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 organization’s program service accomplishments for each of its three largest program services, as measured 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 \$ 672,068 including grants of \$ 358,569 ) (Revenue \$ 129,731 )
	INNOVATIONS IN PATIENT CAREOUR MISSION, CLINICAL SERVICES, LOCATION AND DIVERSE PATIENT POPULATION MAKE HCMC UNIQUE FROM OTHER HOSPITAL SYSTEMS IN THE TWIN CITIES HCMC PROVIDES A SIGNIFICANT LEVEL OF CARE TO LOW-INCOME, UNINSURED, AND VULNERABLE POPULATIONS IN 2010, HCMC PROVIDED A COMMUNITY BENEFIT OF MORE THAN \$166 MILLION DOLLARS, AS TRACKED BY THE MINNESOTA HOSPITAL ASSOCIATION WE TAKE PRIDE IN OUR COMMITMENT TO PROVIDE ACCESS TO CARE FOR PEOPLE WITH LIMITED OR NO ACCESS TO HEALTH CARE DUE TO THEIR FINANCIAL OR INSURANCE STATUS OR HEALTH CONDITION TO ANSWER THE NUMEROUS NEEDS OF OUR PATIENT POPULATION, THE HENNEPIN HEALTH FOUNDATION WORKS WITH SOCIAL SERVICES AND PATIENT REPRESENTATIVES TO PROVIDE SUPPORT FOR INTERPRETERS IN 21 DIFFERENT LANGUAGES, PATIENT AND FAMILY TRANSPORTATION, FOOD, AND CLOTHING, RESOURCES FOR PRESCRIPTIONS AND HEALTHCARE EQUIPMENT, AND CONNECTIONS TO COMMUNITY RESOURCES OUR AIM IS ALSO TO SPUR INNOVATION WITHIN OUR STAFF TO REMOVE BARRIERS TO HEALTHCARE USING TECHNOLOGY, NEW DELIVERY MODELS OF PRIMARY CARE AND DENTAL HEALTH, AND COMMUNITY HEALTH INITIATIVES WITH DIVERSE COMMUNITY PARTNERS

4b	(Code ) (Expenses \$ 296,686 including grants of \$ 505 ) (Revenue \$ 0 )
	RETAIL VENTURESTHE FOUNDATION OPERATES TWO GIFT SHOPS, THREE COFFEE KIOSKS AND ALL VENDING MACHINES AT HCMC PROCEEDS FROM THESE ENDEAVORS BENEFIT THE FOUNDATION AND FORM AN UNRESTRICTED POOL OF FUNDS THESE FUNDS ARE DISBURSED BACK INTO HCMC AS GRANTS ONCE A YEAR THROUGH AN INTERNAL REQUEST FOR PROPOSAL PROCESS DEPARTMENTS AND PROGRAMS OFFERING INNOVATIVE SOLUTIONS TO PATIENT CARE, AID AND COMFORT ARE ELIGIBLE TO APPLY

4c	(Code ) (Expenses \$ 133,837 including grants of \$ 80,450 ) (Revenue \$ 0 )
	EDUCATING THE WORKFORCE OF TOMORROWHCMC TRAINS THE DOCTORS AND NURSES WHO MAKE YOU HEALTHY, EDUCATES THE THERAPISTS WHO GUIDE YOUR RECOVERY, INSTRUCTS THE PHARMACISTS WHO DISPENSE YOUR MEDICINE, AND TEACHES THE FIRST RESPONDERS WHO SAVE YOUR LIFE OVER HALF OF ALL PHYSICIANS IN MINNESOTA RECEIVED TRAINING AT HCMC AT ANY GIVEN TIME, 90 UNIVERSITY OF MINNESOTA MEDICAL STUDENTS AND MORE THAN 270 RESIDENTS ARE TRAINING IN OUR HOSPITAL AND CLINICS IN ALL, STUDENTS FROM OVER 140 HOSPITALS, COLLEGES AND UNIVERSITIES ACROSS THE WORLD COME TO HCMC FOR CLINICAL TRAINING IN ADDITION, 20,000 OTHER PROFESSIONALS ACCESS OUR HEALTHCARE AND DISASTER PREPAREDNESS COURSES EACH YEAR, INCLUDING LOCAL FIRE AND POLICE DEPARTMENTS THROUGH HENNEPIN HEALTH FOUNDATION'S INNOVATION IN MEDICAL EDUCATION FUND YOU CAN ENSURE THERE WILL BE A COMPETENT AND DIVERSE WORKFORCE TO TAKE CARE OF YOU AND THOSE YOU LOVE

	(Code ) (Expenses \$ 36,339 including grants of \$ 5,523 ) (Revenue \$ 0 )
	TRAUMA AND CRITICAL CAREHCMC IS HOME TO THE LARGEST AND BUSIEST LEVEL 1 TRAUMA CENTER IN THE STATE, INCLUDING A PEDIATRIC LEVEL 1 TRAUMA CENTER GENEROSITY PROVIDES FUNDING TO PATIENT CARE SERVICES RELATED TO HCMC'S LEVEL 1 TRAUMA DESIGNATION SUCH AS PATIENT COMFORT IN TRAUMATIC BRAIN INJURY, THE BURN UNIT, STROKE CARE, AND HEART CLINIC, POISON CONTROL AND TOXICOLOGY CARE, CARE DURING AND AFTER TRANSPLANT, AND CARE IN DEALING WITH THE EFFECTS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, CHILD ABUSE AND NEGLECT

	(Code ) (Expenses \$ 35,954 including grants of \$ 28,012 ) (Revenue \$ 0 )
	MEDICAL RESEARCHSINCE 1952, THE MINNEAPOLIS MEDICAL RESEARCH FOUNDATION HAS PROVIDED A HOME WHERE PHYSICIANS AT HCMC CAN STUDY DISEASES THEY SEE IN THEIR PATIENTS AND DEVELOP NEW TREATMENTS TO IMPROVE THEIR CARE TODAY, OVER 200 PRACTICING PHYSICIANS AND MEDICAL PROFESSIONALS ACTIVELY INVESTIGATE THE CAUSES AND TREATMENTS OF DISEASE INSIGHTS PROVIDED BY THEIR RESEARCH LOOK TO LESSEN THE IMPACT OF TODAY'S HEALTH PROBLEMS INCLUDING DIABETES, ADDICTION, HEART DISEASE, HIV/AIDS, TRAUMATIC BRAIN INJURY, AND ALZHEIMER'S

4d	Other program services (Describe in Schedule O )
	(Expenses \$ 72,293 including grants of \$ 33,535 ) (Revenue \$ )

4e	Total program service expenses \$ 1,174,884
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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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		No
4	<b>Section 501(c)(3) organizations.</b> 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.		No
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.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	Yes	
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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
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, line 10? If "Yes," complete Schedule D, Part VI.	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.		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.		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.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	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.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		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, Part II and IV.		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, Part III and IV.		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.		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.	Yes	
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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	19
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	42
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	
<b>4a</b>	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 or securities account)?	<b>4a</b>	No
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	Yes
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	No
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

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 . . . . .		
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
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	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
8a	The governing body? . . . . .	8a	Yes
8b	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	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did 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? . . . . .		
15a	The organization's CEO, Executive Director, or top management official . . . . .	15a	No
15b	Other officers or key employees of the organization . . . . .	15b	No
	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> 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 made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made 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 <input checked="" type="checkbox"/> ZUZANNE FENNER 701 PARK AVENUE P1 MINNEAPOLIS, MN 55415 (612) 873-3959

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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) GAYLAN ROCKSWOLD MD CHAIRMAN	1.00	X		X				0	0	0
(2) DAVID JONES TREASURER	1.00	X		X				0	0	0
(3) KATHLEEN FINNEGAN LAMEY SECRETARY	1.00	X		X				0	0	0
(4) SCOTT ANDERSON DIRECTOR	1.00	X						0	0	0
(5) MICHAEL BELZER MD DIRECTOR	1.00	X						0	346,315	53,498
(6) MARY BERGAAS DIRECTOR	1.00	X						0	0	0
(7) TIMOTHY CRIMMONS MD DIRECTOR	1.00	X						0	0	0
(8) JOHN CROSSON MD DIRECTOR	1.00	X						0	0	0
(9) ANNA LUISA FAJER DIRECTOR	1.00	X						0	0	0
(10) PAM FLENNIKEN DIRECTOR	1.00	X						0	0	0
(11) ART GONZALEZ PHD DIRECTOR	1.00	X						0	513,530	48,104
(12) JOEL GREENWALD MD DIRECTOR	1.00	X						0	0	0
(13) WILLIAM HEEGAARD MD DIRECTOR	1.00	X						0	0	0
(14) TWANYA HOOD HILL DIRECTOR	1.00	X						0	52,555	3,129
(15) TERRI HUML DIRECTOR	1.00	X						0	0	0
(16) DON JACOBS MD DIRECTOR	1.00	X						0	0	0
(17) DAN MILLER DIRECTOR	1.00	X						0	0	0



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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) DAVID ORBUCH DIRECTOR	1 00	X						0	0	0
(19) BRUCE PAULSON JD DIRECTOR	1 00	X						0	0	0
(20) PAUL PENTAL MD DIRECTOR	1 00	X						0	0	0
(21) ROBERT QUICKEL MD DIRECTOR	1 00	X						0	0	0
(22) JOSHUA RIFF MD DIRECTOR	1 00	X						0	0	0
(23) AHMED SAMATAR PHD DIRECTOR	1 00	X						0	0	0
(24) JUDY SHANK MD DIRECTOR	1 00	X						0	0	0
(25) CHIP TRUWIT MD DIRECTOR	1 00	X						0	0	0
(26) MARCIA ZIMMERMAN DIRECTOR	1 00	X						0	0	0
(27) EMILY FUERSTE FORMER PRESIDENT	40 00			X				0	187,335	19,394
(28) CHERYL KRAFT INTERIM PRESIDENT	40 00			X				0	0	0
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								0	1,099,735	124,125

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶0

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0

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	29,167				
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	43,475				
	d	Related organizations . . . .	1d	112,312				
	e	Government grants (contributions)	1e	18,052				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,159,554				
	g	Noncash contributions included in lines 1a-1f \$ 39,793						
	h	Total. Add lines 1a-1f . . . . .						1,362,560
Program Service Revenue			Business Code					
	2a	COMMISSIONS	900099	129,731	129,731			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			129,731			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		6,953			6,953	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
		100,000						
		100,039						
		-39						
	d	Net gain or (loss) . . . . .			-39		-39	
	8a	Gross income from fundraising events (not including \$ 43,475 of contributions reported on line 1c) See Part IV, line 18 . . . . .		a	261,544	165,000		165,000
	b	Less direct expenses . . . . .		b	96,544			
	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	851,308	237,727		237,727	
b	Less cost of goods sold . . . . .		b	613,581				
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue			Business Code					
11a	OTHER INCOME		900099	6,287			6,287	
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			6,287				
12	Total revenue. See Instructions . . . . .			1,908,219	129,731	0	415,928	

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)  
Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21	472,913	472,913		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	146	146		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	990,043	277,221	282,061	430,761
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,392	8,657	735	
9	Other employee benefits	18,686	16,421	2,265	
10	Payroll taxes	25,790	25,031	759	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	134,449	134,449		
12	Advertising and promotion				
13	Office expenses	183,793	142,289	37,589	3,915
14	Information technology	859	859		
15	Royalties				
16	Occupancy	17,354	17,354		
17	Travel	9,389	9,006	383	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,232	13,099	1,752	1,381
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	52,454	52,454		
23	Insurance	1,070	1,070		
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	BAD DEBTS	11,591	24	11,567	
b	DUES & SUBSCRIPTIONS	2,487	2,062	425	
c	MISCELLANEOUS	1,338	1,338		
d	TAXES & LICENSES	516	491	25	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,948,502	1,174,884	337,561	436,057
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			811,485	1	1,051,816
	2	Savings and temporary cash investments . . . . .			315,535	2	212,982
	3	Pledges and grants receivable, net . . . . .			309,009	3	81,117
	4	Accounts receivable, net . . . . .			45,933	4	22,326
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			83,520	8	96,694
	9	Prepaid expenses and deferred charges . . . . .			2,325	9	2,514
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	306,358			
	b	Less: accumulated depreciation . . . . .	10b	185,681	173,131	10c	120,677
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			448,822	15	470,512
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			2,189,760	16	2,058,638	
Liabilities	17	Accounts payable and accrued expenses . . . . .			221,540	17	180,042
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			62,717	25	15,890
	26	Total liabilities. Add lines 17 through 25 . . . . .			284,257	26	195,932
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets . . . . .			1,274,816	27	912,208
28		Temporarily restricted net assets . . . . .			620,687	28	940,498
29		Permanently restricted net assets . . . . .			10,000	29	10,000
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 . . . . .				31	
32		Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
33		Total net assets or fund balances . . . . .			1,905,503	33	1,862,706
34	Total liabilities and net assets/fund balances . . . . .			2,189,760	34	2,058,638	

Part XI Reconciliation 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	1,908,219
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,948,502
3	Revenue less expenses Subtract line 2 from line 1	3	-40,283
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,905,503
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,514
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	1,862,706

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other 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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
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		

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

2011

Open to Public Inspection

Name of the organization  
HENNEPIN HEALTH FOUNDATION

Employer identification number  
41-0845733

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 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 Seesection 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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)	Yes	
11g(ii)	Yes	
11g(iii)		No

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) HENNEPIN HEALTH SYS	421707837	3	Yes		Yes		Yes		472,913
(B) MPLS MED RESRCH FDTN	411677920	7	Yes				Yes		0
(C) HENNEPIN FACULTY ASSC	411461900	9	Yes				Yes		0
Total									472,913

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	<b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
b	<b>33 1/3% support test—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization		
17a	<b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b	<b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 41-0845733  
Name: HENNEPIN HEALTH FOUNDATION

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) HENNEPIN HEALTH SYS	421707837	3	Yes		Yes		Yes		472913
(B) MPLS MED RESRCH FDTN	411677920	7	Yes				Yes		0
(C) HENNEPIN FACULTY ASSC	411461900	9	Yes				Yes		0

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
HENNEPIN HEALTH FOUNDATION

Employer identification number  
41-0845733

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?	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

▶ \$ 6,694

(ii)

Assets included in Form 990, Part X

▶ \$ 470,512

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☒ Preservation for future generations

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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 . . . . .	12,278	11,841		
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .	225	535		
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .	140	98		
g	End of year balance . . . . .	12,363	12,278		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 80 890 %

c

Term endowment ▶ 19 110 %

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		306,358	185,681	120,677
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				120,677

Schedule D (Form 990) 2011



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	1,908,219
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,948,502
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-40,283
4	Net unrealized gains (losses) on investments	4	-2,514
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	-2,514
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-42,797

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	2,904,675
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-2,514
b	Donated services and use of facilities . . . . .	2b	385,389
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	613,581
e	Add lines 2a through 2d . . . . .	2e	996,456
3	Subtract line 2e from line 1 . . . . .	3	1,908,219
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	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	1,908,219

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	2,947,472
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	385,389
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	613,581
e	Add lines 2a through 2d . . . . .	2e	998,970
3	Subtract line 2e from line 1 . . . . .	3	1,948,502
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	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	1,948,502

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
	PART III, LINE 4	THE FOUNDATION'S ART COLLECTION IS DISPLAYED ACROSS THE CAMPUS OF HENNEPIN COUNTY MEDICAL CENTER FOR THE ENJOYMENT OF PATIENTS, VISITORS, AND STAFF TO FACILITATE A HEALING ENVIRONMENT
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION MAINTAINS THE ENDOWMENT FUNDS TO SUPPORT OR PROMOTE PROGRAMS THROUGHOUT HENNEPIN COUNTY MEDICAL CENTER
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND MINNESOTA STATUTE AND CORRESPONDING TAX CODES, AND THEREFORE THE FINANCIAL STATEMENTS DO NOT INCLUDE A PROVISION FOR INCOME TAXES. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE. THE FOUNDATION'S 2008 - 2010 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES. THE FOUNDATION FILES AS A TAX-EXEMPT ORGANIZATION, SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION WOULD BE SUBJECT TO REVIEW BY THE IRS.
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 613,581
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 613,581

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
HENNEPIN HEALTH FOUNDATION

Employer identification number  
41-0845733

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		LIGHT UP THE NIGHT (event type)	CLUBS & SCRUBS GOLF EVENT (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	272,419	32,600	305,019
	2	Less Charitable contributions . . . .	21,600	21,875	43,475
	3	Gross income (line 1 minus line 2) . . . .	250,819	10,725	261,544
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . .			
	6	Rent/facility costs . . .	10,000	3,000	13,000
	7	Food and beverages . . .	45,497	11,458	56,955
	8	Entertainment . . . .	2,500		2,500
	9	Other direct expenses .	18,886	5,203	24,089
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶			

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
	6	Volunteer labor . . . .	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

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

2011

Open to Public  
Inspection

Name of the organization  
HENNEPIN HEALTH FOUNDATION

Employer identification number  
41-0845733

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(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
(1) HENNEPIN HEALTHCARE SYSTEM INC 701 PARK AVENUE NORTH MINNEAPOLIS, MN 55415	42-1707837	501(C)(3)	472,913	0	N/A	N/A	TO SUPPORT UNFUNDED PROGRAMS

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

1

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

0

**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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 IN MOST CASES, THE FOUNDATION MAINTAINS CONTROL OF THE FUNDS GRANTED AND HENNEPIN HEALTH SYSTEM SUBMITS EXPENSE REPORTS TO THE FOUNDATION THE FOUNDATION ONLY MAKES GRANTS TO RELATED SUPPORTED ORGANIZATIONS

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  
  
2011  
  
Open to Public Inspection

Name of the organization HENNEPIN HEALTH FOUNDATION	Employer identification number  41-0845733
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate 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 <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision 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 <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a 4b 4c	Yes No No
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? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a 5b	No No
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? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6a 6b	No No
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 accrued 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	

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.

[illegible]

Part IIISupplemental 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
	PART I, LINE 4A	EMILY FUERSTE - SEVERANCE PAYMENT - \$13,727
SUPPLEMENTAL INFORMATION	PART III	THE COMPENSATION OF THE PRESIDENT, AS WELL AS OTHER OFFICERS AND BOARD MEMBERS OF THE FOUNDATION, IS DETERMINED BY HENNEPIN HEALTHCARE SYSTEM ("HHS"), THE FOUNDATION'S SOLE MEMBER. THE HHS BOARD OF DIRECTORS ENGAGED AN INDEPENDENT CONSULTING FIRM 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 TOOK 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, AND THEN APPROVAL BY THE FULL BOARD. THE PRESIDENT OF HENNEPIN HEALTH FOUNDATION IS ALSO THE VICE PRESIDENT OF PHILANTHROPY FOR HHS, THEREFORE HER COMPENSATION WAS DETERMINED USING THIS METHOD. THE FOUNDATION HAS NO OTHER COMPENSATED OFFICERS OR KEY EMPLOYEES. THE FOLLOWING WERE USED BY HENNEPIN HEALTHCARE SYSTEM, A RELATED ORGANIZATION, TO ESTABLISH THE COMPENSATION OF THE PRESIDENT: 1. COMPENSATION COMMITTEE; 2. COMPENSATION SURVEY OR STUDY; 3. APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
HENNEPIN HEALTH FOUNDATION

Employer identification number  
41-0845733

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .	X	24	6,694	FMV
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( SUPPLIES )	X	300	33,099	FMV
26 Other ►( )				
27 Other ►( )				
28 Other ►( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	29			0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a			No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	31			No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a			No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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

**2011****Open to Public  
Inspection**Name of the organization  
HENNEPIN HEALTH FOUNDATION**Employer identification number**

41-0845733

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION STATEMENT	FORM 990, PART III, LINE 1	HENNEPIN HEALTH FOUNDATION (HHF) WAS CREATED TO ENGAGE THE COMMUNITY TO BECOME PART OF THE MISSION OF HENNEPIN COUNTY MEDICAL CENTER (HCMC) HCMC'S MISSION IS TO PROVIDE THE BEST POSSIBLE CARE TO EVERY PATIENT, SEARCH FOR NEW WAYS TO IMPROVE CARE, EDUCATE HEALTHCARE PROVIDERS FOR THE FUTURE AND ENSURE ACCESS TO HEALTHCARE FOR ALL HCMC IS MINNESOTA'S LARGEST PUBLIC SAFETY NET AND ACADEMIC MEDICAL CENTER HCMC IS HOME TO THE LARGEST AND BUSIEST TRAUMA CENTER IN THE STATE, AND TRAINS THE MAJORITY OF PHYSICIANS, NURSES AND OTHER CLINICIANS WHO CARE FOR THE CITIZENS OF THE STATE HCMC'S HOSPITAL AND CLINICS SERVE MORE THAN 140,000 PEOPLE FROM ACROSS THE STATE MAKING MORE THAN 460,000 VISITS EACH YEAR GENEROSITY MAKES AN IMPACT ON THE AID AND COMFORT OF PATIENTS, REMOVES BARRIERS TO HEALTHCARE ACCESS, SPONSORS EDUCATION INITIATIVES, AND SUPPORTS RESEARCH TACKLING SOME OF TODAY'S MAJOR HEALTH ISSUES HHF RAISES AND ADMINISTERS PHILANTHROPIC SUPPORT IN FOUR MAIN AREAS INNOVATIONS IN PATIENT CARE, TRAUMA AND CRITICAL CARE, EDUCATING THE WORKFORCE OF TOMORROW, AND RESEARCH

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE FOUNDATION IS HENNEPIN HEALTHCARE SYSTEM, INC , A MINNESOTA NONPROFIT ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	ALL MEMBERS OF THE FOUNDATION'S BOARD OF DIRECTORS ARE APPOINTED BY THE SOLE MEMBER, HENNEPIN HEALTHCARE SYSTEM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	<p>THE FOUNDATION MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT RECEIVING APPROVAL BY THE SOLE MEMBER, HENNEPIN HEALTHCARE SYSTEM 1 INCUR LONG-TERM DEBT, 2 MORTGAGE OR ENCUMBER ANY ASSETS OF THE FOUNDATION, 3 SELL, LEASE, OR OTHERWISE DISPOSE OF ALL OR SUBSTANTIALLY ALL OF ITS PROPERTY AND ASSETS, 4 ADD OR DELETE MAJOR SERVICES, 5 VOLUNTARILY DISSOLVE, 6 PURCHASE OR ACQUIRE SUBSTANTIALLY ALL OF THE ASSETS OF ANOTHER ENTITY, 7 MERGE, CONSOLIDATE WITH ANY DOMESTIC OR FOREIGN ORGANIZATION, OR LEASE OR SELL MORE THAN FIFTY PERCENT OF THE FOUNDATION'S PROPERTY AND ASSETS TO ANY ENTITY IN ANY ONE TRANSACTION OR SERIES OF RELATED TRANSACTIONS, 8 PREPAY ANY INDEBTEDNESS PRIOR TO THE TIME FOR PAYMENT THEREOF AS PROVIDED IN THE CONTRACT EVIDENCING OR CREATING SUCH INDEBTEDNESS, 9 LOAN MONEY OR OTHER ASSETS TO OR GUARANTEE THE OBLIGATIONS OF ANY PERSON OR ENTITY, 10 APPROVE ANNUAL OPERATING BUDGETS, ANNUAL OR LONG-RANGE CAPITAL BUDGETS, AND NON-BUDGETED CONTRACTS ENTERED INTO OVER \$50,000, 11 SUBSTANTIALLY CHANGE THE PRESENT OR NOW INTENDED NATURE OF THE FOUNDATION'S OPERATIONS, 12 APPROVE ANY EXTRAORDINARY COMPENSATION OR BONUS TO ANY EMPLOYEE, 13 ELIMINATE, CHANGE OR ADD TO THE BENEFICIARY ORGANIZATIONS OF THE FOUNDATION, 14 APPOINTMENT OF A CERTIFIED PUBLIC ACCOUNTANT TO AUDIT THE BOOKS AND RECORDS OF ACCOUNT OF THE CORPORATION, AND 15 AMEND THE ARTICLES OF INCORPORATION OR BYLAWS</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE COMPLETE FORM 990 WILL BE REVIEWED BY THE FOUNDATION'S FINANCE COMMITTEE AND THEN REVIEWED BY THE WHOLE BOARD IN ADDITION, THE COMPLETE FORM 990 WILL BE PROVIDED TO THE SUPPORTED ORGANIZATION'S FINANCE COMMITTEE AND AVAILABLE TO THE SUPPORTED ORGANIZATION'S FULL BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE FOUNDATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL OFFICERS, BOARD MEMBERS, AND COMMITTEE MEMBERS. DIRECTORS ARE REQUIRED TO ANNUALLY REVIEW THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY CONFLICTS. INDIVIDUALS WITH ACTUAL OR POTENTIAL CONFLICTS ARE REQUIRED TO DISCLOSE THE RELEVANT FACTS TO THE BOARD OR COMMITTEE CONSIDERING THE TRANSACTION. AFTER PRESENTING THE RELEVANT FACTS TO THE BOARD OR COMMITTEE, THE INTERESTED PERSON LEAVES THE ROOM FOR THE SUBSEQUENT DISCUSSION AND VOTE ON THE TRANSACTION. THE BOARD OR COMMITTEE MAY SEEK ALTERNATIVE TRANSACTIONS THAT DO NOT INVOLVE A CONFLICT. ALL SUCH SITUATIONS ARE DOCUMENTED IN THE MINUTES OF THE MEETING.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. EACH REQUEST IS EVALUATED AND FULFILLED AS APPROPRIATE.

Identifier	Return Reference	Explanation
EXPLANATION FOR CHANGE IN LEADERSHIP	FORM 990, PART VII, SECTION A	DURING THE YEAR ENDING DECEMBER 31, 2011 THE FOUNDATION EXPERIENCED A CHANGE IN LEADERSHIP. EMILY FUERSTE RESIGNED IN JULY OF 2011 AND CHERYL KRAFT CAME ONBOARD AS INTERIM PRESIDENT IN AUGUST OF 2011 WHILE HCMC CONDUCTED A SEARCH FOR A PERMANENT REPLACEMENT. SUZANNE BEGIN WAS SELECTED AS PRESIDENT OF HENNEPIN HEALTH FOUNDATION AND VICE PRESIDENT, PHILANTHROPY HCMC AND BEGAN WORK IN MARCH OF 2012.



Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,514

Identifier	Return Reference	Explanation
EXPLANATION FOR GRANTS AND ASSISTANCE TO ORGANIZATIONS IN THE UNITED STATES	FORM 990, PART IX, LINE 1	THE FOUNDATION RECEIVED DONATED SERVICES IN THE AMOUNT OF \$110,000 FROM HENNEPIN HEALTHCARE SYSTEM, A RELATED ORGANIZATION THAT ARE NOT RECOGNIZED IN THE FORM 990 REVENUES AND EXPENSES PER IRS GUIDANCE. THE FOUNDATION MADE THESE DONATED SERVICES AVAILABLE TO MINNESOTA MEDICAL RESEARCH FOUNDATION IN SUPPORT OF RESEARCH EFFORTS THAT WOULD HAVE BEEN REPORTED IN PART IX, LINE 1 AND SCHEDULE I, PART II

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

2011

Open to Public Inspection

Name of the organization  
HENNEPIN HEALTH FOUNDATION

Employer identification number  
41-0845733

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 HEALTHCARE SYSTEM INC  701 PARK AVENUE NORTH  MINNEAPOLIS, MN 55415 42-1707837	HOSPITAL	MN	501(C)(3)	LINE 3	N/A		No
(2) MINNEAPOLIS MEDICAL RESEARCH FOUNDATION  914 S 8TH ST STE 600  MINNEAPOLIS, MN 55404 41-1677920	MEDICAL RESEARCH	MN	501(C)(3)	LINE 7	HENNEPIN FACULTY ASSOCIATES		No
(3) HENNEPIN FACULTY ASSOCIATES  914 S 8TH ST STE 600  MINNEAPOLIS, MN 55404 41-1461900	HEALTHCARE PROVIDER	MN	501(C)(3)	LINE 9	N/A		No

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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

1 During the tax year, did the organization 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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

No

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:  
Software Version:  
EIN: 41-0845733  
Name: HENNEPIN HEALTH FOUNDATION

Form 990, Special Condition Description:

Special Condition Description
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Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code ) (Expenses \$ 36,339 including grants of \$ 5,523 ) (Revenue \$ 0 ) TRAUMA AND CRITICAL CAREHCMC IS HOME TO THE LARGEST AND BUSIEST LEVEL 1 TRAUMA CENTER IN THE STATE, INCLUDING A PEDIATRIC LEVEL 1 TRAUMA CENTER. GENEROSITY PROVIDES FUNDING TO PATIENT CARE SERVICES RELATED TO HCMC'S LEVEL 1 TRAUMA DESIGNATION SUCH AS PATIENT COMFORT IN TRAUMATIC BRAIN INJURY, THE BURN UNIT, STROKE CARE, AND HEART CLINIC, POISON CONTROL AND TOXICOLOGY CARE, CARE DURING AND AFTER TRANSPLANT, AND CARE IN DEALING WITH THE EFFECTS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, CHILD ABUSE AND NEGLECT
(Code ) (Expenses \$ 35,954 including grants of \$ 28,012 ) (Revenue \$ 0 ) MEDICAL RESEARCHSINCE 1952, THE MINNEAPOLIS MEDICAL RESEARCH FOUNDATION HAS PROVIDED A HOME WHERE PHYSICIANS AT HCMC CAN STUDY DISEASES THEY SEE IN THEIR PATIENTS AND DEVELOP NEW TREATMENTS TO IMPROVE THEIR CARE. TODAY, OVER 200 PRACTICING PHYSICIANS AND MEDICAL PROFESSIONALS ACTIVELY INVESTIGATE THE CAUSES AND TREATMENTS OF DISEASE. INSIGHTS PROVIDED BY THEIR RESEARCH LOOK TO LESSEN THE IMPACT OF TODAY'S HEALTH PROBLEMS INCLUDING DIABETES, ADDICTION, HEART DISEASE, HIV/AIDS, TRAUMATIC BRAIN INJURY, AND ALZHEIMER'S