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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HENNEPIN HEALTHCARE SYSTEM INC
HENNEPIN HEALTHCARE SYSTEM INC

Doing business as
HENNEPIN COUNTY MEDICAL CENTER

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

City or town, state or province, country, and ZIP or foreign postal code
MINNEAPOLIS, MN 55415

D Employer identification number
42-1707837

E Telephone number
(612) 873-6518

G Gross receipts $ 929,727,334

F Name and address of principal officer
LARRY A KRYZANIAK MS
701 PARK AVENUE
MINNEAPOLIS, MN 55415

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW HCMC ORG

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

L Year of formation 2007

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WE PARTNER WITH OUR COMMUNITY, OUR PATIENTS AND THEIR FAMILIES TO ENSURE ACCESS TO OUTSTANDING CARE FOR EVERYONE, WHILE IMPROVING HEALTH AND WELLNESS THROUGH TEACHING, PATIENT AND COMMUNITY EDUCATION, AND RESEARCH

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	7,755
6	Total number of volunteers (estimate if necessary)	**6**	510
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,043,626
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	154,579

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	44,977,475	63,005,974
9	Program service revenue (Part VIII, line 2g)	788,017,563	852,308,591
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,383,881	1,535,002
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	834,378,919	916,849,567
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	431,987	413,545
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	566,855,876	597,454,212
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	255,621,808	290,346,872
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	822,909,671	888,214,629
19	Revenue less expenses Subtract line 18 from line 12	11,469,248	28,634,938

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	537,723,414	517,851,291
21	Total liabilities (Part X, line 26)	230,282,259	461,712,945
22	Net assets or fund balances Subtract line 21 from line 20	307,441,155	56,138,346

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

******
Signature of officer — 2016-11-09 Date

LARRY A KRYZANIAK MS CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2016-11-14		

Firm's name ▶ HENNEPIN HEALTHCARE SYSTEMS INC — Firm's EIN ▶ 42-1707837

Firm's address ▶ 701 PARK AVE
MINNEAPOLIS, MN 554151623 — Phone no

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

HENNEPIN HEALTHCARE SYSTEM, INC (HEREAFTER HHS) IS GOVERNED BY A 14-MEMBER BOARD OF DIRECTORS THAT IS RESPONSIBLE FOR OVERSIGHT OF POLICY AND OPERATING ACTIVITIES THE HENNEPIN COUNTY OF MINNESOTA RETAINS OWNERSHIP OF THE HHS FACILITIES THE HENNEPIN COUNTY BOARD OF COMMISSIONERS OVERSEES CERTAIN GOVERNING RIGHTS AND OBLIGATIONS, INCLUDING OVERSIGHT OF THE SAFETY NET MISSION AND REVIEW AND APPROVAL OF HHS' BOARD MEMBERS, ANNUAL OPERATING BUDGET, HEALTH SERVICES PLAN AND CAPITAL BUDGET DURING THE YEAR 2015, HHS COMMISSIONED THE CONSTRUCTION OF A NEW 220 8 CLINIC AND SPECIALTY BUILDING, WHICH WILL CONSOLIDATE HCMC'S EXISTING DOWNTOWN CLINICS IN ONE STATE OF THE ART, SIX-STORY FACILITY AIMED AT IMPROVING CARE, EFFICIENCIES, AND THE PATIENT EXPERIENCE WITHIN THE MAIN CAMPUS COMMUNITY HHS IS AN ESSENTIAL COMMUNITY PROVIDER AS DESIGNATED BY THE MINNESOTA DEPARTMENT OF HEALTH HHS IS COMMITTED TO PARTNERING WITH ITS COMMUNITY, PATIENTS AND THEIR FAMILIES TO ENSURE ACCESS TO OUTSTANDING CAR

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 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 $ 739,600,388 including grants of $ 379,989) (Revenue $ 806,106,696)

HHS INC (D/B/A HCMC) (HEREAFTER HHS) IS AN INTEGRATED NETWORK OF PHYSICIANS, HOSPITAL, AMBULATORY CARE SERVICES, PHARMACIES AND AMBULANCE SERVICE HHS PROVIDES ACCESS TO A RANGE OF HEALTH CARE SERVICES IN MINNEAPOLIS AND THE SURROUNDING METROPOLITAN AREA THE CAPACITY AND WILLINGNESS TO PROVIDE COMPREHENSIVE SERVICES TO ANYONE IN NEED SETS HHS APART FROM OTHER PROVIDERS AS OF DECEMBER 31, 2015, HHS OPERATED A HOSPITAL WITH LICENSED CAPACITY OF 894 BEDS AND 65 BASSINETS, OF WHICH 484 BEDS AND 62 BASSINETS WERE AVAILABLE, AS WELL AS 12 PRIMARY CARE CLINICS AND 34 SPECIALTY CARE CLINICS, 6 PHARMACY LOCATIONS, AND EMPLOYED APPROXIMATELY 685 PROVIDERS,231 RESIDENTS AND 132 PHARMACISTS

4b (Code) (Expenses $ 19,042,964 including grants of $ 24,220) (Revenue $ 46,444,344)

HHS STAFF AND TRAINEES RECEIVE TRAINING ON QUALITY AND SAFETY, PATIENT- AND FAMILY-CENTERED CARE, CULTURALLY-COMPETENT CARE, AND OTHER HEALTH ISSUES AFFECTING HIGH-RISK AND SPECIAL NEEDS PATIENTS HHS OFFERS TRAINING TO THOUSANDS OF PHYSICIANS, NURSES, PARAMEDICS, EMT'S, TECHNICIANS, SOCIAL WORKERS, PHARMACISTS, PHYSICIAN ASSISTANTS, SPEECH PATHOLOGISTS, POLICE, SHERIFF, AND FIRE DEPARTMENT "FIRST RESPONDERS", AMBULANCE AND AIR-LINK CREWS, AND STATEWIDE EMERGENCY DEPARTMENT HEALTH PERSONNEL AND OTHER HEALTH CARE PROVIDERS EACH YEAR IN MORE THAN 50 PROGRAMS INCLUDING IN EMERGENCY AND TRAUMA CARE STUDENTS FROM MORE THAN 140 HOSPITALS, COLLEGES, UNIVERSITIES, AND OTHER FACILITIES ACROSS THE WORLD COME TO HHS FOR CLINICAL TRAINING

4c (Code) (Expenses $ 157,059 including grants of $ 9,336) (Revenue $)

HHS CONDUCTS ITS RESEARCH ACTIVITIES THROUGH THE MINNEAPOLIS MEDICAL RESEARCH FOUNDATION (MMRF) THE CRITICAL RESEARCH MISSION FOSTERS HHS' EFFORTS TOWARDS IMPROVING THE HEALTH OF OUR COMMUNITY THE RESEARCH MISSION CONTRIBUTES TO ATTRACTING EXCELLENT CLINICIANS WHO CAN BETTER SERVE THE CURRENT AND FUTURE HEALTH NEEDS OF HHS' PATIENTS AND THE BROADER COMMUNITY

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

4e **Total program service expenses ▶** 758,800,411

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,259		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7,755		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
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	
b	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				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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 ▶ 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.

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CHARLES ESLER CONTROLLER 701 PARK AVENUE P-1 MINNEAPOLIS, MN 55415 (612) 873-6518

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

Check if Schedule O contains a response or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								8,127,939	211,769	715,058

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 ▶ 1,021

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
BWBR ARCHITECTS INC 380 ST PETER STREET SUITE 600 ST PAUL, MN 55102	ARCHITECTURE	8,687,040
UNIVERSITY OF MINNESOTA 1425 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55455	PHYSICIAN SVCS	6,760,350
M A MORTENSON COMPANY 700 MEADOW LANE NORTH MINNEAPOLIS, MN 55422	CONSTRUCTION	4,870,492
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 53288	INFO TECHNOLOGY	4,160,474
DATALINK CORPORATION 10050 CROSSTOWN CIRCLE SUITE 500 EDEN PRAIRIE, MN 55344	IT MAINTENANCE	3,771,568

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 ▶ 186

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d	20,195,601			
	e	Government grants (contributions) 1e	29,768,543			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	13,041,830			
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	63,005,974			
Program Service Revenue		Business Code				
	2a	MEDICARE/ MEDICAID REVENUE	624100	510,976,124	510,976,124	
	b	MANAGED CARE - COMMERCIAL	621990	240,459,353	240,459,353	
	c	RETAIL PHARMACY REVENUE	621990	64,246,823	64,246,823	
	d	UPPER PAYMENT LIMIT REVENUE	446110	26,593,979	26,593,979	
	e	OTHER OPERATING REVENUE	900099	7,594,548		7,594,548
	f	All other program service revenue		2,437,764	2,043,626	394,138
	g	**Total.** Add lines 2a–2f . . . . . ▶		852,308,591		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,292,554		1,292,554
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents: 738,921 /				
	b	Less rental expenses: 738,921 /				
	c	Rental income or (loss): /				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: / 12,381,294				
	b	Less cost or other basis and sales expenses: / 12,138,846				
	c	Gain or (loss): / 242,448				
	d	Net gain or (loss) . . . . . ▶	242,448			242,448
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . . . ▶	916,849,567	842,276,279	2,043,626	9,523,688

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)

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	413,545	413,545		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,278,672	1,423,057	3,855,615	
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	460,962,734	383,710,067	77,252,667	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,433,488	27,617,332	5,816,156	
9 Other employee benefits	68,154,562	56,298,259	11,856,303	
10 Payroll taxes	29,624,756	24,471,175	5,153,581	
11 Fees for services (non-employees)				
a Management				
b Legal	1,269,713	1,048,831	220,882	
c Accounting	464,324		464,324	
d Lobbying	144,041	144,041		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	119,181	98,448	20,733	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,144,281	16,605,009	4,539,272	
12 Advertising and promotion	842,254	695,734	146,520	
13 Office expenses	8,830,737	7,294,525	1,536,212	
14 Information technology	14,816,201	12,238,745	2,577,456	
15 Royalties				
16 Occupancy	13,819,318	11,439,524	2,379,794	
17 Travel	786,673	649,822	136,851	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,218,738	1,006,724	212,014	
20 Interest	170,020	140,443	29,577	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,522,549	26,864,862	5,657,687	
23 Insurance	711,282	587,546	123,736	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL DRUGS & SUPPLIES	99,382,557	99,382,557		
b PURCHASED SERVICES	43,285,881	36,532,155	6,753,726	
c BAD DEBTS	29,867,912	29,867,912		
d TAXES	17,035,917	17,035,917		
e All other expenses	3,915,293	3,234,181	681,112	
25 **Total functional expenses.** Add lines 1 through 24e	888,214,629	758,800,411	129,414,218	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		49,344,464	1	48,791,956
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		232,311,641	4	185,794,598
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,712,581	8	5,001,870
	9	Prepaid expenses and deferred charges		6,992,648	9	8,956,556
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 645,762,397			
	b	Less accumulated depreciation	10b 398,990,372	238,687,028	10c	246,772,025
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		5,668,414	12	6,404,154
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		6,638	15	16,130,132
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		537,723,414	16	517,851,291
Liabilities	17	Accounts payable and accrued expenses		156,762,070	17	155,061,905
	18	Grants payable			18	
	19	Deferred revenue		1,898,395	19	1,651,324
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		71,621,794	25	304,999,716
	26	**Total liabilities.** Add lines 17 through 25		230,282,259	26	461,712,945
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund		238,991,882	31	250,152,464
	32	Retained earnings, endowment, accumulated income, or other funds		68,449,273	32	-194,014,118
	33	Total net assets or fund balances		307,441,155	33	56,138,346
	34	Total liabilities and net assets/fund balances		537,723,414	34	517,851,291

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	916,849,567
2	Total expenses (must equal Part IX, column (A), line 25)	2	888,214,629
3	Revenue less expenses Subtract line 2 from line 1	3	28,634,938
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	307,441,155
5	Net unrealized gains (losses) on investments	5	61,312
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-279,999,059
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	56,138,346

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

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

Additional Data

Software ID:

Software Version:

EIN: 42-1707837

Name: HENNEPIN HEALTHCARE SYSTEM INC
HENNEPIN HEALTHCARE SYSTEM INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
JON L PRYOR MD MBA CEO	40 00	X		X				833,995	0	56,185
DOUGLAS B BRUNETTE MD DIRECTOR - P	40 00	X						473,987	0	44,031
TARA GUSTILO MD DIRECTOR - P	32 00	X						281,863	0	41,329
CHRISTOPHER PUTO PHD DIRECTOR	2 00	X						0	0	0
SHARON SAYLES BELTON BOARD CHAIR	2 00	X						0	0	0
JANIS CALLISON MA JD DIRECTOR	2 00 40 00	X						0	105,606	16,519
RANDY JOHNSON JD DIRECTOR	2 00 40 00	X						0	106,163	22,956
SAMUEL E CARLSON MD FACP DIRECTOR	2 00	X						0	0	0
DAVID EBEL MA DIRECTOR	2 00	X						0	0	0
BRIAN RANALLO CHAIR- FINA	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
SHEILA RIGGS DDS DMSC DIRECTOR	2 00	X						0	0	0
KRIS PETERSEN MBA DIRECTOR	2 00	X						0	0	0
DIANA VANCE-BRYAN JD DIRECTOR	2 00	X						0	0	0
JACOB GAYLE PHD DIRECTOR	2 00	X						0	0	0
DAVID YBARRA II DIRECTOR	2 00	X						0	0	0
KATHY TUNHEIM DIRECTOR	2 00	X						0	0	0
LARRY A KRYZANIAK MS CFO	40 00			X				471,979	0	36,310
NANCY GARRETT PHD CHIEF ANALYT	40 00				X			307,166	0	46,501
SCOTT WORDELMAN FACHE VP AMBULATOR	40 00				X			393,491	0	36,961
STEVEN P STERNER MD FACEP CHIEF PROVID	40 00				X			435,025	0	42,923

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
WILLIAM G HEEGAARD MD CHIEF CLINIC	40 00				X			457,497	0	47,338
KATHY WILDE RN MA CHIEF NURSIN	40 00				X			380,825	0	35,954
MICHAEL B BELZER MD CHIEF MEDICA	40 00				X			459,454	0	42,935
WALTER T CHESLEY JD VP HUMAN RES	40 00				X			310,833	0	42,092
CONSTANTIN N STARCHOOK MD PHYSICIAN	40 00					X		714,167	0	44,031
CHARLES L TRUWIT MD PHYSICIAN CH	40 00					X		695,445	0	44,031
BARBARA KNOLL MD PHYSICIAN	40 00					X		639,728	0	26,900
ANTHONY L SEVERT MD PHYSICIAN -	40 00					X		636,550	0	44,031
CHRISTOPHER S PALMER MD PHYSICIAN -	40 00					X		635,934	0	44,031

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HENNEPIN HEALTHCARE SYSTEM INC
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number
42-1707837

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319085416

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	144,041	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)	144,041	
d Other exempt purpose expenditures	888,070,588	
e Total exempt purpose expenditures (add lines 1c and 1d)	888,214,629	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	134,460	206,597	187,527	144,041	672,625
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	134,460	206,597	187,527	144,041	672,625

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART IV	SCHEDULE C, PART 1-A, LINE 1 HENNEPIN HEALTHCARE SYSTEM INC 'S (HHS INC) HAS A SERVICE AGREEMENT IN FORCE WITH HENNEPIN COUNTY INTERGOVERNMENTAL RELATIONS (IGT) TO FURNISH STATE AND FEDERAL GRASSROOT LOBBYING SERVICES RELATED TO HHS INC 'S MISSION AND PURPOSE IN ADDITION, HHS INC IS ASSOCIATED WITH ORGANIZATIONS SUCH AS MINNESOTA HOSPITAL ASSOCIATION, AMERICA'S ESSENTIAL HOSPITALS, AND THE NATIONAL ASSOCIATION OF CHILDREN HOSPITALS WHICH ENGAGE IN LOBBYING ACTIVITIES AT THE STATE AND NATIONAL LEVEL ON BEHALF OF ITS MEMBER ENTITIES THE GRASSROOTS LOBBYING EXPENSES ARE MADE UP AS BELOW HENNEPIN COUNTY IGR PAYMENTS 130,000 MINNESOTA HOSPITAL ASSOCIATION 6,450 AMERICA'S ESSENTIAL HOSPITALS 3,900 NATIONAL ASSOCIATION OF CHILDREN HOSPITALS 3,691 TOTAL GRASSROOTS LOBBYING EXPENDITURE 144,041

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HENNEPIN HEALTHCARE SYSTEM INC
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number
42-1707837

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

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

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	2,956,178	2,754,332	2,187,882		
b	Contributions					
c	Net investment earnings, gains, and losses	196,839	183,917	566,450		
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	3,153,016	2,956,178	2,754,332		

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶
b Permanent endowment ▶ 59 710 %
c Temporarily restricted endowment ▶ 40 290 %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		19,320,377		19,320,377
b Buildings		369,426,195	235,801,104	133,625,091
c Leasehold improvements		16,771,389	9,319,184	7,452,205
d Equipment		211,123,233	151,354,104	59,769,129
e Other		29,121,203	2,515,980	26,605,223
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				246,772,025

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
NET PENSION LIABILITY GASB 68	295,169,209
TAXES	5,993,461
RELATED PARTY PAYABLES	3,677,220
LEASE REVENUE REFUNDING CERTIFICATES	159,826
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	304,999,716

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	886,534,629
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	61,312		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	61,312
3	Subtract line **2e** from line **1**			3	886,473,317
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 XIII)	4b	30,376,250		
c	Add lines **4a** and **4b**			4c	30,376,250
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	916,849,567

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	857,838,379
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	857,838,379
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 XIII)	4b	30,376,250		
c	Add lines **4a** and **4b**			4c	30,376,250
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	888,214,629

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENT CONSISTS ENTIRELY OF DONOR-RESTRICTED FUNDS ESTABLISHED TO SUPPORT RESEARCH ACTIVITIES AND THE NON-SURGERY ENDOWMENT HHS, INC POLICY PROVIDES FOR THE ABILITY TO APPROPRIATE FOR DISTRIBUTION EACH YEAR AN AGREED PROPORTION PLUS RELATED ACCUMULATED EARNINGS BASED UPON BALANCES OF THE PRECEDING YEAR AND MAINTAINING A RECOMMENDED PURCHASING POWER OF THE ENDOWMENT DISTRIBUTIONS ARE NOT MADE IN PERIODS SUBSEQUENT TO A DETERMINATION THAT THE FAIR MARKET VALUE OF THE PERMANENTLY RESTRICTED NET ASSETS FALLS BELOW CORPUS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BAD DEBT RECLASS 29,867,912 LOSS ON SALE/DISPOSAL OF ASSETS 242,449 RELATED PARTY REIMBURSEMENTS 265,889

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HENNEPIN HEALTHCARE SYSTEM INC
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number
42-1707837

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			14,473,358		14,473,358	1 630 %
b Medicaid (from Worksheet 3, column a)			375,682,912	337,404,183	38,278,729	4 310 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			390,156,270	337,404,183	52,752,087	5 940 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		20,962	3,513,496	2,450,257	1,063,239	0 120 %
f Health professions education (from Worksheet 5)		892	69,118,716	46,444,344	22,674,372	2 550 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,907		3,907	
j **Total.** Other Benefits		21,854	72,636,119	48,894,601	23,741,518	2 670 %
k **Total.** Add lines 7d and 7j		21,854	462,792,389	386,298,784	76,493,605	8 610 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			1,049,203	885,823	163,380	0 020 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			1,049,203	885,823	163,380	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	29,867,912		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	396,481		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	172,222,194
6	Enter Medicare allowable costs of care relating to payments on line 5	6	243,159,934
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-70,937,740
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group HENNEPIN HEALTHCARE SYSTEM INC
HENNEPIN COUNTY MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) WWW HCMC ORG			
b	☐ Other website (list url) WWW MNHOSPITALS ORG			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) WWW HCMC ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group HENNEPIN HEALTHCARE SYSTEM INC
HENNEPIN COUNTY MEDICAL CENTER

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) WWWHCMCORG			
b	☐ The FAP application form was widely available on a website (list url) WWWHCMCORG			
c	☐ A plain language summary of the FAP was widely available on a website (list url) WWWHCMCORG			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group HENNEPIN HEALTHCARE SYSTEM INC
HENNEPIN COUNTY MEDICAL CENTER

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

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

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **6**

	Name and address	Type of Facility (describe)
1	HCMC CLINICS - 43 CLINICS OUTPATIENT SPECIALTY CARE SERVICE 701 PARK AVENUE MINNEAPOLIS,MN 55415	HOSPITAL-BASED UNDER NPI 1407897309
2	HCMC PHARMACIES - 6 LOCATIONS 701 PARK AVENUE MINNEAPOLIS,MN 55415	PHARMACY SERVICES
3	HCMC-BE WELL CLINIC 300 SOUTH SIXTH STREET GOVERNMENT CENTER - A120 MINNEAPOLIS,MN 55487	FREE STANDING CLINIC
4	HCMC-CONVENIENCE CARE AT WALMART 715 EAST 78TH STREET BLOOMINGTON,MN 55420	FREE STANDING CLINIC
5	HCMC - GOLDEN VALLEY CLINIC 5653 DULUTH STREET GOLDEN VALLEY,MN 55422	FREE STANDING CLINIC
6	PARKSIDE PATCH CLINIC 825 SOUTH 8TH STREET SUITE 1122 MINNEAPOLIS,MN 55404	FREE STANDING CLINIC
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	HHS PARTICIPATES IN SEVERAL COMMUNITY BUILDING ACTIVITIES HHS COORDINATED THE DEVELOPMENT OF THE METROPOLITAN HOSPITAL COMPACT, BRINGING COMMUNITY HOSPITALS TOGETHER TO COORDINATE DISASTER PREPAREDNESS AND RESPONSE AS THE REGIONAL HOSPITAL RESOURCE CENTER FOR THE 7 COUNTY METRO REGIONS (2 6 MN PEOPLE) HHS COORDINATES 30 HOSPITALS AND THEIR AFFILIATED CLINICS, LONG TERM CARE FACILITIES AND THE UNAFFILIATED CLINICS HHS IS A PARTICIPANT IN THE SUSPECTED CHILD ABUSE AND NEGLECT TEAM (SCANT) SCANT IS A MULTI-DISCIPLINARY, INTERDEPARTMENTAL TEAM OF PROFESSIONALS FROM HHS, INCLUDING PEDIATRICIANS, SOCIAL WORKERS, NURSES, CHAPLAINS, AND PSYCHOLOGISTS, AS WELL AS INDIVIDUALS FROM COLLABORATING AGENCIES INCLUDING THE MINNEAPOLIS POLICE DEPARTMENT, HENNEPIN COUNTY CHILD PROTECTION, THE HENNEPIN COUNTY ATTORNEY'S OFFICE, AND THE HENNEPIN COUNTY MEDICAL EXAMINER'S OFFICE HHS IS A SITE FOR THE SUMMER MEALS PROGRAMS THROUGH THE US DEPARTMENT OF AGRICULTURE APPROXIMATELY 42 CHILDREN RECEIVE FREE BREAKFAST OR LUNCH EVERY DAY DURING THE SUMMER

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	BAD DEBT EXPENSE IN THE AMOUNT OF 29,867,912 IS THE AMOUNT RECORDED DURING 2015 WHICH IS WRITTEN OFF OR SENT TO COLLECTIONS NET OF RECOVERIES AND NET OF BOOK RESERVES FOR ADJUSTMENTS TO THE ON-GOING BAD DEBT ALLOWANCE ON OPEN ACCOUNTS RECEIVABLE

Form and Line Reference	Explanation
PART III, LINE 3 BAD DEBT EXPENSE, PATIENTS ELIGIBLE FOR ASSISTANCE	THE COST OF CHARGES WRITTEN OFF AS BAD DEBT EXPENSE TOTALED 12,072,719 FOR 2015 THIS WAS CALCULATED AS THE PERCENTAGE OF ADJUSTED PATIENT CHARGES DIVIDED BY OPERATING EXPENSE TO ACHIEVE A COST TO CHARGE RATIO THE BAD DEBT AMOUNT IS THE PRODUCT OF THE RATIO OF THE COST TO CHARGES MULTIPLIED BY THE BAD DEBT EXPENSE HHS, INC COLLECTIONS/CUSTOMER SERVICE AREAS PROCESS DISCOUNT ADJUSTMENTS TO PATIENT ACCOUNTS SUBJECT TO PROPER ADJUSTMENT APPROVALS AND GUIDELINES PATIENTS ARE ELIGIBLE FOR DISCOUNTS BASED ON PATIENT HOUSEHOLD SIZE AND INCOME IN RELATION TO FEDERAL POVERTY GUIDELINES PATIENTS WHO MAY BE ELIGIBLE FOR GOVERNMENT PROGRAMS ARE REQUIRED TO APPLY FOR THOSE PROGRAMS IF BENEFITS ARE DENIED, THE APPROPRIATE APPLICABLE DISCOUNT SHALL APPLY FINANCIAL COUNSELORS COLLECT AND RECORD THE PATIENTS' NET AND GROSS INCOME AND FAMILY SIZE TO DETERMINE THE APPROPRIATE DISCOUNT HHS, INC USES FEDERAL GUIDELINES FOR DETERMINING DISCOUNTS AND CHARITY CARE

Form and Line Reference	Explanation
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	HHS INCLUDES DISCUSSION OF ACCOUNTS RECEIVABLE AND BAD DEBT EXPENSE IN THE ATTACHED AUDITED FINANCIAL STATEMENTS ON PAGE 9, 10 AND 15

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	HHS IS A PUBLIC CORPORATION SAFETY NET HOSPITAL AND CLINIC SYSTEM ENGAGED IN THE DELIVERY OF HEALTHCARE AND RELATED SERVICES TO THE GENERAL PUBLIC IN THE STATE OF MINNESOTA INCLUDING THE INDIGENT AS DEFINED BY THE STATE AND FEDERAL LAW AS DETERMINED BY THE HENNEPIN COUNTY BOARD OF COMMISSIONERS IT HAS A "TREAT FIRST" POLICY REGARDLESS OF A PATIENT'S ABILITY TO PAY FOR MEDICAL NECESSITY

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	HHS PROVIDES MORE CARE TO MINNESOTA HEALTH CARE PROGRAM (MHCP) RECIPIENTS AND THE UNINSURED THAN DO OUR NON-TEACHING PEERS, NEARLY 50% OF HHS' VOLUME IS PROVIDED TO LOW INCOME POPULATIONS HHS IS MINNESOTA'S LARGEST PROVIDER OF SERVICE TO THE POOR BY A SUBSTANTIAL MARGIN HHS TREATS HENNEPIN COUNTY'S AND THE REGION'S MORE SEVERELY ILL PATIENTS, SUCH AS THOSE REFERRED FROM OTHER HOSPITALS AND THOSE REQUIRING EXTENSIVE SUPPORT SERVICES HHS' PHYSICIANS AND ALUMNI ARE INTEGRAL TO THE REGION'S EMERGENCY PREPAREDNESS AND STAND-BY CAPABILITIES HHS PROVIDES MANY SPECIALIZED INPATIENT AND OUTPATIENT SERVICES SUCH AS INTENSIVE NEONATAL CARE, ORGAN TRANSPLANTATION, ONCOLOGY SERVICES AND SOPHISTICATED RECONSTRUCTIVE SURGERY TO THE REGION'S POPULATION HHS FACILITATES THE TRANSITIONS OF NEW SERVICES AND TECHNOLOGIES INTO THE MAINSTREAM HEALTH CARE PROVISION SYSTEM AND HELPS TO RAISE THE REGIONAL HEALTH PROVISION STANDARDS

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	PART III LINE 8 MEDICARE IN THE COMMUNITY BENEFIT FOOTNOTE TO THE AUDITED FINANCIAL STATEMENTS, MEDICARE SHORTFALL IS CONSIDERED AN ADDITIONAL COMMUNITY CONTRIBUTION, NOT INCLUDED IN COMMUNITY BENEFIT THE SHORTFALL IS CALCULATED BY SUBTRACTING MEDICARE REVENUE FROM MEDICARE ALLOWABLE COSTS MEDICARE ALLOWABLE COSTS ARE DETERMINED BY MULTIPLYING ALL MEDICARE CHARGES BY THE 2015 COST TO CHARGE RATIO PART III SECTION C LINE 9B HHS USES A COMBINATION OF DISCOUNT AND COLLECTION POLICIES PATIENTS ARE SCREENED USING ESTABLISHED GUIDELINES AS SET BY THE HOSPITAL AND WHENEVER POSSIBLE THE PATIENT OR PATIENT'S FAMILY CAN FILL OUT AN APPLICATION FOR FINANCIAL ASSISTANCE THOSE THAT DO NOT QUALIFY FOR MEDICAL ASSISTANCE, HENNEPIN HEALTH, CHARITY CARE OR HENNEPIN CARE, OR WHO ARE UNINSURED, WILL BE OFFERED AN UNINSURED DISCOUNT PATIENTS WITH SELF PAY BALANCES WHO ARE CONSIDERED ABLE TO PAY BASED ON FINANCIAL SCREENING MAY BE TURNED OVER TO COLLECTIONS IF THE HOSPITAL DEEMS THAT THEY HAVE THE ABILITY TO PAY FOR SERVICES HHS, AS A GOVERNMENT ENTITY, IS ALLOWED TO PARTICIPATE IN STATE OF MINNESOTA REVENUE RECAPTURE PROGRAM THIS PROGRAM ALLOWS HHS TO SUBMIT CLAIMS AGAINST PATIENT INCOME TAX REFUNDS, PROPERTY TAX REFUNDS, AND LOTTERY WINNINGS TO RECOVER PAST DUE BALANCES AFTER OTHER COLLECTION EFFORTS ARE EXHAUSTED

Additional Data

Software ID:

Software Version:

EIN: 42-1707837

Name: HENNEPIN HEALTHCARE SYSTEM INC
HENNEPIN HEALTHCARE SYSTEM INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	HENNEPIN HEALTHCARE SYSTEM INC HENNEPIN COUNTY MEDICAL CENTER 701 PARK AVENUE MINNEAPOLIS,MN 55415 WWW HCMC ORG STATE LIC 371559	X	X	X	X		X	X		LEVEL 1 TRAUMA HOSPITAL	

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HENNEPIN HEALTHCARE SYSTEM INC
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number
42-1707837

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 26

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	THE HENNEPIN HEALTH FOUNDATION RAISES AND ADMINISTERS PHILANTHROPIC SUPPORT FOR HENNEPIN HEALTHCARE SYSTEM, INC THE SUPPORT INCLUDES A GRANT MANAGEMENT DEPARTMENT WHICH COORDINATES THE TASK OF MONITORING GRANT RECEIPTS AND GRANT DISBURSEMENTS FROM FEDERAL, STATE, LOCAL OR INDIVIDUAL TO BENEFICIARIES THE HENNEPIN HEALTH FOUNDATION WORKS CLOSELY WITH HHS TO ENSURE PROPER CONTROLS ARE IN PLACE BY USE OF RECONCILIATIONS AND COMPLIANCE MONITORING AND REPORTING

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
PHILLIPS EYE INSTITUTE 2215 PARK AVENUE MINNEAPOLIS,MN 55404	36-3261413	501C3	12,510				EMERGENCY PREP
RIDGEVIEW MEDICAL CENTER 500 SOUTH MAPLE STREET WACONIA,MN 55387	31-1667875	501C3	12,110				EMERGENCY PREP
MAYO CLINIC HLTH SYSTEM NEW PRAGUE 301 SECOND STREET NE NEW PRAGUE,MN 56071	41-0723639	501C3	12,610				EMERGENCY PREP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
ST FRANCIS REGIONAL MEDICAL CENTER 1455 ST FRANCIS AVENUE SHAKOPEE,MN 55379	41-0907986	501C3	12,510				EMERGENCY PREP
FAIRVIEW HEALTH SERVICES 6401 FRANCE AVENUE SOUTH EDINA,MN 55435	41-0991680	501C3	24,220				EMERGENCY PREP
LAKEVIEW MEMORIAL HOSP ASSOCIATION 927 CHURCHILL STREET WEST STILLWATER,MN 55082	41-0811697	501C3	10,740				EMERGENCY PREP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
NORTHFIELD HOSPITAL & CLINICS 2000 NORTH AVENUE NORTHFIELD,MN 55057	41-6038368	501C3	13,818				EMERGENCY PREP
UNITY HOSPITAL 550 OSBORNE ROAD FRIDLEY,MN 55432	36-3261413	501C3	32,193				EMERGENCY PREP
REGINA MEDICAL CENTER 1175 NININGER ROAD HASTINGS,MN 55033	41-0740678	501C3	12,110				EMERGENCY PREP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
REGIONS HOSPITAL 640 JACKSON STREET ST PAUL,MN 55101	41-0956618	501C3	12,110				EMERGENCY PREP
MAPLE GROVE HOSPITAL CORPORATION 9875 HOSPITAL DR MAPLE GROVE,MN 55369	20-8316475	501C3	12,374				EMERGENCY PREP
MERCY HOSPITAL 4050 COON RAPIDS BLVD COON RAPIDS,MN 55433	36-3261413	501C3	33,473				EMERGENCY PREP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GOOD SAMARITAN SOCIETY 8100 MEDICINE LAKE ROAD NEW HOPE,MN 55427	41-1826602	501C3	5,089				EMERGENCY PREP
UNITED HOSPITAL 333 NORTH SMITH AVENUE SAINT PAUL,MN 55102	36-3261413	501C3	12,110				EMERGENCY PREP
NORTH MEMORIAL HEALTH CARE 3500 FRANCE AVENUE NORTH SUITE 106 ROBBINSDALE,MN 55422	41-0729979	501C3	13,110				EMERGENCY PREP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CHILDREN'S HOSPS & CLINICS OF MN 2525 CHICAGO AVENUE MINNEAPOLIS,MN 55404	41-1754276	501C3	26,220				EMERGENCY PREP
STATE OF SOUTH DAKOTA SAD 133 BOX 2201 BROOKINGS,SD 57007	46-6000364		40,637				EDUCATION & RESEARCH
ABBOTT NORTHWESTERN HOSPITAL 800 E 29TH STREET MINNEAPOLIS,MN 55407	36-3261413	501C3	12,110				EMERGENCY PREP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
HEALTHEAST CARE SYSTEM NW 7205 PO BOX 1450 MINNEAPOLIS,MN 55485	36-3517697	501C3	12,110				EMERGENCY PREP
UNIVERSITY OF MN MEDICAL CENTER 2450 RIVERSIDE AVENUE MINNEAPOLIS,MN 55454	41-0991680	501C3	24,220				EDUCATION & RESEARCH
FRIDLEY CHILDREN'S & TEENAGE 500 OSBORNE ROAD NE STE 215 FRIDLEY,MN 55432	41-1460025	501C3	8,385				EMERGENCY PREP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
GILLETTE CHILDREN' SPECIALTY 200 UNIVERSITY AVENUE EAST SAINT PAUL,MN 55101	41-1200302	501C3	13,110				EMERGENCY PREP
HEALTHEAST WOODWINDS HOSPITAL 1925 WOODWINDS DRIVE WOODBURY,MN 55125	41-1592761	501C3	12,110				EMERGENCY PREP
ST JOHN'S HOSPITAL 1575 BEAM AVENUE MAPLEWOOD,MN 55379	41-1456897	501C3	12,110				EMERGENCY PREP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ST JOSEPH'S HOSPITAL 45 W 10TH STREET ST PAUL,MN 55102	41-0693880	501C3	12,110				EMERGENCY PREP
BOIS FORTE RESERVATION TRIBAL GOVT 5344 LAKESHORE DRIVE NETT LAKE,MN 55772	41-0954784	501C3	9,336				TRIBAL OUTREACH SVCS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HENNEPIN HEALTHCARE SYSTEM INC
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number
42-1707837

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 5A	ELIGIBLE AND QUALIFYING EMPLOYEES ARE COMPENSATED BASED UPON ACHIEVEMENT OF PRE-ESTABLISHED CRITERIA AROUND ITEMS SUCH AS QUALITY OF CARE, PATIENT VOLUMES, AND FINANCIAL SUCCESS THE CONTINGENT COMPENSATION MAY BE TIED TO FINANCIAL MEASURES THE BOARD OF DIRECTORS RETAINS THE RIGHT TO DETERMINE AND AWARD ANY AND ALL INCENTIVE PAYMENTS

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JON L PRYOR MD MBACEO	(I)	764,675	68,804	516	39,750	16,435	890,180	
	(II)					-	-	
1DOUGLAS B BRUNETTE MD DIRECTOR - PHYSICIAN	(I)	462,173	11,022	792	23,320	20,711	518,018	
	(II)					-	-	
2TARA GUSTILO MD DIRECTOR - PHYSICIAN	(I)	275,121	6,562	180	23,320	18,009	323,192	
	(II)					-	-	
3LARRY A KRYZANIAK MS CFO	(I)	444,620	26,567	792	19,875	16,435	508,289	
	(II)					-	-	
4NANCY GARRETT PHD CHIEF ANALYTICS OFF	(I)	289,969	17,017	180	26,500	20,001	353,667	
	(II)					-	-	
5SCOTT WORDELMAN FACHE VP AMBULATORY ADMIN	(I)	371,834	21,141	516	26,500	10,461	430,452	
	(II)					-	-	
STEVEN P STERNER MD **6**FACEP CHIEF PROVIDER SERV	(I)	413,684	19,817	1,524	26,500	16,423	477,948	
	(II)					-	-	
7WILLIAM G HEEGAARD MD CHIEF CLINICAL OFF	(I)	446,053	11,191	253	26,500	20,838	504,835	
	(II)					-	-	
8KATHY WILDE RN MA CHIEF NURSING OFF	(I)	360,257	19,776	792	19,875	16,079	416,779	
	(II)					-	-	
9MICHAEL B BELZER MD CHIEF MEDICAL OFF	(I)	431,976	25,954	1,524	26,500	16,435	502,389	
	(II)					-	-	
10WALTER T CHESLEY JD VP HUMAN RESOURCES	(I)	292,995	17,046	792	26,500	15,592	352,925	
	(II)					-	-	
11 CONSTANTIN N STARCHOOK MD PHYSICIAN	(I)	697,115	16,932	120	23,320	20,711	758,198	
	(II)					-	-	
12CHARLES L TRUWIT MD PHYSICIAN CHIEF	(I)	677,710	16,943	792	23,320	20,711	739,476	
	(II)					-	-	
13BARBARA KNOLL MD PHYSICIAN	(I)	624,435	15,017	276	23,320	3,580	666,628	
	(II)					-	-	
14ANTHONY L SEVERT MD PHYSICIAN - MANAGING	(I)	621,362	15,008	180	23,320	20,711	680,581	
	(II)					-	-	
15 CHRISTOPHER S PALMER MD PHYSICIAN - MANAGING	(I)	620,800	15,014	120	23,320	20,711	679,965	
	(II)					-	-	

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	HENNEPIN HEALTHCARE SYSTEM, INC (HEREAFTER HHS) IS GOVERNED BY A 14-MEMBER BOARD OF DIRECTORS THAT IS RESPONSIBLE FOR OVERSIGHT OF POLICY AND OPERATING ACTIVITIES THE HENNEPIN COUNTY OF MINNESOTA RETAINS OWNERSHIP OF THE HHS FACILITIES THE HENNEPIN COUNTY BOARD OF COMMISSIONERS OVERSEES CERTAIN GOVERNING RIGHTS AND OBLIGATIONS, INCLUDING OVERSIGHT OF THE SAFETY NET MISSION AND REVIEW AND APPROVAL OF HHS' BOARD MEMBERS, ANNUAL OPERATING BUDGET, HEALTH SERVICES PLAN AND CAPITAL BUDGET DURING THE YEAR 2015, HHS COMMISSIONED THE CONSTRUCTION OF A NEW 220 8 CLINIC AND SPECIALTY BUILDING, WHICH WILL CONSOLIDATE HCMC'S EXISTING DOWNTOWN CLINICS IN ONE STATE OF THE ART, SIX-STORY FACILITY AIMED AT IMPROVING CARE, EFFICIENCIES, AND THE PATIENT EXPERIENCE WITHIN THE MAIN CAMPUS COMMUNITY HHS IS AN ESSENTIAL COMMUNITY PROVIDER AS DESIGNATED BY THE MINNESOTA DEPARTMENT OF HEALTH HHS IS COMMITTED TO PARTNERING WITH ITS COMMUNITY, PATIENTS AND THEIR FAMILIES TO ENSURE ACCESS TO OUTSTANDING CARE FOR EVERYONE, WHILE IMPROVING HEALTH AND WELLNESS THROUGH TEACHING, PATIENT AND COMMUNITY EDUCATION AND RESEARCH HHS CONTINUES TO PROVIDE UNPARALLELED CARE FOR LOW-INCOME, THE UNINSURED, THE INDIGENT AND VULNERABLE POPULATIONS WHILE BEING A MAJOR EMPLOYER AND ECONOMIC ENGINE IN HENNEPIN COUNTY OF MINNESOTA AS A LEADER IN EMERGENCY AND TRAUMA CARE, HHS PROVIDES STATE- OF-THE-ART TRAUMA CARE SERVICES TO ALL ITS PATIENTS HHS PRIDES ITSELF IN BEING A CENTER FOR INNOVATIVE AND TECHNICALLY- SOPHISTICATED SERVICES THIS IS ESSENTIAL NOT ONLY BECAUSE OF THE TRAINING PROVIDED TO PHYSICIANS, NURSES, AND OTHER HEALTH PROFESSIONALS, BUT ALSO BECAUSE IT IS OFTEN THE SITE FROM WHICH NEW THERAPIES, SURGERIES, AND TECHNOLOGIES TO TREAT AND CURE PATIENTS EMERGE. HHS TRAINS HEALTHCARE WORKERS FROM ACROSS THE STATE OF MINNESOTA IN 2015, HHS OFFERED OVER 54,000 CME'S TO PHYSICIANS THE NEW CENTER FOR LEARNING INTEGRATION (CLI) CREATED IN 2015 IS MEANT TO COORDINATE, DESIGN AND INTEGRATE EXCELLENT LEARNING THROUGHOUT THE ORGANIZATION WITH THE PRIORITY GOAL TO ACHIEVE IMPROVED QUALITY, SAFETY AND EXPERIENCE OUTCOMES HHS OPERATES THE INTERDISCIPLINARY SIMULATION AND EDUCATION CENTER (ISEC), A MULTIDISCIPLINARY TRAINING CENTER THAT HOSTS EDUCATIONAL PROGRAMS FOR NURSES, PHYSICIANS, PRE-HOSPITAL PROVIDERS, AND OTHER ALLIED HEALTH PROFESSIONALS FROM HHS AND ACROSS THE REGION IT IS A GUIDED, SAFE ENVIRONMENT FOR HEALTHCARE PROFESSIONALS TO PRACTICE REAL-LIFE MEDICAL SITUATIONS AND PROCEDURES VIA STATE-OF-THE-ART SIMULATION EQUIPMENT HHS EMPHASIZES TRAINING THE FUTURE HEALTHCARE WORKFORCE IN LIGHT OF COMMUNITY HEALTH NEEDS THE ADVANCED PRACTICE PROVIDER PROFESSIONAL CENTER, ESTABLISHED IN 2013, CONTINUES TO PROVIDE ORGANIZATIONAL STRUCTURE IN LIGHT OF THE INCREASING ROLE OF NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS AT HHS HHS CONTINUES TO COOPERATE WITH METROPOLITAN STATE UNIVERSITY IN PROVIDING THE DENTAL THERAPIST PROGRAM WHICH FOCUSES ON ADVANCED DENTAL THERAPY TRAINING OPPORTUNITIES IN GENERAL AND PEDIATRIC DENTISTRY AS WELL AS ORAL SURGERY ADDITIONALLY, HHS' EMERGENCY MEDICAL SERVICES PARTNERS WITH HENNEPIN TECHNICAL COLLEGE'S COMMUNITY PARAMEDIC CERTIFICATION TRAINING PROGRAM TO PROVIDE STUDENTS WITH RELEVANT CLINICAL EXPERIENCE. COMMUNITY PARAMEDICS IS A NEW HEALTHCARE ROLE THAT APPLIES AND EXPANDS PARAMEDIC SKILLS TO PREVENTATIVE AND PRIMARY CARE MEDICINE, CLOSING THE GAP BETWEEN EMERGENCY CARE AND PRIMARY CARE NEEDS BY PROVIDING COMMUNITY-BASED HEALTH SERVICES TO UNDERSERVED POPULATIONS COMMUNITY PHYSICIANS AND OTHER PRACTITIONERS FROM ACROSS MINNESOTA COME TO HHS FOR CONTINUING MEDICAL EDUCATION TRAINING COURSES AND TO KEEP THEIR SKILLS AND KNOWLEDGE SHARP HHS IS THE LARGEST CONTINUING MEDICAL EDUCATION (CME) PROVIDER ACCREDITED BY THE MINNESOTA MEDICAL ASSOCIATION HHS' EMERGENCY MEDICINE EDUCATION STAFF WORKS WITH 4200 STUDENTS AND CONDUCT OVER 59,000 STUDENT HOURS OF INSTRUCTION ANNUALLY, INCLUDING A FULL-TIME PARAMEDIC EDUCATION PARTNERSHIP WITH RIDGEWATER COLLEGE CAMPUSES IN WILLMAR AND HUTCHINSON HHS ALSO CONDUCTS ON-SITE TRAINING AT THE REQUEST OF RURAL HOSPITALS AND CLINICS AND HAS ESTABLISHED RELATIONSHIPS WITH OTHER DESIGNATED TRAUMA CENTERS AND EMERGENCY DEPARTMENTS IN GREATER MINNESOTA THE HHS EMERGENCY DEPARTMENT MAINTAINS A FREE ONLINE DATABASE OF DIVERSE TEACHING MATERIALS INCLUDING INSTRUCTIONAL VIDEOS, LECTURES, CRITICAL CARE CONFERENCE PRESENTATIONS AND VIDEOS, MEDICAL BLOGS, AND EDUCATIONAL LINKS, ALL UTILIZED BY PRACTITIONERS AROUND THE WORLD RESEARCH AT MINNEAPOLIS MEDICAL RESEARCH FOUNDATION (MMRF), THE THIRD LARGEST MEDICAL RESEARCH NON-PROFIT IN MINNESOTA, HAS ALWAYS HAD A VERY DELIBERATE EMPHASIS ON THE HEALTH CARE PROBLEMS AND NEEDS PREVALENT IN THE HHS PATIENT POPULATION AND SURROUNDING COMMUNITY THIS FOCUS DISTINGUISHES MMRF/HHS FROM OTHER RESEARCH INSTITUTIONS IN THE STATE, DIRECTLY BENEFITS PATIENTS, AND CREATES STRONG LINKS WITHIN THE COMMUNITY MMRF-COORDINATED RESEARCH FOCUS INCLUDES ADDICTION MEDICINE AND TOBACCO DEPENDENCE TREATMENT, BONE INFECTIONS AND HEALING, CANCER BIOLOGY, CHRONIC KIDNEY DISEASES, COGNITIVE ISSUES IN AGING, DIABETES AND OBESITY, DISPARITIES IN HEALTH CARE DELIVERY AND OUTCOMES, EMERGENCY MEDICINE, HEART FAILURE, HIV/AIDS, LIVER DISEASE, PEDIATRIC DISEASE PREVENTION, FOOD SECURITY, TRANSPLANT AVAILABILITY AND OUTCOMES AND TRAUMATIC BRAIN INJURY DURING 2015, RESEARCHERS AT HHS AND THE UNIVERSITY OF MINNESOTA LAUNCHED AN INNOVATIVE, COMPREHENSIVE STUDY IN COLLABORATION WITH ABBOTT TO BETTER IDENTIFY THE RANGE OF BRAIN INJURIES AMONG PATIENTS LED BY DR. UZMA SAMADANI, AN INTERNATIONALLY RECOGNIZED NEUROSURGEON AND TRAUMATIC BRAIN INJURY RESEARCHER, IT IS HOPED THAT BY USING MULTIPLE EVALUATION TOOLS, INCLUDING EYE TRACKING, BLOOD-BASED BIOMARKERS, IMAGING AND COGNITIVE MEASURES, SCIENTISTS WILL DEVELOP A NEW STANDARD APPROACH TO HELP CLASSIFY BRAIN INJURIES, INCLUDING CONCUSSIONS, AND PROVIDE THE INFORMATION NEEDED TO GUIDE DOCTORS' TREATMENT DECISIONS HHS' RESOURCES FOR MEDICAL RESEARCH ARE COORDINATED AND SUPPORTED THROUGH THE HENNEPIN HEALTH FOUNDATION THE HENNEPIN HEALTH FOUNDATION CONNECTS THE GENEROSITY OF THE COMMUNITY TO THE MISSION OF HHS WHICH IS TO ENSURE ACCESS TO OUTSTANDING CARE FOR EVERYONE, WHILE IMPROVING HEALTH AND WELLNESS THROUGH TEACHING, PATIENT AND COMMUNITY EDUCATION AND RESEARCH HENNEPIN HEALTH FOUNDATION-COORDINATED RESEARCH FOCUSES INCLUDE CLINICAL INNOVATIONS IN CHRONIC DISEASE MANAGEMENT AND CLINICAL-COMMUNITY PARTNERSHIPS TO IMPROVE PUBLIC HEALTH

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERING AT HHS, INC GIVES PEOPLE THE OPPORTUNITY TO WORK WITHIN OUR COMMUNITY OF DIVERSE VOLUNTEERS, STAFF, VISITORS AND PATIENTS VOLUNTEERS HELP SUPPLEMENT AND ENHANCE HOSPITAL SERVICES AND PROGRAMS A VOLUNTEER SERVICES COORDINATOR WILL WORK WITH A VOLUNTEER TO FIND A POSITION THAT FITS THEIR SCHEDULE AND INTERESTS FROM AMONG VARIOUS OPENINGS THE REPORTED VOLUNTEERS INCLUDE NINE (9)UNCOMPENSATED, INDEPENDENT BOARD MEMBERS WHO SERVED DURING THE YEAR 2015

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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE GOVERNING MEMBER, COUNTY OF HENNEPIN, MINNESOTA HAS RETAINED THE RIGHTS, DUTIES AND PRIVILEGES SPECIFIED UNDER THE BYLAWS OF HHS UPTO AND INCLUDING THE AUTHORITY TO APPOINT THE DIRECTORS OF HHS THE HHS BOARD OF DIRECTORS IS EMPOWERED TO EXECUTE THE RIGHTS, DUTIES AND PRIVILEGES OF THE CORPORATION TO THE EXTENT AS SPECIFIED IN HHS BYLAWS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	AS EXPLAINED IN PART VI LINE 7A, THE GOVERNING MEMBER, HENNEPIN COUNTY OF MN RETAINS THE APPROVAL RIGHTS TO APPOINTING THE HHS BOARD OF DIRECTORS, THE HHS BUDGET, ANY ADDITIONAL INDEBTEDNESS, FINANCE COMMITTEE RECOMMENDATIONS AND EXECUTIVE COMMITTEE AS WELL AS APPROVING THE ANNUAL HHS HEALTH SERVICES PLAN WHICH IS REQUIRED BY STATE LAW

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 IS COMPLETED AND REVIEWED INTERNALLY FOR ACCURACY, COMPLETENESS AND VALIDITY THE FORM 990 IS THEN REVIEWED BY THE HHS BOARD OF DIRECTORS AND THE FINANCE COMMITTEE ANY QUESTIONS THAT THE BOARD HAS ARE ANSWERED BY THE NEXT MEETING BEFORE APPROVAL AT THE MONTHLY BOARD MEETING, THE FORM 990 IS FORMALLY APPROVED VIA A LINE ITEM MOTION IT IS THEN SIGNED AND FILED ELECTRONICALLY AS REQUIRED BY THE IRS

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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	HHS BOARD OF DIRECTORS ENGAGES AN INDEPENDENT CONSULTING FIRM EXPERT TO EVALUATE THE BASE AND TOTAL CASH COMPENSATION FOR THE CEO AND OTHER TOP OFFICIALS THE COMPARABLE DATA COLLECTED BY THE INDEPENDENT CONSULTING FIRM EXPERT RELEVANTLY APPLIES REVENUE, EMPLOYEE SIZE AND GEOGRAPHIC LOCATION IN DELINEATING THE COMPARISON GROUP THE DATA IS REVIEWED BY THE COMPENSATION SUBCOMMITTEE AND FURTHER SUBMITTED FOR DISCUSSION AND APPROVAL BY THE HHS, INC BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SEE EPLANATION IN PART VI LINE 15A

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART XI, LINE 9	MVNA NET ASSETS TRANSFERRED 11,371,141 HOTC NET ASSETS TRANSFERRED 4,752,353 NET PENSION LIABILITY GASB 68 -296,122,553 TOTAL -279,999,059 PENSION GASB68 NET LIABILITY AS A RESULT OF HHS' ADOPTION OF GASB STATEMENT NO 68 (GASB 68), BEGINNING NET ASSETS WERE RESTATED TO REFLECT A DECREASE OF 296,122,553 GASB 68 REQUIRES THAT HHS REPORT A NET PENSION LIABILITY, AS WELL AS RELATED DEFERRED OUTFLOWS AND INFLOWS OF RESOURCES, IN ITS FINANCIAL STATEMENTS THE RESTATEMENT INCORPORATED THE CUMULATIVE EFFECT OF PENSION ACTIVITY IN PERIODS PRIOR TO 2015 THE REPORTED PENSION OBLIGATIONS RELATE TO HHS PARTICIPATION IN MULTI-EMPLOYER DEFINED BENEFIT PENSION PLANS ADMINISTERED BY THE PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF MINNESOTA (PERA) ALTHOUGH GASB68 REQUIRES HHS TO REPORT THE NET PENSION LIABILITY AND RELATED AMOUNTS, HHS IS NOT LEGALLY LIABLE FOR THESE AMOUNTS AND ITS ACTUAL CONTRIBUTIONS TO THE PERA PLANS ARE NOT IMPACTED BY THIS CHANGE IN RECOGNITION AND REPORTING INTEGRATION OF MVNA & HOTC EFFECTIVE JANUARY 1, 2015, HHS ACQUIRED MINNESOTA VISITING NURSES ASSOCIATION (MVNA) AND ITS AFFILIATE HOSPICE OF THE TWIN CITIES (HOTC) FULL INTEGRATION IS EFFECTIVE JANUARY 1, 2016 MVNA WAS ORGANIZED TO IMPROVE LIVES AT EVERY AGE THROUGH HOME AND COMMUNITY HEALTH SERVICES PRIMARILY IN HENNEPIN COUNTY OF MINNESOTA HOTC WAS ORGANIZED TO ENHANCE THE QUALITY OF LIFE FOR PATIENTS, FAMILIES, AND CAREGIVERS BY PROVIDING RESPECTFUL CARE BASED ON MAINTAINING DIGNITY AND ALLEVIATING PHYSICAL, PSYCHOSOCIAL, AND SPIRITUAL SUFFERING SUCCESSFUL INTEGRATION OF MVNA AND HOTC WILL ENHANCE CRITICAL INNOVATIVE COMMUNITY HEALTH SERVICES COMMUNITY AND END-OF-LIFE SERVICES TO OUR PATIENTS FOLLOWING THE FULL INTEGRATION, THE FOLLOWING TRANSFERS OF NET ASSETS IS RECORDED IN DECEMBER 31, 2015 MVNA NET ASSETS ADJUSTMENT DUE TO MERGER WITH HHS 11,371,141 HOTC NET ASSETS ADJUSTMENT DUE TO MERGER WITH HHS 4,752,353

Return Reference	Explanation
FORM 990, PAGE 12, PART XII, LINE 3B	AS A RESULT OF HHS'S RELATIONSHIP WITH THE HENNEPIN COUNTY OF MINNESOTA, SINGLE AUDIT ACT REQUIREMENTS ARE SATISFIED VIA INCLUSION WITHIN HENNEPIN COUNTY'S SINGLE AUDIT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HENNEPIN HEALTHCARE SYSTEM INC
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number
42-1707837

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

(a) Name, address, and EIN (if applicable) 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 entity? Yes	(g) No
(1) HENNEPIN HEALTH FOUNDATION 701 PARK AVENUE MINNEAPOLIS, MN 55415 41-0845733	GRANTS MGT	MN	501C3	11A	HHS INC	Yes	
(2) MINNEAPOLIS MED RESEARCH FOUNDATION 701 PARK AVENUE PP7700 MINNEAPOLIS, MN 55415 41-1677920	RESEARCH	MN	501C3	4	HHS INC	Yes	
(3) MN VISITING NURSES ASSOCIATION 2000 SUMMER ST NE SUITE 100 MINNEAPOLIS, MN 55413 41-0693895	HEALTHCARE	MN	501C3	7	HHS INC	Yes	
(4) HOSPICE OF THE TWIN CITIES INC 2000 SUMMER ST NE SUITE 100 MINNEAPOLIS, MN 55413 03-0464240	HEALTHCARE	MN	501C3	9	MVNA	Yes	
(5) METROPOLITAN HEALTH PLAN 400 SOUTH FOURTH STREET SUITE 201 MINNEAPOLIS, MN 55415	GOV'T UNIT	MN		6	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) Disproprtionate 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

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

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R	HHS, INC (HEREAFTER REFERRED TO AS HHS) SUPPORTS THE HENNEPIN HEALTH FOUNDATION BY PROVIDING SPACE FOR OFFICES, GIFT SHOPS, COFFEE SHOPS, AND FOR DISPLAY AND STORAGE OF COLLECTIONS OF THE HENNEPIN HISTORICAL CENTER AND THE INSPIRE ARTS PROGRAM HHS INCURS EXPENSES FOR ALL ADMINISTRATION COSTS, STAFF, INFORMATION TECHNOLOGY SYSTEMS, OFFICE SUPPLIES AND PROFESSIONAL SERVICES ON BEHALF OF HENNEPIN HEALTH FOUNDATION CERTAIN PERSONNEL OF HENNEPIN HEALTH FOUNDATION ARE EMPLOYEES OF HHS THE HENNEPIN HEALTH FOUNDATION (HHF) CONNECTS THE GENEROSITY OF THE COMMUNITY TO THE MISSION OF HHS WHICH IS TO ENSURE ACCESS TO OUTSTANDING CARE FOR EVERYONE, WHILE IMPROVING HEALTH AND WELLNESS THROUGH TEACHING, PATIENT AND COMMUNITY EDUCATION AND RESEARCH HHF-COORDINATED RESEARCH FOCUSES INCLUDE CLINICAL INNOVATIONS IN CHRONIC DISEASE MANAGEMENT AND CLINICAL-COMMUNITY PARTNERSHIPS TO IMPROVE PUBLIC HEALTH MINNEAPOLIS MEDICAL RESEARCH FOUNDATION IS THE RESEARCH ARM OF HHS, INC HHS IS A MAJOR PROVIDER OF HEALTH CARE SERVICES FOR METROPOLITAN HEALTH PLAN (MHP D/B/A HENNEPIN HEALTH), AN ENTERPRISE FUND OF THE HENNEPIN COUNTY OF MINNESOTA HHS HAS AN AGREEMENT WITH MHP TO PROVIDE SERVICES TO ENROLLEES OF THE HENNEPIN HEALTH PROGRAM WHEREBY MHP REIMBURSES HHS BASED ON SERVICES PERFORMED AND PROGRAM OUTCOMES

Additional Data

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

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MINNEAPOLIS MED RESEARCH FOUNDATION	B	500,000	CASH
(1)	MINNEAPOLIS MED RESEARCH FOUNDATION	P	458,757	CASH
(2)	MINNEAPOLIS MED RESEARCH FOUNDATION	O	3,091,934	CASH
(3)	MINNEAPOLIS MED RESEARCH FOUNDATION	A	738,921	CASH
(4)	MINNEAPOLIS MED RESEARCH FOUNDATION	R	79,055	CASH
(5)	MN VISITING NURSES ASSOCIATION	S	4,791,853	FAIR VALUE
(6)	MN VISITING NURSES ASSOCIATION	O	3,806,638	CASH
(7)	HOSPICE OF THE TWIN CITIES INC	S	1,396,600	FAIR VALUE
(8)	HOSPICE OF THE TWIN CITIES INC	O	513,507	CASH
(9)	HENNEPIN HEALTH FOUNDATION	C	1,063,308	CASH
(10)	METROPOLITAN HEALTH PLAN	Q	39,189,298	CASH