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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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

Doing business as

HENNEPIN HEALTHCARE

Number and street (or P O box if mail is not delivered to street address) Room/suite

701 PARK AVE P-1

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

MINNEAPOLIS, MN 55415

F Name and address of principal officer

JOHN CUMMING MD

701 PARK AVE P-1

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 ▶

D Employer identification number

42-1707837

E Telephone number

(612) 873-6518

G Gross receipts \$ 1,064,047,680

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HENNEPINHEALTHCARE.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2007

M State of legal domicile MN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

WE PARTNER WITH OUR COMMUNITY, OUR PATIENTS, AND THEIR FAMILIES TO ENSURE 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

3 Number of voting members of the governing body (Part VI, line 1a)

14

4 Number of independent voting members of the governing body (Part VI, line 1b)

10

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

8,369

6 Total number of volunteers (estimate if necessary)

398

7a Total unrelated business revenue from Part VIII, column (C), line 12

4,685,359

7b Net unrelated business taxable income from Form 990-T, line 34

3,307,837

Revenue

8 Contributions and grants (Part VIII, line 1h)

57,129,112

9 Program service revenue (Part VIII, line 2g)

952,663,982

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

1,412,752

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)

1,011,205,846

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

877,858

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)

692,872,923

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)

337,342,566

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

1,031,093,347

19 Revenue less expenses Subtract line 18 from line 12

-19,887,501

Expenses

20 Total assets (Part X, line 16)

700,880,115

21 Total liabilities (Part X, line 26)

703,634,646

22 Net assets or fund balances Subtract line 21 from line 20

-2,754,531

Net Assets or Fund Balances

Beginning of Current Year

End of Year

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

Signature of officer

2019-11-05

Date

DERRICK O HOLLINGS CFO 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 P01599614

Firm's name ▶ RSM US LLP

Firm's EIN ▶ 42-0714325

Firm's address ▶ 801 NICOLLET MALL WEST TOWER STE 1100 MINNEAPOLIS, MN 554022526

Phone no (612) 332-4300

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**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

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 852,599,666 including grants of \$ 1,714,270 ) (Revenue \$ 924,388,510 )  
See Additional Data

**4b** (Code ) (Expenses \$ 23,032,354 including grants of \$ 262,449 ) (Revenue \$ 46,149,935 )  
See Additional Data

**4c** (Code ) (Expenses \$ 433,665 including grants of \$ 318,281 ) (Revenue \$ )  
See Additional Data

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

**4e** Total program service expenses ▶ 876,065,685

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                    | Yes            | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                                         | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                         | <b>2</b> Yes   |    |
| <b>3</b> 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                                                                                                                      | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>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                                                                                                           | <b>4</b> Yes   |    |
| <b>5</b> 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                                                                               | <b>5</b>       | No |
| <b>6</b> 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                                                    | <b>6</b>       | No |
| <b>7</b> 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                                                                                            | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                         | <b>8</b>       | No |
| <b>9</b> 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             | <b>9</b>       | No |
| <b>10</b> 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                                                                                                     | <b>10</b> Yes  |    |
| <b>11</b> 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                                                                                                                                                           |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                                                                       | <b>11a</b> Yes |    |
| <b>b</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                                                                                                     | <b>11b</b>     | No |
| <b>c</b> 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                                                                                                     | <b>11c</b>     | No |
| <b>d</b> 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                                                                                                                      | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                     | <b>11e</b> Yes |    |
| <b>f</b> 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                                                            | <b>11f</b>     | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                        | <b>12a</b> Yes |    |
| <b>b</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                                                                           | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                        | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                             | <b>14a</b>     | No |
| <b>b</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 | <b>14b</b>     | No |
| <b>15</b> 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                                                                                                           | <b>15</b>      | No |
| <b>16</b> 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                                                                                                     | <b>16</b>      | No |
| <b>17</b> 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)                                                                                            | <b>17</b>      | No |
| <b>18</b> 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                                                                                                                           | <b>18</b>      | No |
| <b>19</b> 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                                                                                                                                                     | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                             | <b>20a</b> Yes |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                              | <b>20b</b> Yes |    |
| <b>21</b> 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                                                                                            | <b>21</b> Yes  |    |
| <b>22</b> 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                                                                                                                | <b>22</b>      | No |

**Part IV Checklist of Required Schedules (continued)**

|                                                                                                                                                                                                                                                                                                                                      | Yes            | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | <b>23</b> Yes  |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                           | <b>24a</b>     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                 | <b>24b</b>     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                        | <b>24c</b>     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                           | <b>24d</b>     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                               | <b>25a</b>     | No |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                        | <b>25b</b>     | No |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | <b>26</b>      | No |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>      | No |
| <b>28</b> 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)                                                                                                                               |                |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                    | <b>28a</b>     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                 | <b>28b</b>     | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                     | <b>28c</b>     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                  | <b>29</b>      | No |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | <b>30</b>      | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | <b>31</b>      | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | <b>32</b>      | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | <b>33</b>      | No |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | <b>34</b> Yes  |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                   | <b>35a</b> Yes |    |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                          | <b>35b</b> Yes |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                  | <b>36</b> Yes  |    |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                             | <b>37</b>      | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | <b>38</b> 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                            | <b>1a</b> 668 |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                          | <b>1b</b> 0   |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> Yes |    |

|                                                                                                                                                                                                                                                            |  |           |       |            |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|-------|------------|-----|----|
| <b>2a</b> 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 . . . . .                                                          |  | <b>2a</b> | 8,369 | <b>2b</b>  | Yes |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                |  |           |       | <b>2b</b>  | Yes |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .                                                                                                                                            |  |           |       | <b>3a</b>  | Yes |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .                                                                                                                               |  |           |       | <b>3b</b>  | Yes |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . |  |           |       | <b>4a</b>  |     | No |
| <b>b</b> If "Yes," enter the name of the foreign country ▶ _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)                                                                     |  |           |       |            |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .                                                                                                                                      |  |           |       | <b>5a</b>  |     | No |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                  |  |           |       | <b>5b</b>  |     | No |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                      |  |           |       | <b>5c</b>  |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .                                  |  |           |       | <b>6a</b>  |     | No |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                           |  |           |       | <b>6b</b>  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                     |  |           |       |            |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .                                                                                         |  |           |       | <b>7a</b>  |     | No |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                         |  |           |       | <b>7b</b>  |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                    |  |           |       | <b>7c</b>  |     | No |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                       |  |           |       | <b>7d</b>  |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                   |  |           |       | <b>7e</b>  |     | No |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .                                                                                                                                |  |           |       | <b>7f</b>  |     | No |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                        |  |           |       | <b>7g</b>  |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                      |  |           |       | <b>7h</b>  |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                              |  |           |       | <b>8</b>   |     | No |
| <b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . .                                                                                                                                                       |  |           |       | <b>9a</b>  |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .                                                                                                                                         |  |           |       | <b>9b</b>  |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                           |  |           |       |            |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                |  |           |       | <b>10a</b> |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                       |  |           |       | <b>10b</b> |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                          |  |           |       |            |     |    |
| <b>a</b> Gross income from members or shareholders . . . . .                                                                                                                                                                                               |  |           |       | <b>11a</b> |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .                                                                                                            |  |           |       | <b>11b</b> |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                      |  |           |       | <b>12a</b> |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                             |  |           |       | <b>12b</b> |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                 |  |           |       |            |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O                                                   |  |           |       | <b>13a</b> |     |    |
| <b>b</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 . . . . .                                                                               |  |           |       | <b>13b</b> |     |    |
| <b>c</b> Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                    |  |           |       | <b>13c</b> |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                            |  |           |       | <b>14a</b> |     | No |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .                                                                                                                                 |  |           |       | <b>14b</b> |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .                   |  |           |       | <b>15</b>  |     | No |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .                                                                               |  |           |       | <b>16</b>  |     | No |

**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 |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 |     |    |
|           | 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>b</b>  | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  |     |    |
| <b>2</b>  | 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?                                               |     | No |
| <b>3</b>  | 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? |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          |     | No |
| <b>6</b>  | Did the organization have members or stockholders?                                                                                                                                                                  | Yes |    |
| <b>7a</b> | 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?                                                                  | Yes |    |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                    |     |    |
| <b>a</b>  | The governing body?                                                                                                                                                                                                 | Yes |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | Yes |    |
| <b>9</b>  | 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        |     | No |

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

|            |                                                                                                                                                                                                                                                                                              | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           |     | No |
| <b>10b</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?                                                                   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | Yes |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                 |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | Yes |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | Yes |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | Yes |    |
| <b>15</b>  | 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?                                                                         |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | Yes |    |
| <b>15b</b> | Other officers or key employees of the organization                                                                                                                                                                                                                                          | Yes |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                           |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        |     | No |
| <b>16b</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? |     |    |

## 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-A 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**

## 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 ☐

1

● 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

[illegible]

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

[illegible]

|                                                                |           |         |         |
|----------------------------------------------------------------|-----------|---------|---------|
| <b>1b Sub-Total</b>                                            |           |         |         |
| <b>c Total from continuation sheets to Part VII, Section A</b> |           |         |         |
| <b>d Total (add lines 1b and 1c)</b>                           | 9,479,013 | 328,238 | 922,833 |

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 ► 1,209

|          |                                                                                                                                                                                                                                               | Yes          | No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>                                        | <b>3</b> Yes |    |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i> | <b>4</b> Yes |    |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>                       | <b>5</b>     | 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)                                                                                          | (B)                     | (C)          |
|----------------------------------------------------------------------------------------------|-------------------------|--------------|
| Name and business address                                                                    | Description of services | Compensation |
| MA MORTENSON COMPANY<br>700 MEADOW LANE NORTH<br>MINNEAPOLIS, MN 55422                       | CONSTRUCTION            | 10,118,228   |
| AGILITI HEALTH INC<br>2020 E 28TH ST STE 108<br>MINNEAPOLIS, MN 55407                        | BIOELECTRONICS          | 8,098,734    |
| UNIVERSITY OF MINNESOTA PHYSICIANS<br>720 WASHINGTON AVE SE STE 200<br>MINNEAPOLIS, MN 55414 | PHYSICIAN SERVICES      | 7,535,902    |
| EPIC SYSTEMS CORPORATION<br>BOX 88314<br>MILWAUKEE, WI 53288                                 | INFO TECHNOLOGY         | 4,033,306    |
| STANDARD CONSTRUCTION LLC<br>11360 PRESERVE LANE NORTH<br>CHAMPLIN, MN 55316                 | CONSTRUCTION            | 3,608,087    |

**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 ► 277



**Part VIII**      **Statement of Revenue**

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

**Contributions, Gifts, Grants  
and Other Similar Amounts**

|           |                                                                                                | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|-----------|------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| <b>1a</b> | Federated campaigns . . . . .                                                                  | <b>1a</b>            |                                                    |                                         |                                                                    |
| <b>b</b>  | Membership dues . . . . .                                                                      | <b>1b</b>            |                                                    |                                         |                                                                    |
| <b>c</b>  | Fundraising events . . . . .                                                                   | <b>1c</b>            |                                                    |                                         |                                                                    |
| <b>d</b>  | Related organizations . . . . .                                                                | <b>1d</b>            | 15,506,455                                         |                                         |                                                                    |
| <b>e</b>  | Government grants (contributions) . . . . .                                                    | <b>1e</b>            | 35,859,120                                         |                                         |                                                                    |
| <b>f</b>  | All other contributions, gifts, grants,<br>and similar amounts not included<br>above . . . . . | <b>1f</b>            | 35,320,570                                         |                                         |                                                                    |
| <b>g</b>  | Noncash contributions included<br>in lines 1a - 1f \$ . . . . .                                |                      |                                                    |                                         |                                                                    |
| <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . .                                                        |                      | 86,686,145                                         |                                         |                                                                    |

**Program Service Revenue**

|           | Business Code                               |        |             |             |           |
|-----------|---------------------------------------------|--------|-------------|-------------|-----------|
| <b>2a</b> | MEDICARE/MEDICAID REVENUE                   | 624100 | 609,331,667 | 609,331,667 |           |
| <b>b</b>  | MANAGED CARE - COMMERCIAL                   | 621990 | 225,369,247 | 225,369,247 |           |
| <b>c</b>  | RETAIL PHARMACY REVENUE                     | 621990 | 76,220,987  | 76,160,151  | 60,836    |
| <b>d</b>  | UPPER PAYMENT LIMIT REVENUE                 | 446110 | 58,649,394  | 58,649,394  |           |
| <b>e</b>  | OTHER OPERATING REVENUE                     | 900099 | 5,652,509   | 1,027,986   | 4,624,523 |
| <b>f</b>  | All other program service revenue . . . . . |        |             |             |           |
| <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . .     |        | 975,223,804 |             |           |

**Other Revenue**

|            |                                                                                                                             |                |               |             |           |
|------------|-----------------------------------------------------------------------------------------------------------------------------|----------------|---------------|-------------|-----------|
| <b>3</b>   | Investment income (including dividends, interest, and other similar amounts) . . . . .                                      |                | 1,266,896     |             | 1,266,896 |
| <b>4</b>   | Income from investment of tax-exempt bond proceeds . . . . .                                                                |                |               |             |           |
| <b>5</b>   | Royalties . . . . .                                                                                                         |                |               |             |           |
| <b>6a</b>  | Gross rents                                                                                                                 | (i) Real       | (ii) Personal |             |           |
|            |                                                                                                                             | 870,835        |               |             |           |
| <b>b</b>   | Less rental expenses . . . . .                                                                                              | 870,835        |               |             |           |
| <b>c</b>   | Rental income or (loss) . . . . .                                                                                           | 0              |               |             |           |
| <b>d</b>   | Net rental income or (loss) . . . . .                                                                                       |                |               |             |           |
| <b>7a</b>  | Gross amount from sales of assets other than inventory                                                                      | (i) Securities | (ii) Other    |             |           |
|            |                                                                                                                             |                |               |             |           |
| <b>b</b>   | Less cost or other basis and sales expenses . . . . .                                                                       |                |               |             |           |
| <b>c</b>   | Gain or (loss) . . . . .                                                                                                    |                |               |             |           |
| <b>d</b>   | Net gain or (loss) . . . . .                                                                                                |                |               |             |           |
| <b>8a</b>  | Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b>       |               |             |           |
| <b>b</b>   | Less direct expenses . . . . .                                                                                              | <b>b</b>       |               |             |           |
| <b>c</b>   | Net income or (loss) from fundraising events . . . . .                                                                      |                |               |             |           |
| <b>9a</b>  | Gross income from gaming activities See Part IV, line 19 . . . . .                                                          | <b>a</b>       |               |             |           |
| <b>b</b>   | Less direct expenses . . . . .                                                                                              | <b>b</b>       |               |             |           |
| <b>c</b>   | Net income or (loss) from gaming activities . . . . .                                                                       |                |               |             |           |
| <b>10a</b> | Gross sales of inventory, less returns and allowances . . . . .                                                             | <b>a</b>       |               |             |           |
| <b>b</b>   | Less cost of goods sold . . . . .                                                                                           | <b>b</b>       |               |             |           |
| <b>c</b>   | Net income or (loss) from sales of inventory . . . . .                                                                      |                |               |             |           |
|            | Miscellaneous Revenue                                                                                                       | Business Code  |               |             |           |
| <b>11a</b> |                                                                                                                             |                |               |             |           |
| <b>b</b>   |                                                                                                                             |                |               |             |           |
| <b>c</b>   |                                                                                                                             |                |               |             |           |
| <b>d</b>   | All other revenue . . . . .                                                                                                 |                |               |             |           |
| <b>e</b>   | <b>Total.</b> Add lines 11a-11d . . . . .                                                                                   |                |               |             |           |
| <b>12</b>  | <b>Total revenue.</b> See Instructions . . . . .                                                                            |                | 1,063,176,845 | 970,538,445 | 4,685,359 |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                    | 2,295,000             | 2,295,000                       |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.                                                                                                         |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members.                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                | 6,100,902             | 1,477,176                       | 4,623,726                              |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                           |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages.                                                                                                                                                                                                                | 554,770,749           | 448,064,003                     | 106,706,746                            |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).                                                                                                                                     | 38,477,967            | 31,076,966                      | 7,401,001                              |                             |
| <b>9</b> Other employee benefits.                                                                                                                                                                                                                 | 55,936,613            | 45,177,549                      | 10,759,064                             |                             |
| <b>10</b> Payroll taxes.                                                                                                                                                                                                                          | 34,178,572            | 27,604,534                      | 6,574,038                              |                             |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>b</b> Legal.                                                                                                                                                                                                                                   | 1,350,272             | 1,090,555                       | 259,717                                |                             |
| <b>c</b> Accounting.                                                                                                                                                                                                                              | 520,483               |                                 | 520,483                                |                             |
| <b>d</b> Lobbying.                                                                                                                                                                                                                                | 159,948               |                                 | 159,948                                |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees.                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                              | 76,096,295            | 61,436,212                      | 14,660,083                             |                             |
| <b>12</b> Advertising and promotion.                                                                                                                                                                                                              | 2,134,399             | 1,723,860                       | 410,539                                |                             |
| <b>13</b> Office expenses.                                                                                                                                                                                                                        | 9,506,969             | 7,678,362                       | 1,828,607                              |                             |
| <b>14</b> Information technology.                                                                                                                                                                                                                 | 16,465,682            | 13,298,609                      | 3,167,073                              |                             |
| <b>15</b> Royalties.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>16</b> Occupancy.                                                                                                                                                                                                                              | 18,430,705            | 14,885,672                      | 3,545,033                              |                             |
| <b>17</b> Travel.                                                                                                                                                                                                                                 | 890,259               | 719,023                         | 171,236                                |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings.                                                                                                                                                                                                 | 1,351,399             | 1,091,466                       | 259,933                                |                             |
| <b>20</b> Interest.                                                                                                                                                                                                                               | 3,556,660             | 2,872,558                       | 684,102                                |                             |
| <b>21</b> Payments to affiliates.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization.                                                                                                                                                                                              | 39,415,865            | 31,834,466                      | 7,581,399                              |                             |
| <b>23</b> Insurance.                                                                                                                                                                                                                              | 631,525               | 510,055                         | 121,470                                |                             |
| <b>24</b> 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):                                       |                       |                                 |                                        |                             |
| <b>a</b> MEDICAL SUPPLIES AND SE                                                                                                                                                                                                                  | 121,695,076           | 121,695,076                     |                                        |                             |
| <b>b</b> BAD DEBTS                                                                                                                                                                                                                                | 44,902,394            | 44,902,394                      |                                        |                             |
| <b>c</b> TAXES AND SURCHARGES                                                                                                                                                                                                                     | 18,067,562            | 14,592,377                      | 3,475,185                              |                             |
| <b>d</b>                                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>e</b> All other expenses                                                                                                                                                                                                                       | 2,525,545             | 2,039,772                       | 485,773                                |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 1,049,460,841         | 876,065,685                     | 173,395,156                            | 0                           |
| <b>26</b> 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 <input type="checkbox"/> 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 IX ☐

|                                                                                      |                                                                                                                                                                                                                                                                                                                                                  | (A)<br>Beginning of year |             | (B)<br>End of year     |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|------------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     | 48,111,361               | <b>1</b>    | 39,485,597             |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |                          | <b>2</b>    |                        |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            |                          | <b>3</b>    |                        |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      | 207,538,980              | <b>4</b>    | 210,438,136            |
|                                                                                      | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                                           |                          | <b>5</b>    |                        |
|                                                                                      | <b>6</b> 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 . . . . . |                          | <b>6</b>    |                        |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                               |                          | <b>7</b>    |                        |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   | 5,947,651                | <b>8</b>    | 7,486,665              |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         | 7,269,914                | <b>9</b>    | 8,781,735              |
|                                                                                      | <b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                                                                                    | <b>10a</b> 907,808,384   |             |                        |
|                                                                                      | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                                                                                                                                          | <b>10b</b> 468,449,811   | 420,260,809 | <b>10c</b> 439,358,573 |
|                                                                                      | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                       |                          | <b>11</b>   |                        |
|                                                                                      | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                           | 8,329,865                | <b>12</b>   | 8,048,173              |
|                                                                                      | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |                          | <b>13</b>   |                        |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                                                                                                                                            |                          | <b>14</b>   |                        |
|                                                                                      | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                           | 3,421,535                | <b>15</b>   | 3,465,808              |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 700,880,115                                                                                                                                                                                                                                                                                                                                      | <b>16</b>                | 717,064,687 |                        |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                        | 181,280,251              | <b>17</b>   | 161,354,000            |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                                                                                                                               |                          | <b>18</b>   |                        |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                             | 2,004,231                | <b>19</b>   | 1,915,441              |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                  |                          | <b>20</b>   |                        |
|                                                                                      | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                                                                                                                                  |                          | <b>21</b>   |                        |
|                                                                                      | <b>22</b> 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 . . . . .                                                                                                                                         |                          | <b>22</b>   |                        |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                               |                          | <b>23</b>   |                        |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                 |                          | <b>24</b>   |                        |
|                                                                                      | <b>25</b> 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                                                                                                                                                                | 520,350,164              | <b>25</b>   | 529,671,608            |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                            | 703,634,646              | <b>26</b>   | 692,941,049            |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                                           |                          |             |                        |
|                                                                                      | <b>27</b> Unrestricted net assets                                                                                                                                                                                                                                                                                                                |                          | <b>27</b>   |                        |
|                                                                                      | <b>28</b> Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |                          | <b>28</b>   |                        |
|                                                                                      | <b>29</b> Permanently restricted net assets                                                                                                                                                                                                                                                                                                      |                          | <b>29</b>   |                        |
|                                                                                      | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                                                                                                                                                              |                          |             |                        |
|                                                                                      | <b>30</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                           | 0                        | <b>30</b>   | 0                      |
|                                                                                      | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                              | 339,143,427              | <b>31</b>   | 352,634,490            |
|                                                                                      | <b>32</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                                       | -341,897,958             | <b>32</b>   | -328,510,852           |
| <b>33</b> Total net assets or fund balances . . . . .                                | -2,754,531                                                                                                                                                                                                                                                                                                                                       | <b>33</b>                | 24,123,638  |                        |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .                   | 700,880,115                                                                                                                                                                                                                                                                                                                                      | <b>34</b>                | 717,064,687 |                        |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |                                                                                                               |           |               |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | <b>1</b>  | 1,063,176,845 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                      | <b>2</b>  | 1,049,460,841 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1                                                             | <b>3</b>  | 13,716,004    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | -2,754,531    |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                  | <b>5</b>  | -328,898      |
| <b>6</b>  | Donated services and use of facilities                                                                        | <b>6</b>  |               |
| <b>7</b>  | Investment expenses                                                                                           | <b>7</b>  |               |
| <b>8</b>  | Prior period adjustments                                                                                      | <b>8</b>  |               |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                          | <b>9</b>  | 13,491,063    |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 24,123,638    |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

|                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>ENTERPRISE</u><br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                             |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                     | Yes |    |
| <b>3a</b> 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?                                                                                                                                                                                                                                                                 | Yes |    |
| <b>b</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                                                                                                                                                                                                      | Yes |    |

# Additional Data

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

Form 990 (2018)

**Form 990, Part III, Line 4a:**

PATIENT CARE HENNEPIN HEALTHCARE SYSTEM, INC (HEREAFTER HHS) IS A NATIONALLY RECOGNIZED HEALTHCARE SYSTEM THAT INCLUDES A COMPREHENSIVE CLINIC SYSTEM, LEVEL 1 ADULT AND PEDIATRIC TRAUMA CENTER AND MEDICAL CENTER WITH THE LARGEST EMERGENCY DEPARTMENT IN MINNESOTA, EMS SERVICE, NURSE HOME VISITING PROGRAM AND HOSPICE HHS IS ALSO RECOGNIZED NATIONALLY FOR LEADERSHIP IN MEDICAL EDUCATION, EMERGENCY PREPAREDNESS, RESEARCH, AND COMPASSIONATE CARE IN MANY MEDICAL SPECIALTIES AS OF DECEMBER 31, 2018, HHS OPERATED A HOSPITAL WITH LICENSED CAPACITY OF 894 BEDS AND 65 BASSINETS, OF WHICH 473 BEDS AND 62 BASSINETS WERE AVAILABLE, AS WELL AS 13 PRIMARY CARE CLINICS AND 35 SPECIALTY CARE CLINICS, 6 PHARMACY LOCATIONS, AND EMPLOYED APPROXIMATELY 711 PROVIDERS, 233 RESIDENTS AND 131 PHARMACISTS THE CONSTRUCTION OF A NEW \$220.8M CLINIC AND SPECIALTY CENTER (CSC) WAS COMPLETED AND OPENED FOR BUSINESS IN MARCH, 2018 THE CSC CONSOLIDATES MOST OF HHS'S EXISTING DOWNTOWN CLINICS IN ONE STATE-OF-THE-ART, SIX-STORY FACILITY AIMED AT IMPROVING CARE, EFFICIENCIES, AND THE PATIENT EXPERIENCE WITHIN THE SERVED COMMUNITY THE CSC REAFFIRMS HHS' COMMITMENT 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 ALL, INCLUDING 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

## **Form 990, Part III, Line 4b:**

EDUCATION & TRAINING HHS PROVIDES STUDENTS AND MEDICAL PROFESSIONALS WITH ACCESS TO INNOVATIVE AND COMPREHENSIVE RESOURCES THAT ARE UNIQUE TO THE ORGANIZATION, DRAWING OVER 20,000 LEARNERS EACH YEAR FOR TRAINING HHS ALSO TRAINS PROVIDERS ACROSS MINNESOTA AND THE REGION THROUGH OUR OUTREACH EFFORTS HHS IS THE LARGEST CONTINUING MEDICAL EDUCATION (CME) PROVIDER ACCREDITED BY THE MINNESOTA MEDICAL ASSOCIATION HHS IS THE LARGEST OFF CAMPUS TEACHING HOSPITAL FOR THE UNIVERSITY OF MINNESOTA SCHOOL OF MEDICINE AND OPERATES 14 HHS-BASED RESIDENCY AND FELLOWSHIP PROGRAMS THERE ARE MULTIPLE EDUCATIONAL OFFERINGS TO ENHANCE STUDENT AND PROVIDER EDUCATION SUCH AS THE INTERDISCIPLINARY SIMULATION AND EDUCATION CENTER, THE CENTER FOR LEARNING INTEGRATION, AND THE ADVANCED PRACTICE PROVIDER PROFESSIONAL CENTER 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 SEEKS TO BE A SITE FROM WHICH NEW THERAPIES, SURGERIES, AND TECHNOLOGIES TO TREAT AND CURE PATIENTS EMERGE THE CENTER FOR LEARNING INTEGRATION (CLI) CREATED IN 2015, EXCELS IN COORDINATING, DESIGNING AND INTEGRATING EXCELLENT LEARNING THROUGHOUT THE HEALTHCARE SYSTEM WITH THE PRIORITY GOAL TO IMPROVE QUALITY, SAFETY AND EXPERIENCE OUTCOMES FOR ALL STAKEHOLDERS HHS ALSO OPERATES THE INTERDISCIPLINARY SIMULATION AND EDUCATION CENTER (ISEC), A 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 SIMULATE PRACTICE OF REAL-LIFE MEDICAL SITUATIONS AND PROCEDURES VIA STATE-OF-THE-ART SIMULATION EQUIPMENT HHS EMPHASIZES TRAINING THE FUTURE HEALTHCARE WORKFORCE TO MEET 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 COOPERATES WITH METROPOLITAN STATE UNIVERSITY TO PROVIDE 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 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 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

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### **Form 990, Part III, Line 4c:**

RESEARCH HHS IS NATIONALLY RECOGNIZED FOR ITS COMMITMENT TO ADVANCING THE FIELD OF MEDICINE THROUGH PROGRESSIVE MEDICAL RESEARCH. HENNEPIN HEALTHCARE RESEARCH INSTITUTE (HHRI), THE THIRD LARGEST MEDICAL RESEARCH NON-PROFIT IN MINNESOTA, HAS A DELIBERATE AND DISTINGUISHING EMPHASIS ON THE HEALTH CARE PROBLEMS AND NEEDS PREVALENT IN THE HHS PATIENT POPULATION AND SURROUNDING COMMUNITY. RESEARCH CONDUCTED AT HHS AND THROUGH HHRI INCLUDES TRAUMA, EMERGENCY MEDICINE, AND TRAUMATIC BRAIN INJURY FIELDS OF STUDY. THIS FOCUS DISTINGUISHES HHRI/HHS FROM OTHER RESEARCH INSTITUTIONS IN THE STATE, DIRECTLY BENEFITS PATIENTS, AND CREATES STRONG LINKS WITHIN THE COMMUNITY. HHRI-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. RESEARCHERS AT HHS, THE UNIVERSITY OF MINNESOTA, AND ABBOTT ARE COLLABORATING ON AN INNOVATIVE, COMPREHENSIVE STUDY 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, MEDICAL RESEARCHERS WILL DEVELOP A NEW STANDARD APPROACH TO HELP CLASSIFY BRAIN INJURIES, INCLUDING CONCUSSIONS, AND PROVIDE THE INFORMATION NEEDED TO GUIDE DOCTORS' TREATMENT DECISIONS. THE HENNEPIN HEALTH FOUNDATION CONNECTS THE GENEROSITY OF THE COMMUNITY TO THE MISSION OF HHS.

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| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>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 PRYOR MD MBA<br>.....<br>CEO/TREASURER/SECRETARY                                                                                          | 40 00<br>.....<br>0 00                                                                     | X                                                                                                         |                       | X       |              |                              |        | 1,011,674                                                             | 0                                                                          | 56,989                                                                                        |
| SHEILA RIGGS DDS DMSC<br>.....<br>BOARD CHAIR                                                                                                 | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DIANA VANCE-BRYAN RN JD<br>.....<br>VICE CHAIR                                                                                                | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| BRIAN RANALLO<br>.....<br>CHAIR - FINANCE COMMITTEE                                                                                           | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| SAMUEL CARLSON MD FACP<br>.....<br>DIRECTOR (1/1/18 - 1/23/18)                                                                                | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| BROCK NELSON<br>.....<br>DIRECTOR                                                                                                             | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DAVID MACCALLUM<br>.....<br>DIRECTOR/CHAIR - MISSION EFFECTIVENESS COMMITTEE                                                                  | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DAVID YBARRA II<br>.....<br>DIRECTOR                                                                                                          | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| JANIS CALLISON MA JD<br>.....<br>DIRECTOR                                                                                                     | 2 00<br>.....<br>40 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 108,412                                                                    | 32,297                                                                                        |
| JACOB GAYLE PHD<br>.....<br>DIRECTOR                                                                                                          | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |



| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| KATHRYN TUNHEIM<br>.....<br>DIRECTOR                                                                                                          | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| KRIS PETERSEN MBA<br>.....<br>DIRECTOR                                                                                                        | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MARION GREENE<br>.....<br>DIRECTOR                                                                                                            | 2 00<br>.....<br>40 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 113,291                                                                    | 21,289                                                                                        |
| MELISSA IRVING<br>.....<br>DIRECTOR                                                                                                           | 2 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| PETER MCLAUGHLIN MA<br>.....<br>DIRECTOR                                                                                                      | 2 00<br>.....<br>40 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 106,535                                                                    | 40,710                                                                                        |
| TARA GUSTILO MD<br>.....<br>DIRECTOR/PHYSICIAN/CHAIR-QUALITY COMMITTEE                                                                        | 40 00<br>.....<br>0 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 356,383                                                               | 0                                                                          | 45,199                                                                                        |
| THOMAS WYATT MD<br>.....<br>DIRECTOR/PHYSICIAN                                                                                                | 40 00<br>.....<br>0 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 420,140                                                               | 0                                                                          | 47,726                                                                                        |
| DERRICK HOLLINGS CPA<br>.....<br>CHIEF FINANCIAL OFFICER                                                                                      | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       | X       |              |                              |        | 618,602                                                               | 0                                                                          | 48,499                                                                                        |
| EMILY BLOMBERG MHA<br>.....<br>CHIEF OPERATING OFFICER                                                                                        | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         | X            |                              |        | 395,999                                                               | 0                                                                          | 36,526                                                                                        |
| KATHY WILDE RN MA<br>.....<br>CHIEF NURSING OFFICER                                                                                           | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         | X            |                              |        | 277,874                                                               | 0                                                                          | 37,230                                                                                        |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| KELLY SPRATT<br>.....<br>CHIEF AMBULATORY OFFICER                                                                                             | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         | X            |                              |        | 315,718                                                               | 0                                                                          | 51,026                                                                                        |
| LORI BROWN DHA RN MSN CENP FACHE<br>.....<br>CHIEF NURSING OFFICER                                                                            | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         | X            |                              |        | 196,671                                                               | 0                                                                          | 23,296                                                                                        |
| MIAJA CASSIDY JD CHCP CCEP<br>.....<br>CHIEF COMPLIANCE OFFICER                                                                               | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         | X            |                              |        | 355,480                                                               | 0                                                                          | 51,026                                                                                        |
| NANCY GARRETT PHD<br>.....<br>CHIEF INFORMATION OFFICER                                                                                       | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         | X            |                              |        | 364,857                                                               | 0                                                                          | 51,026                                                                                        |
| SCOTT WORDELMAN FACHE<br>.....<br>SVP AMBULATORY ADMIN                                                                                        | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         | X            |                              |        | 229,694                                                               | 0                                                                          | 26,272                                                                                        |
| WALTER CHESLEY JD<br>.....<br>CHIEF HUMAN RESOURCE OFFICER                                                                                    | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         | X            |                              |        | 376,666                                                               | 0                                                                          | 43,239                                                                                        |
| WILLIAM HEEGAARD MD MPH MBA<br>.....<br>CHIEF MEDICAL OFFICER                                                                                 | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         | X            |                              |        | 582,844                                                               | 0                                                                          | 47,885                                                                                        |
| ANTHONY SEVERT MD<br>.....<br>PHYSICIAN - MANAGING                                                                                            | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         |              | X                            |        | 689,082                                                               | 0                                                                          | 45,199                                                                                        |
| BARBARA KNOLL MD<br>.....<br>PHYSICIAN                                                                                                        | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         |              | X                            |        | 692,856                                                               | 0                                                                          | 33,637                                                                                        |
| CHARLES TRUWIT MD<br>.....<br>PHYSICIAN CHIEF                                                                                                 | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         |              | X                            |        | 690,858                                                               | 0                                                                          | 45,199                                                                                        |

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

| (A)<br>Name and Title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                          |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| CONSTANTIN STARCHOOK MD<br>.....<br>PHYSICIAN - MANAGING | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         |              | X                            |        | 719,791                                                               | 0                                                                          | 45,199                                                                                        |
| DERRICK CHU MD<br>.....<br>PHYSICIAN                     | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         |              | X                            |        | 687,329                                                               | 0                                                                          | 47,726                                                                                        |
| STEVEN STERNER MD FACEP<br>.....<br>FORMER KEY EMPLOYEE  | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         |              |                              | X      | 496,495                                                               | 0                                                                          | 45,638                                                                                        |

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number

42-1707837

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                                | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                                |                                                             |    |                                                   |                                                 |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 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<br>(or fiscal year beginning in) ►                                                                                                                                                    | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1                         | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")                                                                                                    |          |          |          |          |          |           |
| 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                         | <b>Total.</b> 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                         | <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |          |          |          |          |          |           |

| Section B. Total Support                         |                                                                                                                                                                                                                                  |         |         |         |         |           |          |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|-----------|----------|
| Calendar year<br>(or fiscal year beginning in) ► |                                                                                                                                                                                                                                  | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018   | (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                                               | <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                                     |         |         |         |         |           |          |
| 12                                               | Gross receipts from related activities, etc (see instructions)                                                                                                                                                                   |         |         |         |         | <b>12</b> |          |
| 13                                               | <b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/> |         |         |         |         |           |          |

| Section C. Computation of Public Support Percentage |                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |    |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|----|
| 14                                                  | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                             |  |  |  |  | 14 |
| 15                                                  | Public support percentage for 2017 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  | 15 |
| 16a                                                 | <b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>                                                                                                                                                                            |  |  |  |  |    |
| b                                                   | <b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>                                                                                                                                                                       |  |  |  |  |    |
| 17a                                                 | <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>      |  |  |  |  |    |
| b                                                   | <b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/> |  |  |  |  |    |
| 18                                                  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>                                                                                                                                                                                                                                                               |  |  |  |  |    |

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

(Complete only if you checked the box on line 10 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<br>(or fiscal year beginning in) ►                                                                                                                                  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                          | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|                                                                                                              |           |  |
|--------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2018.** 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—2017.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes        | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                | <b>1</b>   |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                             | <b>2</b>   |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                                                              | <b>3a</b>  |    |
| <b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                           | <b>3b</b>  |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                    | <b>3c</b>  |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                | <b>4a</b>  |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                        | <b>4b</b>  |    |
| <b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>                                                                                                                                                                           | <b>4c</b>  |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i> | <b>5a</b>  |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                         | <b>5b</b>  |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>5c</b>  |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                          | <b>6</b>   |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                              | <b>7</b>   |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                                                                                                                                                                                     | <b>8</b>   |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                      | <b>9a</b>  |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                          | <b>9b</b>  |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                               | <b>9c</b>  |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                     | <b>10a</b> |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                          | <b>10b</b> |    |

**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                              | Yes        | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                            |            |    |
| <b>a</b> 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? |            |    |
| <b>b</b> A family member of a person described in (a) above?                                                                                                                 |            |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>                                         |            |    |
|                                                                                                                                                                              | <b>11a</b> |    |
|                                                                                                                                                                              | <b>11b</b> |    |
|                                                                                                                                                                              | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes      | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> 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? <i>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.</i> |          |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1</b> |    |
| <b>2</b> 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? <i>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.</i>                                                                                                                                                                                                                                                                              |          |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes      | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> 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)? <i>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).</i> |          |    |
|                                                                                                                                                                                                                                                                                                                                                                                      | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes      | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |          |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1</b> |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                                      |          |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>2</b> |    |
| <b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>                                                                                          |          |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>3</b> |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )                                                                                                                                                                                                                                                                                                                                                                                      |           |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                         |           |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                  |           |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                |           |  |
| <b>2</b> Activities Test <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |  |
| <b>a</b> 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? <i>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.</i> |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>2a</b> |  |
| <b>b</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? <i>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.</i>                                                                                                                              |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>2b</b> |  |
| <b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |  |
| <b>a</b> 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? <i>Provide details in Part VI.</i>                                                                                                                                                                                                                                                                                                                                |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>3a</b> |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                    |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>3b</b> |  |



**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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| <b>Section A - Adjusted Net Income</b>                                                                                                                                                                            |           | (A) Prior Year | (B) Current Year<br>(optional) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|--------------------------------|
| <b>1</b> Net short-term capital gain                                                                                                                                                                              | <b>1</b>  |                |                                |
| <b>2</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>  |                |                                |
| <b>3</b> Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>  |                |                                |
| <b>4</b> Add lines 1 through 3                                                                                                                                                                                    | <b>4</b>  |                |                                |
| <b>5</b> Depreciation and depletion                                                                                                                                                                               | <b>5</b>  |                |                                |
| <b>6</b> 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) | <b>6</b>  |                |                                |
| <b>7</b> Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>  |                |                                |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                              | <b>8</b>  |                |                                |
| <b>Section B - Minimum Asset Amount</b>                                                                                                                                                                           |           | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)                                                                           | <b>1</b>  |                |                                |
| <b>a</b> Average monthly value of securities                                                                                                                                                                      | <b>1a</b> |                |                                |
| <b>b</b> Average monthly cash balances                                                                                                                                                                            | <b>1b</b> |                |                                |
| <b>c</b> Fair market value of other non-exempt-use assets                                                                                                                                                         | <b>1c</b> |                |                                |
| <b>d Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                         | <b>1d</b> |                |                                |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)                                                                                                                            |           |                |                                |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets                                                                                                                                             | <b>2</b>  |                |                                |
| <b>3</b> Subtract line 2 from line 1d                                                                                                                                                                             | <b>3</b>  |                |                                |
| <b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)                                                                                                            | <b>4</b>  |                |                                |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | <b>5</b>  |                |                                |
| <b>6</b> Multiply line 5 by .035                                                                                                                                                                                  | <b>6</b>  |                |                                |
| <b>7</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>7</b>  |                |                                |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                              | <b>8</b>  |                |                                |
| <b>Section C - Distributable Amount</b>                                                                                                                                                                           |           |                | Current Year                   |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                                                    | <b>1</b>  |                |                                |
| <b>2</b> Enter 85% of line 1                                                                                                                                                                                      | <b>2</b>  |                |                                |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                                                   | <b>3</b>  |                |                                |
| <b>4</b> Enter greater of line 2 or line 3                                                                                                                                                                        | <b>4</b>  |                |                                |
| <b>5</b> Income tax imposed in prior year                                                                                                                                                                         | <b>5</b>  |                |                                |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                                                    | <b>6</b>  |                |                                |
| <b>7</b> <input type="checkbox"/> 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 2018 from Section C, line 6                                                                                     |              |
| 10 Line 8 amount divided by Line 9 amount                                                                                                  |              |

| Section E - Distribution Allocations (see instructions)                                                                                                                     | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2018 from Section C, line 6                                                                                                                      |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions                                                     |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2018                                                                                                                           |                             |                                        |                                           |
| a From 2013. . . . .                                                                                                                                                        |                             |                                        |                                           |
| b From 2014. . . . .                                                                                                                                                        |                             |                                        |                                           |
| c From 2015. . . . .                                                                                                                                                        |                             |                                        |                                           |
| d From 2016. . . . .                                                                                                                                                        |                             |                                        |                                           |
| e From 2017. . . . .                                                                                                                                                        |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                                               |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                                              |                             |                                        |                                           |
| h Applied to 2018 distributable amount                                                                                                                                      |                             |                                        |                                           |
| i Carryover from 2013 not applied (see instructions)                                                                                                                        |                             |                                        |                                           |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                                           |                             |                                        |                                           |
| 4 Distributions for 2018 from Section D, line 7 \$                                                                                                                          |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                                              |                             |                                        |                                           |
| b Applied to 2018 distributable amount                                                                                                                                      |                             |                                        |                                           |
| c Remainder Subtract lines 4a and 4b from 4                                                                                                                                 |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions |                             |                                        |                                           |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions                        |                             |                                        |                                           |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c                                                                                                               |                             |                                        |                                           |
| 8 Breakdown of line 7                                                                                                                                                       |                             |                                        |                                           |
| a Excess from 2014. . . . .                                                                                                                                                 |                             |                                        |                                           |
| b Excess from 2015. . . . .                                                                                                                                                 |                             |                                        |                                           |
| c Excess from 2016. . . . .                                                                                                                                                 |                             |                                        |                                           |
| d Excess from 2017. . . . .                                                                                                                                                 |                             |                                        |                                           |
| e Excess from 2018. . . . .                                                                                                                                                 |                             |                                        |                                           |

Additional Data

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

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

**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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**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<br>HENNEPIN HEALTHCARE SYSTEM INC | Employer identification number<br>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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$
- 3** Volunteer hours for political campaign activities (see instructions) ▶

**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- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 1        |             |         |                                                                     |                                                                                                                                            |
| 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<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 159,948                                                  |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 159,948                                                  |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>d</b> Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1,048,982,612                                            |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1,049,142,560                                            |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1,000,000                                                |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table> | 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 |  |  |
| 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                                              |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 250,000                                                  |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                        |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                        |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>j</b> 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> 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) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |           |           |           |           | 6,000,000 |
| <b>c</b> Total lobbying expenditures                                | 144,041   | 174,631   | 193,815   | 159,948   | 672,435   |
| <b>d</b> Grassroots nontaxable amount                               | 250,000   | 250,000   | 250,000   | 250,000   | 1,000,000 |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |           |           |           |           | 1,500,000 |
| <b>f</b> Grassroots lobbying expenditures                           | 144,041   | 174,631   | 193,815   | 159,948   | 672,435   |

**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) |    | (b)    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|           |                                                                                                                                                                                                                              | Yes | No | Amount |
| <b>1</b>  | 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 |     |    |        |
| <b>a</b>  | Volunteers?                                                                                                                                                                                                                  |     |    |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     |    |        |
| <b>c</b>  | Media advertisements?                                                                                                                                                                                                        |     |    |        |
| <b>d</b>  | Mailings to members, legislators, or the public?                                                                                                                                                                             |     |    |        |
| <b>e</b>  | Publications, or published or broadcast statements?                                                                                                                                                                          |     |    |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     |    |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     |    |        |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     |    |        |
| <b>i</b>  | Other activities?                                                                                                                                                                                                            |     |    |        |
| <b>j</b>  | Total. Add lines 1c through 1i                                                                                                                                                                                               |     |    |        |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     |    |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |    |        |
| <b>d</b>  | 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 |
|------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b> |    |

**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."**

|          |                                                                                                                                                                                                                                            |           |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> | Dues, assessments and similar amounts from members                                                                                                                                                                                         | <b>1</b>  |  |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |           |  |
| <b>a</b> | Current year                                                                                                                                                                                                                               | <b>2a</b> |  |
| <b>b</b> | Carryover from last year                                                                                                                                                                                                                   | <b>2b</b> |  |
| <b>c</b> | Total                                                                                                                                                                                                                                      | <b>2c</b> |  |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | <b>3</b>  |  |
| <b>4</b> | 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? | <b>4</b>  |  |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | <b>5</b>  |  |

**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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I-A, LINE 1 | HENNEPIN HEALTH SYSTEM INC HAS A SERVICE AGREEMENT IN FORCE WITH HENNEPIN COUNTY INTERGOVERNMENTAL RELATIONS (IGT) TO FURNISH STATE AND FEDERAL GRASSROOT LOBBYING SERVICES RELATED TO THE MISSION AND PURPOSE OF HHS. IN ADDITION, HHS 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: AMERICA'S ESSENTIAL HOSPITALS - \$ 4,530; HENNEPIN COUNTY IGR PAYMENTS - \$ 140,300; MINNESOTA HOSPITAL ASSOCIATION - \$ 5,907; NATIONAL ASSOCIATION OF CHILDREN HOSPITALS - \$ 4,774; MN AMBULANCE ASSOCIATION - \$ 3,500; SAFETY NET HOSPITALS PHARM ACCESS - \$ 840; MINNEAPOLIS DOWNTOWN COUNCIL - \$ 97. TOTAL GRASSROOTS LOBBYING EXPENDITURES - \$ 159,948. |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                            |  |                                              |                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|----------------------------------------------------------------------------------|
| efile GRAPHIC print - DO NOT PROCESS                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | As Filed Data -                                                                                                                                                                                                                                                                                                                            |  | DLN: 93493318108809                          |                                                                                  |
| <div>SCHEDULE D<br/>(Form 990)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div>                                                                                                                                                                                                                                                                                                                                                                   |  | <div>Supplemental Financial Statements</div> <div>► 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.<br/>► Attach to Form 990.<br/>► Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.</div>                |  |                                              | <div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div> |
| Name of the organization<br>HENNEPIN HEALTHCARE SYSTEM INC                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                            |  | Employer identification number<br>42-1707837 |                                                                                  |
| Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.<br>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?<br><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |  |                                              |                                                                                  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?<br><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |  |                                              |                                                                                  |
| 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)<br><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area<br/><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br/><input type="checkbox"/> Preservation of open space</div> |  |                                                                                                                                                                                                                                                                                                                                            |  |                                              |                                                                                  |
| 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 7/25/06, 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?<br><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                            |  |                                              |                                                                                  |
| 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)?<br><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                            |  |                                              |                                                                                  |
| 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.<br>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<br>► \$                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                            |  |                                              |                                                                                  |
| (ii) Assets included in Form 990, Part X<br>► \$                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                            |  |                                              |                                                                                  |
| 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<br>► \$                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                            |  |                                              |                                                                                  |
| b Assets included in Form 990, Part X<br>► \$                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                            |  |                                              |                                                                                  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990.                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                            |  |                                              |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Cat No 52283D                                                                                                                                                                                                                                                                                                                              |  | Schedule D (Form 990) 2018                   |                                                                                  |

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

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 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" on Form 990, Part IV, line 10.

|                                                  | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|--------------------------------------------------|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance                     | 3,900,760       | 3,199,505     | 3,153,016         | 2,956,178           | 2,754,332          |
| b Contributions                                  |                 |               |                   |                     |                    |
| c Net investment earnings, gains, and losses     | -69,080         | 701,255       | 46,489            | 196,839             | 183,917            |
| d Grants or scholarships                         |                 |               |                   |                     |                    |
| e Other expenditures for facilities and programs |                 |               |                   |                     |                    |
| f Administrative expenses                        |                 |               |                   |                     |                    |
| g End of year balance                            | 3,831,680       | 3,900,760     | 3,199,505         | 3,153,016           | 2,956,178          |

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

49 130 %

c

Temporarily restricted endowment

50 870 %

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                         |                                      | 28,603,548                      |                              | 28,603,548     |
| b Buildings                                                                                     |                                      | 581,301,648                     | 270,296,950                  | 311,004,698    |
| c Leasehold improvements                                                                        |                                      | 21,902,630                      | 6,116,235                    | 15,786,395     |
| d Equipment                                                                                     |                                      | 271,499,477                     | 188,853,395                  | 82,646,082     |
| e Other                                                                                         |                                      | 4,501,081                       | 3,183,231                    | 1,317,850      |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 439,358,573    |

Schedule D (Form 990) 2018



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<br>(including name of security) | (b) Book<br>value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|-------------------|-------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                     |                   |                                                             |
| (2) Closely-held equity interests . . . . .                             |                   |                                                             |
| (3) Other _____                                                         |                   |                                                             |
| (A)                                                                     |                   |                                                             |
| (B)                                                                     |                   |                                                             |
| (C)                                                                     |                   |                                                             |
| (D)                                                                     |                   |                                                             |
| (E)                                                                     |                   |                                                             |
| (F)                                                                     |                   |                                                             |
| (G)                                                                     |                   |                                                             |
| (H)                                                                     |                   |                                                             |
| 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<br>Cost or end-of-year market value |
|---------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1)                                                                 |                |                                                             |
| (2)                                                                 |                |                                                             |
| (3)                                                                 |                |                                                             |
| (4)                                                                 |                |                                                             |
| (5)                                                                 |                |                                                             |
| (6)                                                                 |                |                                                             |
| (7)                                                                 |                |                                                             |
| (8)                                                                 |                |                                                             |
| (9)                                                                 |                |                                                             |
| 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 |
|-------------------------------------------------------------------------------|----------------|
| (1)                                                                           |                |
| (2)                                                                           |                |
| (3)                                                                           |                |
| (4)                                                                           |                |
| (5)                                                                           |                |
| (6)                                                                           |                |
| (7)                                                                           |                |
| (8)                                                                           |                |
| (9)                                                                           |                |
| 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.

| (a) Description of liability                                        | (b) Book value |
|---------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                            |                |
| NET PENSION LIABILITY GASB 68                                       | 324,504,340    |
| LEASE REVENUE REFUNDING CERTIFICATES                                | 193,102,434    |
| TAXES                                                               | 6,939,100      |
| RELATED PARTY PAYABLES                                              | 5,125,734      |
| (5)                                                                 |                |
| (6)                                                                 |                |
| (7)                                                                 |                |
| (8)                                                                 |                |
| (9)                                                                 |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ | 529,671,608    |

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.

|          |                                                                                                          |           |               |
|----------|----------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 1,014,451,801 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                       |           |               |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                   | <b>2a</b> | -328,898      |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |               |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |               |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>2d</b> | -48,777,335   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          | <b>2e</b> | -49,106,233   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     | <b>3</b>  | 1,063,558,034 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                               |           |               |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |               |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>4b</b> | -381,189      |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              | <b>4c</b> | -381,189      |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 1,063,176,845 |

**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.

|          |                                                                                                           |           |               |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 1,001,064,695 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25                                          |           |               |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> |               |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |               |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |               |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                  | <b>2d</b> | 870,835       |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           | <b>2e</b> | 870,835       |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      | <b>3</b>  | 1,000,193,860 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |               |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |               |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                  | <b>4b</b> | 49,266,981    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               | <b>4c</b> | 49,266,981    |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 1,049,460,841 |

**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 |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII**   **Supplemental Information** *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

**Additional Data**

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

**Supplemental Information**

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART V, LINE 4   | THE ENDOWMENT CONSISTS ENTIRELY OF DONOR-RESTRICTED FUNDS ESTABLISHED TO SUPPORT RESEARCH ACTIVITIES AND THE NON-SURGERY ENDOWMENT HHS 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 |

| Supplemental Information                |                                                                                                   |
|-----------------------------------------|---------------------------------------------------------------------------------------------------|
| Return Reference                        | Explanation                                                                                       |
| PART XI, LINE 2D - OTHER<br>ADJUSTMENTS | BAD DEBT RECLASS -44,902,394 INTEREST EXPENSE -3,556,660 CAPITAL CONTRIBUTION TO HHRI<br>-318,281 |

| Supplemental Information             |                                                                                   |
|--------------------------------------|-----------------------------------------------------------------------------------|
| Return Reference                     | Explanation                                                                       |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | RELATED PARTY REIMBURSEMENTS 489,646 RENTAL EXPENSE RECLASSED TO REVENUE -870,835 |

| Supplemental Information                 |                                              |
|------------------------------------------|----------------------------------------------|
| Return Reference                         | Explanation                                  |
| PART XII, LINE 2D - OTHER<br>ADJUSTMENTS | RENTAL EXPENSE RECLASSSED TO REVENUE 870,835 |

| Supplemental Information                 |                                                                                                                                     |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Return Reference                         | Explanation                                                                                                                         |
| PART XII, LINE 4B - OTHER<br>ADJUSTMENTS | BAD DEBT RECLASS 44,902,394 INTEREST EXPENSE 3,556,660 RELATED PARTY REIMBURSEMENTS 489,646<br>CAPITAL CONTRIBUTION TO HHRI 318,281 |



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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization  
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number  
42-1707837

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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 30000 0000000000 %

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

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 eligible 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)                                           |                                                 |                               | 13,289,519                          | 0                             | 13,289,519                        | 1 320 %                      |
| b Medicaid (from Worksheet 3, column a)                                                     |                                                 |                               | 401,177,312                         | 364,879,583                   | 36,297,729                        | 3 610 %                      |
| c Costs of other means-tested government programs (from Worksheet 3, column b)              |                                                 |                               |                                     |                               |                                   |                              |
| d Total Financial Assistance and Means-Tested Government Programs                           |                                                 |                               | 414,466,831                         | 364,879,583                   | 49,587,248                        | 4 930 %                      |
| Other Benefits                                                                              |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 3                                               |                               | 3,445,659                           | 3,272,450                     | 173,209                           | 0 020 %                      |
| f Health professions education (from Worksheet 5)                                           | 1                                               | 12                            | 68,281,754                          | 46,149,935                    | 22,131,819                        | 2 200 %                      |
| g Subsidized health services (from Worksheet 6)                                             | 2                                               |                               | 7,626,956                           | 6,610,565                     | 1,016,391                         | 0 100 %                      |
| h Research (from Worksheet 7)                                                               |                                                 |                               |                                     |                               |                                   |                              |
| i Cash and in-kind contributions for community benefit (from Worksheet 8)                   |                                                 |                               |                                     |                               |                                   |                              |
| j Total. Other Benefits                                                                     | 6                                               | 12                            | 79,354,369                          | 56,032,950                    | 23,321,419                        | 2 320 %                      |
| k Total. Add lines 7d and 7j                                                                | 6                                               | 12                            | 493,821,200                         | 420,912,533                   | 72,908,667                        | 7 250 %                      |

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

Cat No 50192T

Schedule H (Form 990) 2018

**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 |
|--------------------------------------------------------------------|-------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| <b>1</b> Physical improvements and housing                         |                                                 |                               |                                      |                               |                                    |                              |
| <b>2</b> Economic development                                      |                                                 |                               |                                      |                               |                                    |                              |
| <b>3</b> Community support                                         | 1                                               | 2,600,000                     | 791,117                              | 778,071                       | 13,046                             | 0 %                          |
| <b>4</b> Environmental improvements                                |                                                 |                               |                                      |                               |                                    |                              |
| <b>5</b> Leadership development and training for community members |                                                 |                               |                                      |                               |                                    |                              |
| <b>6</b> Coalition building                                        | 1                                               | 10                            | 1,102                                |                               | 1,102                              | 0 %                          |
| <b>7</b> Community health improvement advocacy                     |                                                 |                               |                                      |                               |                                    |                              |
| <b>8</b> Workforce development                                     |                                                 |                               |                                      |                               |                                    |                              |
| <b>9</b> Other                                                     |                                                 |                               |                                      |                               |                                    |                              |
| <b>10 Total</b>                                                    | 2                                               | 2,600,010                     | 792,219                              | 778,071                       | 14,148                             | 0 %                          |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

|                                                                                                                                                                                                                                                                                                                                                |          | Yes        | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|----|
| <b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?                                                                                                                                                                                                         | <b>1</b> | Yes        |    |
| <b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.                                                                                                                                                                                         | <b>2</b> | 44,902,394 |    |
| <b>3</b> 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. | <b>3</b> | 615,587    |    |
| <b>4</b> 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**

|                                                                                                                                                                                                                                                                                     |                                                          |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------|
| <b>5</b> Enter total revenue received from Medicare (including DSH and IME).                                                                                                                                                                                                        | <b>5</b>                                                 | 194,671,411                    |
| <b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.                                                                                                                                                                                                     | <b>6</b>                                                 | 275,836,321                    |
| <b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).                                                                                                                                                                                                           | <b>7</b>                                                 | -81,164,910                    |
| <b>8</b> 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. |                                                          |                                |
| <input type="checkbox"/> Cost accounting system                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other |

**Section C. Collection Practices**

|                                                                                                                                                                                                                                                                                       |           |     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--|
| <b>9a</b> Did the organization have a written debt collection policy during the tax year?                                                                                                                                                                                             | <b>9a</b> | Yes |  |
| <b>b</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. | <b>9b</b> | 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 % |
|--------------------|-----------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>1</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>2</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>3</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>4</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>5</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>6</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>7</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>8</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>9</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>10</b>          |                                               |                                                  |                                                                                    |                                               |
| <b>11</b>          |                                               |                                                  |                                                                                    |                                               |
| <b>12</b>          |                                               |                                                  |                                                                                    |                                               |
| <b>13</b>          |                                               |                                                  |                                                                                    |                                               |

**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)

|                           | Other (describe) | ER-other | ER-24 hours | Research facility | Critical access hospital | Teaching hospital | Children's hospital | General medical & surgical | Licensed hospital | 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)  
HENNEPIN HEALTHCARE SYSTEM INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

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

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes        | No  |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>Community Health Needs Assessment</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |     |
| <b>1</b>                                 | 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? . . . . .                                                                                                                                                                                                                                                                       | <b>1</b>   | No  |
| <b>2</b>                                 | 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 . . . . .                                                                                                                                                                                                                                          | <b>2</b>   | No  |
| <b>3</b>                                 | 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 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply)                                                                                                                                                                                         | <b>3</b>   | Yes |
| <b>a</b>                                 | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility                                                                                                                                                                                                                                                                                                                                                              |            |     |
| <b>b</b>                                 | <input checked="" type="checkbox"/> Demographics of the community                                                                                                                                                                                                                                                                                                                                                                                              |            |     |
| <b>c</b>                                 | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community                                                                                                                                                                                                                                                                                      |            |     |
| <b>d</b>                                 | <input checked="" type="checkbox"/> How data was obtained                                                                                                                                                                                                                                                                                                                                                                                                      |            |     |
| <b>e</b>                                 | <input checked="" type="checkbox"/> The significant health needs of the community                                                                                                                                                                                                                                                                                                                                                                              |            |     |
| <b>f</b>                                 | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups                                                                                                                                                                                                                                                                                                    |            |     |
| <b>g</b>                                 | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs                                                                                                                                                                                                                                                                                                        |            |     |
| <b>h</b>                                 | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests                                                                                                                                                                                                                                                                                                                                             |            |     |
| <b>i</b>                                 | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)                                                                                                                                                                                                                                                                                                |            |     |
| <b>j</b>                                 | <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                              |            |     |
| <b>4</b>                                 | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>                                                                                                                                                                                                                                                                                                                                                                                 |            |     |
| <b>5</b>                                 | 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 . . . . . | <b>5</b>   | Yes |
| <b>6a</b>                                | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .                                                                                                                                                                                                                                                                                                     | <b>6a</b>  | No  |
| <b>b</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 . . . . .                                                                                                                                                                                                                                                                                        | <b>6b</b>  | No  |
| <b>7</b>                                 | Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)                                                                                                                                                                                                                                                                            | <b>7</b>   | Yes |
| <b>a</b>                                 | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.HENNEPINHEALTHCARE.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/</u>                                                                                                                                                                                                                                                                                                                   |            |     |
| <b>b</b>                                 | <input type="checkbox"/> Other website (list url) _____                                                                                                                                                                                                                                                                                                                                                                                                        |            |     |
| <b>c</b>                                 | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility                                                                                                                                                                                                                                                                                                                                  |            |     |
| <b>d</b>                                 | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                         |            |     |
| <b>8</b>                                 | 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 . . . . .                                                                                                                                                                                                                                                              | <b>8</b>   | Yes |
| <b>9</b>                                 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>                                                                                                                                                                                                                                                                                                                                                               |            |     |
| <b>10</b>                                | Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .                                                                                                                                                                                                                                                                                                                                                        | <b>10</b>  | Yes |
| <b>a</b>                                 | If "Yes" (list url) <u>WWW.HENNEPINHEALTHCARE.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/</u>                                                                                                                                                                                                                                                                                                                                                                          |            |     |
| <b>b</b>                                 | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .                                                                                                                                                                                                                                                                                                                                           | <b>10b</b> |     |
| <b>11</b>                                | 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                                                                                                                                                                                                            |            |     |
| <b>12a</b>                               | 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)? . . . . .                                                                                                                                                                                                                                                                                                  | <b>12a</b> | No  |
| <b>b</b>                                 | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .                                                                                                                                                                                                                                                                                                                                                     | <b>12b</b> |     |
| <b>c</b>                                 | 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)

|                                                                                                        |                                                                                                                                                                                                                                                                                                                                                     |    |     |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| HENNEPIN HEALTHCARE SYSTEM INC                                                                         |                                                                                                                                                                                                                                                                                                                                                     |    |     |
| Name of hospital facility or letter of facility reporting group                                        |                                                                                                                                                                                                                                                                                                                                                     |    |     |
| Did the hospital facility have in place during the tax year a written financial assistance policy that |                                                                                                                                                                                                                                                                                                                                                     |    |     |
| 13                                                                                                     | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP                                                                                                                                                          | 13 | Yes |
| a                                                                                                      | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 %<br>and FPG family income limit for eligibility for discounted care of 300 000000000000 %                                                                                                     |    |     |
| b                                                                                                      | <input type="checkbox"/> Income level other than FPG (describe in Section C)                                                                                                                                                                                                                                                                        |    |     |
| c                                                                                                      | <input checked="" type="checkbox"/> Asset level                                                                                                                                                                                                                                                                                                     |    |     |
| d                                                                                                      | <input checked="" type="checkbox"/> Medical indigency                                                                                                                                                                                                                                                                                               |    |     |
| e                                                                                                      | <input checked="" type="checkbox"/> Insurance status                                                                                                                                                                                                                                                                                                |    |     |
| f                                                                                                      | <input checked="" type="checkbox"/> Underinsurance discount                                                                                                                                                                                                                                                                                         |    |     |
| g                                                                                                      | <input checked="" type="checkbox"/> Residency                                                                                                                                                                                                                                                                                                       |    |     |
| h                                                                                                      | <input type="checkbox"/> 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?<br>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)                                                                                   | 15 | Yes |
| a                                                                                                      | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application                                                                                                                                                                                          |    |     |
| b                                                                                                      | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application                                                                                                                                                                              |    |     |
| c                                                                                                      | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process                                                                                                                                                            |    |     |
| d                                                                                                      | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications                                                                                                                                                                                 |    |     |
| e                                                                                                      | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |    |     |
| 16                                                                                                     | Was widely publicized within the community served by the hospital facility?<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)                                                                                                                                                                            | 16 | Yes |
| a                                                                                                      | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br>WWW HENNEPINHEALTHCARE ORG/BILLING/FINANCIAL-HELP/                                                                                                                                                                                                      |    |     |
| b                                                                                                      | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br>WWW HENNEPINHEALTHCARE ORG/BILLING/FINANCIAL-HELP/                                                                                                                                                                                     |    |     |
| c                                                                                                      | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br>WWW HENNEPINHEALTHCARE ORG/BILLING/FINANCIAL-HELP/                                                                                                                                                                          |    |     |
| d                                                                                                      | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                                                |    |     |
| e                                                                                                      | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                               |    |     |
| f                                                                                                      | <input checked="" type="checkbox"/> 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                                                                                                      | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |    |     |
| h                                                                                                      | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP                                                                                                                                                                                             |    |     |
| i                                                                                                      | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations                                                                                                                                                                     |    |     |
| j                                                                                                      | <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                   |    |     |

**Part V Facility Information** (continued)**Billing and Collections**

HENNEPIN HEALTHCARE SYSTEM INC

**Name of hospital facility or letter of facility reporting group**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes           | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| <b>17</b> 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 nonpayment? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>17</b> Yes |    |
| <b>18</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted                                             |               |    |
| <b>19</b> 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? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>19</b>     | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                           |               |    |
| <b>20</b> 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |    |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs<br><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process<br><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications<br><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)<br><b>f</b> <input type="checkbox"/> None of these efforts were made |               |    |

**Policy Relating to Emergency Medical Care**

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|
| <b>21</b> 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? . . . . .                                                                              | <b>21</b> Yes |  |
| If "No," indicate why                                                                                                                                                                                                                                                                                                                                                                                                                    |               |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions<br><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing<br><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br><b>d</b> <input type="checkbox"/> Other (describe in Section C) |               |  |

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

HENNEPIN HEALTHCARE SYSTEM INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**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? . . . . .

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? . . . . .

If "Yes," explain in Section C

|           | Yes | No |
|-----------|-----|----|
| <b>23</b> |     | No |
| <b>24</b> |     | No |

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]



**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? **7**

| Name and address                                                                                       | Type of Facility (describe)                                               |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>1</b> 1 - HHS CLINICS - 42 CLINICS<br>701 PARK AVENUE<br>MINNEAPOLIS, MN 55415                      | HOSPITAL-BASED UNDER NPI 1407897309 - OUTPATIENT & SPECIALTY CARE SERVICE |
| <b>2</b> 2 - HHS PHARMACIES - 7 LOCATIONS<br>701 PARK AVENUE<br>MINNEAPOLIS, MN 55415                  | PHARMACY SERVICES                                                         |
| <b>3</b> 3 - HHS - BE WELL CLINIC<br>701 PARK AVENUE<br>MINNEAPOLIS, MN 55415                          | FREE STANDING CLINIC                                                      |
| <b>4</b> 4 - HHS - GOLDEN VALLEY CLINIC<br>5653 DULUTH STREET<br>GOLDEN VALLEY, MN 55422               | FREE STANDING CLINIC                                                      |
| <b>5</b> 5 - HHS - NORTH LOOP CLINIC<br>800 WASHINGTON AVENUE NORTH SUITE 190<br>MINNEAPOLIS, MN 55401 | FREE STANDING CLINIC                                                      |
| <b>6</b> 6 - HHS - RICHFIELD CLINIC<br>790 WEST 66TH STREET<br>RICHFIELD, MN 55423                     | FREE STANDING CLINIC                                                      |
| <b>7</b> 7 - HHS - ST ANTHONY VILLAGE CLINIC<br>2714 HIGHWAY 88<br>ST ANTHONY, MN 55418                | FREE STANDING CLINIC                                                      |
| <b>8</b>                                                                                               |                                                                           |
| <b>9</b>                                                                                               |                                                                           |
| <b>10</b>                                                                                              |                                                                           |

**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

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 3C         | PATIENTS APPLYING FOR HENNEPIN CARE WITH LIQUID ASSETS GREATER THAN \$6,000 IN THE CASE OF A FAMILY AND \$3,000 IN THE CASE OF AN INDIVIDUAL WILL BE REQUIRED TO PAY FOR THEIR INPATIENT MEDICAL CARE IF, AFTER SUCH PAYMENT IN FULL OR PART, THE PATIENT'S LIQUID ASSETS FALL BELOW THE THRESHOLDS EXPRESSED ABOVE, THE PATIENT WILL THEN BECOME ELIGIBLE FOR HENNEPIN CARE |
| PART I, LINE 7          | THE COSTS REPORTED IN PART I, LINES 7A-B WERE CALCULATED USING THE COST-TO-CHARGE RATIO DERIVED FROM IRS WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS COSTS REPORTED IN LINE 7E-G WERE ACTUAL COSTS INCURRED BY HHS                                                                                                                                                            |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 7, COLUMN (F)             | THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 44,902,394                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 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 6M 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 1,097 CHILDREN RECEIVE FREE BREAKFAST OR LUNCH EVERY DAY DURING THE SUMMER |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART III, LINE 2        | BAD DEBT EXPENSE IN THE AMOUNT OF \$44,902,394 IS THE AMOUNT RECORDED DURING 2018 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| PART III, LINE 3        | THE COST OF CHARGES WRITTEN OFF AS BAD DEBT EXPENSE TOTALED \$44,902,394 FOR 2018 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 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 USES FEDERAL GUIDELINES FOR DETERMINING DISCOUNTS AND CHARITY CARE |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART III, LINE 4        | HHS INCLUDES DISCUSSION OF ACCOUNTS RECEIVABLE AND BAD DEBT EXPENSE IN THE ATTACHED AUDITED FINANCIAL STATEMENTS ON PAGES 9 AND 10                                                                                                                                                                                                                                                     |
| PART III, LINE 8        | 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 2018 COST TO CHARGE RATIO |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART III, 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, 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 |
| PART VI, LINE 2         | HHS PARTNERS WITH THE COMMUNITY, THE 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 DOES NOT PARTICIPATE IN ANY OTHER FORMAL, EXTERNALLY MANDATED ASSESSMENTS LIKE THE CHNA HOWEVER, LEADERS ARE CONTINUALLY WORKING TO UNDERSTAND THE NEEDS OF THE COMMUNITY THROUGH THE VOICE OF COMMUNITY MEMBERS WHO SERVE ON THE BOARD OF DIRECTORS AND BOARD SUBCOMMITTEES IN ADDITION, HHS UTILIZES PATIENT-FAMILY ADVISORY                                                                                                                                                                                                                                                                                                                                               |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART VI, LINE 3         | <p>HENNEPIN HEALTHCARE SYSTEM, INC 'S (HHS) FINANCIAL ASSISTANCE POLICY IS INTENDED FOR PATIENTS WHO NEED HELP PAYING FOR EMERGENCY OR MEDICALLY NECESSARY CARE THEY RECEIVE AT A HENNEPIN HEALTHCARE SYSTEM FACILITY OR BY A HENNEPIN HEALTHCARE SYSTEM PROVIDER WE ARE COMMITTED TO PROVIDING THE BEST POSSIBLE CARE TO EVERY PATIENT WE SERVE, INCLUDING THOSE WHO ARE NOT ABLE TO PAY FOR THAT CARE PATIENTS REQUESTING FINANCIAL ASSISTANCE FOR THEIR MEDICAL CARE MUST FILL OUT AN APPLICATION TO APPLY AND MUST MEET THE ELIGIBILITY REQUIREMENTS TO QUALIFY THE FINANCIAL ASSISTANCE PROGRAM HELPS LOW-INCOME, UNINSURED, OR UNDERINSURED PATIENTS WHO NEED HELP PAYING FOR ALL OR PART OF THEIR MEDICAL CARE PATIENTS ARE ELIGIBLE FOR A HHS FINANCIAL ASSISTANCE PROGRAM WHEN THEIR FAMILY INCOME IS AT OR BELOW 300% OF THE FEDERAL POVERTY LEVEL (FPL) DISCOUNTS FOR PATIENTS WITHOUT INSURANCE ARE ALSO AVAILABLE FOR INCOMES EXCEEDING 300% OF THE FEDERAL POVERTY LEVEL EVALUATION OF OTHER CRITERIA MAY BE REQUIRED FOR ALL DISCOUNTS PATIENTS WHO ARE ELIGIBLE FOR HHS FINANCIAL ASSISTANCE WILL NOT BE CHARGED MORE THAN AMOUNTS GENERALLY BILLED (AGB) FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE TO PATIENTS WITH INSURANCE (AGB, AS DEFINED BY IRS SECTION 501(R)) PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE IS A FUNCTION OF THE FINANCIAL ASSISTANCE PROGRAM THAT IS ADMINISTERED THROUGH FINANCIAL COUNSELING SERVICES A HENNEPIN HEALTHCARE FINANCIAL COUNSELOR EDUCATES AND ANSWERS FINANCIAL ASSISTANCE PROGRAM QUESTIONS AND HELPS DETERMINE THE PATIENT'S ELIGIBILITY THE FINANCIAL COUNSELLOR HELPS ELIGIBLE PATIENTS TO COMPLETE A SIMPLE APPLICATION THE AMOUNT OF HENNEPIN CARE DISCOUNT VARIES DEPENDING ON YOUR FAMILY INCOME, ASSETS, AND CURRENT MEDICAL DEBT</p> |
| PART VI, LINE 4         | <p>HENNEPIN HEALTHCARE SYSTEM (HHS) IS A SAFETY NET HOSPITAL, PROVIDING CARE FOR LOW-INCOME, UNINSURED, AND VULNERABLE PATIENTS IN THE STATE HHS PROVIDES MORE CARE TO VULNERABLE POPULATIONS THAN ANY OTHER HOSPITAL, UP TO 20% OF CARE GIVEN STATEWIDE TO MINNESOTANS ON PUBLIC PROGRAMS HHS HOUSES THE HENNEPIN REGIONAL POISON CENTER WHICH SERVES MINNESOTA AND SOUTH AND NORTH DAKOTA FINALLY, HHS SERVES AS THE REGIONAL HOSPITAL RESOURCE CENTER FOR THE SEVEN-COUNTY METRO AREA COMPACT ON EMERGENCY PREPAREDNESS HHS INCLUDES 5 FREE STANDING CLINICS, 7 PHARMACIES, AND 42 SPECIALTY CLINICS OPERATING IN SUPPORT OF HHS, HENNEPIN HEALTH FOUNDATION, A 501(C)(3) NON- PROFIT ORGANIZATION, FOSTERS A MISSION THAT "INSPIRES GENEROSITY BY CONNECTING HENNEPIN HEALTHCARE SYSTEM SOLUTIONS TO COMMUNITY HEALTH CHALLENGES "</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART VI, LINE 5         | 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 |
| PART VI, LINE 6         | HENNEPIN HEALTHCARE SYSTEM (HHS) IS A SAFETY NET HOSPITAL, PROVIDING CARE FOR LOW-INCOME, UNINSURED, AND VULNERABLE PATIENTS IN THE STATE OPERATING IN SUPPORT OF HHS, HENNEPIN HEALTH FOUNDATION, A 501(C)(3) NON-PROFIT ORGANIZATION, FOSTERS A MISSION THAT "INSPIRES GENEROSITY BY CONNECTING HENNEPIN HEALTHCARE SYSTEM SOLUTIONS TO COMMUNITY HEALTH CHALLENGES "HENNEPIN HEALTHCARE RESEARCH INSTITUTE (HHRI), THE THIRD LARGEST MEDICAL RESEARCH NON-PROFIT IN MINNESOTA, HAS A DELIBERATE AND DISTINGUISHING EMPHASIS ON THE HEALTH CARE PROBLEMS AND NEEDS PREVALENT IN THE HHS PATIENT POPULATION AND SURROUNDING COMMUNITY RESEARCH CONDUCTED AT HHS AND THROUGH HHRI INCLUDES TRAUMA, EMERGENCY MEDICINE, AND TRAUMATIC BRAIN INJURY FIELDS OF STUDY                                                                                                                                                                                       |



# 990 Schedule H, Supplemental Information

| Form and Line Reference                       | Explanation |
|-----------------------------------------------|-------------|
| PART VI, LINE 7, REPORTS FILED<br>WITH STATES | MN          |

**Additional Data**

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

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

| <b>Section A. Hospital Facilities</b><br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><b>1</b> |                                                                                                                            | 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<br>701 PARK AVENUE<br>MINNEAPOLIS, MN 55415<br>HTTPS://WWW.HENNEPINHEALTHCARE.ORG<br>376138 | X                 | X                          | X                   | X                 |                          | X                 | X           |          | LEVEL 1 TRAUMA HOSPITAL |                          |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HENNEPIN HEALTHCARE SYSTEM, INC | PART V, SECTION B, LINE 3J AS LEGISLATED BY MINNESOTA STATUTE 383B 918, HHS IS REQUIRED TO PREPARE "A HEALTH SERVICES PLAN THAT DRAWS INPUT FROM A POPULATION HEALTH NEEDS ASSESSMENT AND DELINEATES THE ORGANIZATION'S ROLE IN THE COMMUNITY, INCLUDING EDUCATION, RESEARCH, AND PATIENT CARE SERVICES TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY INCLUDING INDIGENT POPULATIONS " THE HEALTH SERVICES PLAN IS APPROVED ANNUALLY BY THE HHS BOARD AND THE HENNEPIN COUNTY BOARD OF COMMISSIONERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| HENNEPIN HEALTHCARE SYSTEM, INC | PART V, SECTION B, LINE 5 STARTING IN TAX YEARS BEGINNING AFTER MARCH 23, 2012, THE AFFORDABLE CARE ACT REQUIRED 501(C)(3) NON-PROFIT HOSPITALS TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND ADOPT AN IMPLEMENTATION STRATEGY AT LEAST ONCE EVERY THREE YEARS WITH CONSIDERABLE ENGAGEMENT AND INPUT FROM A BROAD GROUP OF COMMUNITY STAKEHOLDERS, THE 2016 CHNA IDENTIFIED THREE PRIORITY HEALTH NEEDS MENTAL HEALTH, SOCIAL DETERMINANTS OF HEALTH, AND MATERNAL CHILD HEALTH HHS CONTINUED TO ENGAGE WITH A BROAD RANGE OF COMMUNITY STAKEHOLDERS TO NARROW THE FOCUS OF EACH OF THESE NEEDS TO FORM OUR 2017 - 2019 CHNA IMPLEMENTATION PLAN COMMUNITY LISTENING SESSIONS WERE HELD FOR EACH OF THE THREE NEED CATEGORIES ALL COMMUNITY STAKEHOLDERS WHO PARTICIPATED IN THE 2016 NEEDS ASSESSMENT PROCESS WERE INVITED TO CONTINUE THEIR ENGAGEMENT BY HELPING TO DETERMINE THE SPECIFIC PRIORITY FOCUS AREAS TO BE ADDRESSED THE INPUT FROM THE LISTENING SESSIONS ALONG WITH INPUT FROM RELEVANT HHS STAKEHOLDERS DETERMINED THE SPECIFIC FOCUS OF THE IMPLEMENTATION PLAN FOLLOWING THE CREATION OF THE 2017 - 2019 CHNA IMPLEMENTATION PLAN, KEY COMMUNITY STAKEHOLDERS WERE INVITED TO SERVE ON SPECIFIC STEERING TEAMS EACH GUIDING THE WORK OF ONE OF THE FOCUS AREAS IDENTIFIED IN THE IMPLEMENTATION PLAN ADDITIONAL COMMUNITY STAKEHOLDERS WITH RELEVANT EXPERTISE WERE ALSO INVITED TO PARTICIPATE ON ONE OF THE STEERING TEAMS REPRESENTATIVES FROM THE FOLLOWING COMMUNITY AND OR GOVERNMENTAL ORGANIZATIONS PARTICIPATED IN THE ABOVE LISTENING SESSIONS AND/OR STEERING TEAMS AEON (AFFORDABLE HOUSING)AHAVAH BIRTHWORKS (DOULA AGENCY IN NORTH MINNEAPOLIS) AQUI PARA TI (HHS PROGRAM SERVING LATINO YOUTH AND THEIR PARENTS)AUGUSTANA CARE(SENIOR HOUSING)BLOOMINGTON PUBLIC HEALTHCATALYST INITIATIVE (GEORGE FAMILY FOUNDATION)CATHOLIC CHARITIESCENTRO TYRONE GUZMAN (SERVES LATINO COMMUNITY)CITY OF MINNEAPOLIS HEALTH DEPARTMENTCLUES (COMUNIDADES LATINAS UNIDAS EN SERVICIO) (SERVES LATINO COMMUNITY)DELTA DENTAL FOUNDATIONGREATER TWIN CITIES UNITED WAYHENNEPIN HEALTH FOUNDATIONHENNEPIN COUNTY HUMAN SERVICES AND PUBLIC HEALTHINTERNATIONAL INSTITUTE (REFUGEES AND NEW IMMIGRANTS)LUTHERAN SOCIAL SERVICESMID-MINNESOTA LEGAL AIDMINNEAPOLIS HEALTH DEPARTMENTMINNEAPOLIS MEDICAL RESEARCH FOUNDATIONMINNEAPOLIS PUBLIC SCHOOLSMINNEAPOLIS URBAN LEAGUEMINNESOTA DEPARTMENT OF HEALTH MVNA AND HOSPICE OF THE TWIN CITIES (HHS AFFILIATE)NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS)NORTHPOINT HEALTH AND WELLNESS CENTERPROJECT FOR PRIDE IN LIVINGRAINBOW HEALTH INITIATIVES (LGBTQ COMMUNITY) SECOND HARVEST HEARTLAND (FOOD INSECURITY)STAIRSTEP FOUNDATION (NORTH MINNEAPOLIS) STRATIS HEALTH CULTURAL CARE CONNECTIONURBAN RESEARCH AND OUTREACH-ENGAGEMENT CENTER (UROC)YWCA MIDTOWNHHS AMERICAN INDIAN ADVOCATE TO LEARN MORE ABOUT THE PROCESS AND FINDINGS, VISIT THE 2016 HHS COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND 2017 - 2019 CHNA IMPLEMENTATION PLAN ON THE HHS WEBSITE WWW.HENNEPINHEALTHCARE.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HENNEPIN HEALTHCARE SYSTEM, INC | PART V, SECTION B, LINE 11 HHS HAS A LONG-STANDING COMMITMENT TO ADDRESS THE HEALTH NEEDS OF OUR COMMUNITY HHS CONTINUES THE PROCESS OF BUILDING A MULTI-YEAR IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY HEALTH NEEDS IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IN COMPLIANCE WITH IRS REQUIREMENTS, THE 2017-2019 COMMUNITY HEALTH NEED ASSESSMENT IMPLEMENTATION PLAN WAS COMPLETED IN MAY 2017 HHS HELD A SERIES OF COMMUNITY LISTENING SESSIONS TO DETERMINE KEY FOCUS AREAS WITHIN EACH PRIORITY NEED CATEGORY TO INCLUDE IN THE IMPLEMENTATION PLAN A PRIORITIZATION PROCESS WAS USED TO DETERMINE THESE FOCUS AREAS OTHER POTENTIAL FOCUS AREAS WERE NOT INCLUDED IN THE IMPLEMENTATION PLAN AS A RESULT WHILE THESE OTHER AREAS WERE DEEMED IMPORTANT, THEY DID NOT RISE TO SAME LEVEL OF PRIORITY AS THE AREAS SELECTED FOLLOWING THE COMPLETION OF THE 2017-2019 CHNA IMPLEMENTATION PLAN, HHS CONVENED IMPLEMENTATION STEERING TEAMS FOR EACH FOCUS AREA TO BUILD OUT COMPREHENSIVE MULTI-YEAR WORK PLANS, INCLUDING GOALS, STRATEGIES, ACTIVITIES, AND MEASURES OF SUCCESS BECAUSE MANY OF THE FOCUS AREAS INVOLVED BREAKING NEW GROUND WITH FEW LOCAL OR NATIONAL EXAMPLES TO DRAW FROM, THE TEAM TOOK EXTRA CARE TO THINK THROUGH AND DETERMINE SPECIFIC APPROACHES AND ACTIONS THE DETAILED WORK PLANS WERE COMPLETED AT THE END OF 2017 AND WILL GUIDE WORK THROUGH THE END OF 2019 THE STEERING TEAMS, COMPRISED OF HHS AND COMMUNITY STAKEHOLDERS, WILL CONTINUE TO GUIDE THE WORK IN 2018 IN DEVELOPING THE IMPLEMENTATION PLAN AND WORK PLANS, HHS HAS IDENTIFIED KEY COLLABORATIVE PARTNERS IN THE COMMUNITY REPRESENTATIVES FROM SOME OF THE PARTNERS SERVE ON THE STEERING TEAMS WHENEVER POSSIBLE, HHS SEEKS TO WORK WITH COMMUNITY PARTNERS TO DEVELOP AND DESIGN COLLABORATIVE ACTIONS AS A WAY OF ADDRESSING PRIORITY NEEDS RECOGNIZING THAT COLLABORATIVE EFFORTS INVOLVING HHS STAKEHOLDERS AND COMMUNITY PARTNERS ARE THE MOST LIKELY TO YIELD POSITIVE IMPACTS, HHS' CHNA IMPLEMENTATION PLANNING AND ACTION WILL CONTINUE TO BE DIRECTED FROM THE POPULATION HEALTH DEPARTMENT AND UNDER EXECUTIVE LEADERSHIP OF THE COMMUNITY CONNECTIONS CARE RING |
| HENNEPIN HEALTHCARE SYSTEM, INC | PART V, SECTION B, LINE 16j PATIENTS CAN REQUEST TO SEE FINANCIAL COUNSELORS WHO CAN HELP DETERMINE ELIGIBILITY FOR MANY FINANCIAL ASSISTANCE PROGRAMS UPON REGISTRATION, PATIENTS ARE SCREENED USING ESTABLISHED GUIDELINES AS SET BY HHS AND WHENEVER POSSIBLE, THE PATIENT OR PATIENT'S FAMILY CAN FILL OUT AN APPLICATION FOR MEDICAL ASSISTANCE AND/OR HENNEPIN CARE FOR THOSE THAT DO NOT QUALIFY FOR CHARITY CARE, HENNEPIN CARE MAY BE ELIGIBLE FOR AN UNINSURED DISCOUNT HHS HAS AN ONLINE PATIENT BILLING PORTAL ON THE HENNEPINHEALTHCARE.ORG WEBSITE THAT HELPS PATIENTS NAVIGATE THE PROGRAMS AVAILABLE WALK IN FINANCIAL COUNSELLING SERVICES ARE AVAILABLE IN MULTIPLE LOCATIONS ON THE DOWNTOWN CAMPUS AND IN NEIGHBORHOOD CLINICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number

42-1707837

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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 noncash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) See Additional Data                            |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (2)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (3)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (4)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (5)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (6)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (7)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (8)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (9)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (10)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (11)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (12)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 22
- 3 Enter total number of other organizations listed in the line 1 table . . . . . 13

**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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (1)                             |                          |                          |                                  |                                                       |                                       |
| (2)                             |                          |                          |                                  |                                                       |                                       |
| (3)                             |                          |                          |                                  |                                                       |                                       |
| (4)                             |                          |                          |                                  |                                                       |                                       |
| (5)                             |                          |                          |                                  |                                                       |                                       |
| (6)                             |                          |                          |                                  |                                                       |                                       |
| (7)                             |                          |                          |                                  |                                                       |                                       |

**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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 2   | PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS 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 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

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 |
|--------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| PATTERSON DENTAL<br>1031 MENDOTA HEIGHTS ROAD<br>ST PAUL, MN 55120 | 41-1833619 |                               | 120,780                  |                                   |                                                       |                                        | DENTISTRY CLINIC                   |
| HENNEPIN COUNTY<br>300 S 6TH STREET<br>MINNEAPOLIS, MN 55487       | 41-6005801 | GOVERNMENT                    | 87,015                   |                                   |                                                       |                                        | PCA ASSESSMENT                     |

| 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 |
| DESIGN RESEARCH COLLECTIVE<br>1101 MILTON STREET<br>ST PAUL, MN 55103                                          | 82-2143571 |                               | 59,000                   |                                   |                                                       |                                        | RESEARCH                           |
| CATHLENE HOCKERT<br>622 LABORE ROAD<br>LITTLE CANADA, MN 55117                                                 | 47-7824505 |                               | 45,000                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |



| 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 |
| AMERICAN CONTRACT SYSTEMS<br>4801 W 81ST STREET SUITE 110<br>BLOOMINGTON, MN 55437                             | 41-1816299 |                               | 40,951                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |
| UNITED HOSPITAL<br>333 NORTH SMITH AVENUE<br>ST PAUL, MN 55102                                                 | 36-3261413 | 501(C)(3)                     | 36,206                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |

| 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 |
| FAIRVIEW HEALTH SERVICES<br>333 NORTH SMITH AVENUE<br>ST PAUL, MN 55102                                        | 41-0991680 | 501(C)(3)                     | 34,694                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |
| CHILDRENS HEALTH CARE<br>2525 CHICAGO AVENUE<br>SOUTH<br>MINNEAPOLIS, MN 55404                                 | 41-1754276 | 501(C)(3)                     | 21,396                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |

| 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 |
| MEDLINE INDUSTRIES INC<br>ONE MEDLINE PL<br>MUNDELEIN, IL 60060                                                | 36-2596612 |                               | 20,794                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |
| LAKEVIEW HOSPITAL<br>927 CHURCHILL STREET WEST<br>STILLWATER, MN 55082                                         | 41-0811697 | 501(C)(3)                     | 19,682                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |

| 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 |
| HU FRIEDY MFG CO INC<br>3232 N ROCKWELL ST<br>CHICAGO, IL 60618                                                | 36-2408089 |                               | 13,840                   |                                   |                                                       |                                        | DENTISTRY CLINIC                   |
| HEALTHEAST ST JOSEPHS HOSPITAL<br>45 W 10TH STREET<br>SAINT PAUL, MN 55102                                     | 41-0693880 | 501(C)(3)                     | 13,310                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |

| 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 |
| INNERLITE INC<br>6868A CORTONA DRIVE<br>SANTA BARBARA, CA 93117                                                | 77-0563769 |                               | 12,890                   |                                   |                                                       |                                        | DENTISTRY CLINIC                   |
| GILLETTE CHILDREN'S SPECIALTY HEALTHCARE<br>200 E UNIVERSITY AVE<br>SAINT PAUL, MN 55101                       | 36-3379150 | 501(C)(3)                     | 12,764                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |

| 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<br>640 JACKSON STREET<br>ST PAUL, MN 55101                                                    | 41-0956618 | 501(C)(3)                     | 12,093                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |
| HEALTHEAST CARE SYSTEM<br>NW 7205 PO BOX 1450<br>MINNEAPOLIS, MN 55485                                         | 36-3517697 | 501(C)(3)                     | 11,950                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |

| 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 CITY HOSPITAL<br>AUXILIARY<br>2000 NORTH AVENUE<br>NORTHFIELD, MN 55057                             | 41-6038368 | 501(C)(3)                     | 11,797                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |
| MAYO CLINIC HEALTH SYSTEM<br>NEW PRAGUE<br>301 SECOND STREET NE<br>NEW PRAGUE, MN 56071                        | 41-0723639 | 501(C)(3)                     | 10,973                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |

| 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 |
| NORTH MEMORIAL HEATH CARE<br>701 PARK AVENUE SOUTH<br>MINNEAPOLIS, MN 55415                                    | 41-0729979 | 501(C)(3)                     | 10,938                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |
| ST FRANCIS REGIONAL MEDICAL CENTER<br>1455 ST FRANCIS AVENUE<br>SHAKOPEE, MN 55379                             | 41-0907986 | 501(C)(3)                     | 10,250                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |



| 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                                                |
| ABBOTT NORTHWESTERN HOSPITAL<br>800 E 29TH STREET<br>MINNEAPOLIS, MN 55407                                     | 36-3261413 | 501(C)(3)                     | 9,700                    |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS                                                            |
| ALLINA HEALTH SYSTEMS<br>PO BOX 43<br>MINNEAPOLIS, MN 55440                                                    | 36-3261413 | 501(C)(3)                     | 31,683                   |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS FOR MERCY HOSPITAL, UNITY HOSPITAL & REGINA MEDICAL CENTER |

| 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 |
| MAPLE GROVE HOSPITAL CORPORATION<br>9875 HOSPITAL DRIVE<br>MAPLE GROVE, MN 55369                               | 20-8316475 | 501(C)(3)                     | 7,075                    |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |
| DENTSPLY TULSA DENTAL SPECIALTIES<br>5100 E SKELLY DR STE 300<br>TULSA, OK 74135                               | 23-2830736 |                               | 6,565                    |                                   |                                                       |                                        | DENTISTRY CLINIC                   |

| 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 |
| FORMLABS INC<br>35 MEDFORD STREET SUITE 201<br>SOMERVILLE, MA 02143                                            | 45-3644301 |                               | 6,439                    |                                   |                                                       |                                        | DENTISTRY CLINIC                   |
| PHILLIPS EYE INSTITUTE<br>2215 PARK AVENUE<br>MINNEAPOLIS, MN 55404                                            |            |                               | 6,234                    |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |

| 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 |
| MLCV STLP LLC<br>1500 PARK PLACE BLVD<br>MINNEAPOLIS, MN 55416                                                 | 47-4478706 |                               | 6,232                    |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |
| UNIVERSITY OF MINNESOTA<br>222 21ST AVENUE SOUTH<br>MINNEAPOLIS, MN 554550439                                  | 41-6007513 | GOVERNMENT                    | 6,038                    |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |

| 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 |
| COMTEC CONSULTANTS INC<br>2400 VETERANS MEMORIAL BLVD SUITE 205<br>KENNER, MN 70062                            | 72-1326801 |                               | 5,970                    |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |
| HEALTHEAST ST JOHNS HOSPITAL<br>1575 BEAM AVENUE<br>MAPLEWOOD, MN 55379                                        | 41-1456897 | 501(C)(3)                     | 5,745                    |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |

| 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 |
| PARK NICOLLET METHODIST HOSPITAL<br>6500 EXCELSIOR BOULEVARD<br>ST LOUIS PARK, MN 55426                        | 41-0132080 | 501(C)(3)                     | 5,195                    |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |
| RIDGEVIEW MEDICAL CENTER<br>500 SOUTH MAPLE STREET<br>WACONIA, MN 55387                                        | 31-1667875 | 501(C)(3)                     | 5,067                    |                                   |                                                       |                                        | FAMILY HEALTH                      |

| 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 |
| OREGON PRIMARY CARE ASSOCIATION<br>333 SW 5TH AVENUE SUITE 250<br>PORTLAND, OR 97204                           | 93-0877986 |                               | 5,000                    |                                   |                                                       |                                        | EMERGENCY PREPAREDNESS             |
| HENNEPIN HEALTH RESEARCH INSTITUTE<br>701 PARK AVENUE PP7700<br>MINNEAPOLIS, MN 55415                          | 41-1677920 | 501(C)(3)                     | 318,281                  |                                   |                                                       |                                        | RESEARCH PROGRAM SUPPORT           |

| 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 |
| STAIRSTEP FOUNDATION<br>1404 14TH AVE N<br>MINNEAPOLIS, MN 55411                                               | 41-1709346 | 501(C)(3)                     | 75,000                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |



|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>Schedule J</b><br><b>(Form 990)</b><br><br><div>Department of the Treasury</div> <div>Internal Revenue Service</div> | <div> <div> <b>Compensation Information</b> </div> <div> For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees </div> <div> ▶ <b>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b><br/> ▶ <b>Attach to Form 990.</b><br/> ▶ <b>Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</b> </div> </div> | OMB No 1545-0047                                                  |
|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   | <div> <div>2018</div> <div>Open to Public Inspection</div> </div> |
|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |
| Name of the organization<br>HENNEPIN HEALTHCARE SYSTEM INC                                                              |                                                                                                                                                                                                                                                                                                                                                                                                   | Employer identification number<br>42-1707837                      |

| Part I Questions Regarding Compensation                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                            | Yes       | No  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> 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                                                                                         |                                                                                                                                                                                                                                                                                                            |           |     |
| <input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account                                                                                         | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |           |     |
| <b>b</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                                                                                                   |                                                                                                                                                                                                                                                                                                            | <b>1b</b> |     |
| <b>2</b> 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?                                                                                                       |                                                                                                                                                                                                                                                                                                            | <b>2</b>  |     |
| <b>3</b> 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 |                                                                                                                                                                                                                                                                                                            |           |     |
| <input checked="" type="checkbox"/> Compensation committee<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations                                                                                                                                 | <input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee                                                                                            |           |     |
| <b>4</b> 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                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                            |           |     |
| <b>a</b> Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                            | <b>4a</b> | No  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                            | <b>4b</b> | No  |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                                                                                                                       |                                                                                                                                                                                                                                                                                                            | <b>4c</b> | No  |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                            |           |     |
| <b>5</b> 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                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                            |           |     |
| <b>a</b> The organization?                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                            | <b>5a</b> | No  |
| <b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                            | <b>5b</b> | No  |
| <b>6</b> 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                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                            |           |     |
| <b>a</b> The organization?                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                            | <b>6a</b> | Yes |
| <b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                            | <b>6b</b> | No  |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III                                                                                                                                          |                                                                                                                                                                                                                                                                                                            | <b>7</b>  | No  |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued 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                                                                                              |                                                                                                                                                                                                                                                                                                            | <b>8</b>  | No  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                            | <b>9</b>  |     |

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.

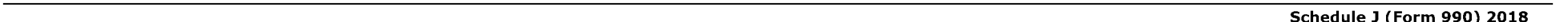
See Additional Data Table

**Schedule J (Form 990) 2018**

**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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 6   | PLAN GOALS. IF THE THRESHOLD CASH FLOW MARGIN IS ACHIEVED, THE POOL WILL BE FUNDED AND INCENTIVE PAYOUTS, IF ANY, WILL BE DETERMINED BASED UPON THE OPERATIONAL AND INDIVIDUAL GOALS ACHIEVED. EACH YEAR DURING THE PLANNING PROCESS, HHS CHOOSES A SET OF GOALS THAT WILL BE MEASURED UNDER THE PLAN. FOR THE 2018 PLAN, THERE ARE ORGANIZATIONAL GOALS RELATING TO QUALITY/PATIENT SAFETY, OPERATIONAL EXCELLENCE, PATIENT EXPERIENCE, AND EMPLOYEE ENGAGEMENT. THE PLAN ALSO HAS A COMPONENT TIED TO INDIVIDUAL GOALS. IN FUTURE YEARS, THE GOALS IN THE PLAN MAY CHANGE AS NECESSARY TO SUPPORT THE ORGANIZATION GOALS AND OBJECTIVES. NOTE: LINEAR INTERPOLATION WILL BE USED FOR PERFORMANCE BETWEEN THRESHOLD AND TARGET. |



Additional Data

Software ID:  
Software Version:  
EIN: 42-1707837  
Name: 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 |                                                |                         |                                 |                                                                       |
| JON PRYOR MD MBA<br>CEO/TREASURER/SECRETARY                  | (i)  | 776,927                                            | 231,662                             | 3,085                               | 41,250                                         | 18,953                  | 1,071,877                       | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| TARA GUSTILO MD<br>DIRECTOR/PHYSICIAN/CHAIR-<br>QUALITY COM  | (i)  | 343,175                                            | 12,164                              | 1,044                               | 24,200                                         | 23,832                  | 404,415                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| THOMAS WYATT MD<br>DIRECTOR/PHYSICIAN                        | (i)  | 417,721                                            | 0                                   | 2,419                               | 24,200                                         | 26,740                  | 471,080                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| DERRICK HOLLINGS CPA<br>CHIEF FINANCIAL OFFICER              | (i)  | 505,352                                            | 109,373                             | 3,877                               | 27,500                                         | 24,213                  | 670,315                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| EMILY BLOMBERG MHA<br>CHIEF OPERATING OFFICER                | (i)  | 367,188                                            | 27,891                              | 920                                 | 27,500                                         | 11,979                  | 435,478                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| KATHY WILDE RN MA<br>CHIEF NURSING OFFICER                   | (i)  | 205,542                                            | 70,745                              | 1,587                               | 29,361                                         | 9,333                   | 316,568                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| KELLY SPRATT<br>CHIEF AMBULATORY OFFICER                     | (i)  | 265,584                                            | 49,618                              | 516                                 | 27,500                                         | 25,745                  | 368,963                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| LORI BROWN DHA RN MSN<br>CENP FACHE<br>CHIEF NURSING OFFICER | (i)  | 131,314                                            | 65,000                              | 357                                 | 18,050                                         | 6,126                   | 220,847                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| MIAJA CASSIDY JD CHCP<br>CCEP<br>CHIEF COMPLIANCE OFFICER    | (i)  | 292,533                                            | 62,671                              | 276                                 | 27,500                                         | 25,941                  | 408,921                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| NANCY GARRETT PHD<br>CHIEF INFORMATION OFFICER               | (i)  | 298,993                                            | 65,406                              | 458                                 | 27,500                                         | 25,997                  | 418,354                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| SCOTT WORDELMAN FACHE<br>SVP AMBULATORY ADMIN                | (i)  | 147,203                                            | 81,113                              | 1,378                               | 23,028                                         | 4,366                   | 257,088                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| WALTER CHESLEY JD<br>CHIEF HUMAN RESOURCE<br>OFFICER         | (i)  | 311,425                                            | 64,169                              | 1,072                               | 27,500                                         | 18,273                  | 422,439                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| WILLIAM HEEGAARD MD MPH<br>MBA<br>CHIEF MEDICAL OFFICER      | (i)  | 480,584                                            | 99,602                              | 2,658                               | 27,500                                         | 24,213                  | 634,557                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| ANTHONY SEVERT MD<br>PHYSICIAN - MANAGING                    | (i)  | 660,992                                            | 25,442                              | 2,648                               | 24,200                                         | 24,213                  | 737,495                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| BARBARA KNOLL MD<br>PHYSICIAN                                | (i)  | 664,415                                            | 25,442                              | 2,999                               | 24,200                                         | 12,652                  | 729,708                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| CHARLES TRUWIT MD<br>PHYSICIAN CHIEF                         | (i)  | 662,048                                            | 25,131                              | 3,679                               | 24,200                                         | 24,213                  | 739,271                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| CONSTANTIN STARCHOOK MD<br>PHYSICIAN - MANAGING              | (i)  | 691,940                                            | 25,555                              | 2,296                               | 24,200                                         | 24,213                  | 768,204                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| DERRICK CHU MD<br>PHYSICIAN                                  | (i)  | 660,078                                            | 25,442                              | 1,809                               | 24,200                                         | 26,741                  | 738,270                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| STEVEN STERNER MD FACEP<br>FORMER KEY EMPLOYEE               | (i)  | 426,224                                            | 67,106                              | 3,165                               | 27,500                                         | 21,353                  | 545,348                         | 0                                                                     |
|                                                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

HENNEPIN HEALTHCARE SYSTEM INC

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public  
Inspection****Employer identification number**

42-1707837

**990 Schedule O, Supplemental Information**

| Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART I, LINE<br>6 | OVER 398 VOLUNTEERS SERVED A TOTAL OF 28,353 HOURS DURING THE YEAR 2018 VOLUNTEERING AT HHS GIVES QUALIFIED AND INTERESTED INDIVIDUALS THE OPPORTUNITY TO PROVIDE PATIENT SUPPORT SERVICES WITHIN OUR COMMUNITY OF DIVERSE VOLUNTEERS, STAFF, VISITORS, AND PATIENTS VOLUNTEERS SUPPLEMENT AND ENHANCE HOSPITAL-BASED PATIENT SUPPORT SERVICES AND PROGRAMS A VOLUNTEER SERVICE COORDINATOR WILL WORK WITH A VOLUNTEER TO FIND A POSITION THAT FITS THEIR SCHEDULE AND INTERESTS FORM AMONG VARIOUS OPENINGS THE REPORTED VOLUNTEERS INCLUDE ELEVEN (11) UNCOMPENSATED INDEPENDENT BOARD MEMBERS WHO SERVED DURING THE YEAR 2018 |

**990 Schedule O, Supplemental Information**

| Return Reference                                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART III, LINE 1 - BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION | HENNEPIN HEALTHCARE SYSTEM'S (HHS) MISSION IS "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 " HHS STRIVES TO PROVIDE THE BEST POSSIBLE CARE TO EVERY PATIENT, TO SEARCH FOR NEW WAYS TO IMPROVE THE CARE THAT WILL BE PROVIDED TOMORROW, TO EDUCATE HEALTH CARE PROVIDERS FOR THE FUTURE , AND TO ENSURE ACCESS TO HEALTHCARE FOR ALL |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                           | Explanation                                                                                                                                                                                                                                     |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>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 |



## 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A | THE GOVERNING MEMBER, COUNTY OF HENNEPIN, MINNESOTA HAS RETAINED THE RIGHTS, DUTIES AND PRIVILEGES SPECIFIED UNDER THE BYLAWS OF HHS UP TO 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 |

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

| Return Reference                                | Explanation                                                                                                                                                                                                         |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | THE FORM 990 IS COMPLETED AND REVIEWED INTERNALLY FOR ACCURACY, COMPLETENESS AND VALIDITY, THEN SUBMITTED FOR EXTERNAL REVIEW THE FORM 990 IS THEN REVIEWED BY THE FINANCE COMMITTEE AND THE HHS BOARD OF DIRECTORS |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>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 |

## 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | 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 BOARD OF DIRECTORS |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation                                                                                            |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D) |

**990 Schedule O, Supplemental Information**

| Return<br>Reference             | Explanation                                                                               |
|---------------------------------|-------------------------------------------------------------------------------------------|
| FORM 990,<br>PART XI,<br>LINE 9 | OPEB LIABILITY ADJUSTMENT 13,147,971 2016 DEFERRED OUTFLOW / CONTRIBUTIONS IMPACT 343,092 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference              | Explanation                                                                                                                                                                                                                              |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART XII,<br>LINE 1 | ENTERPRISE ACCOUNTING METHOD - PER THE GOVERNMENT ACCOUNTING STANDARD BOARD (GASB), HHS US<br>ES ENTERPRISE FUND ACCOUNTING REVENUES AND EXPENSES ARE RECOGNIZED ON THE ACCRUAL BASIS,<br>USING THE ECONOMIC RESOURCES MEASUREMENT FOCUS |



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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
HENNEPIN HEALTHCARE SYSTEM INC

Employer identification number  
42-1707837

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization                                                          | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|----------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                                |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1)HENNEPIN HEALTH FOUNDATION<br>701 PARK AVENUE<br><br>MINNEAPOLIS, MN 55415<br>41-0845733                    | GRANTS MANAGEMENT       | MN                                               | 501(C)(3)                  | LINE 7                                              | HHS INC                          | Yes                                          |    |
| (2)HENNEPIN HEALTHCARE RESEARCH INSTITUTE<br>701 PARK AVENUE PP7700<br><br>MINNEAPOLIS, MN 55415<br>41-1677920 | RESEARCH                | MN                                               | 501(C)(3)                  | LINE 4                                              | HHS INC                          | Yes                                          |    |
| (3)HENNEPIN COUNTY<br>300 SOUTH 6TH STREET<br><br>MINNEAPOLIS, MN 55487                                        | GOVERNMENTAL UNIT       | MN                                               |                            |                                                     | 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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s) . . . . .

f

Dividends from related organization(s) . . . . .

g

Sale of assets to related organization(s) . . . . .

h

Purchase of assets from related organization(s) . . . . .

i

Exchange of assets with related organization(s) . . . . .

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s) . . . . .

p

Reimbursement paid to related organization(s) for expenses . . . . .

q

Reimbursement paid by related organization(s) for expenses . . . . .

r

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

s

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

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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  
See Additional Data Table

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

Schedule R (Form 990) 2018

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

[illegible]

**Part VII**   **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

Additional Data

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

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

| (a)<br>Name of related organization |                                        | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1)                                 | HENNEPIN HEALTHCARE RESEARCH INSTITUTE | A                               | 729,519                | CASH                                         |
| (1)                                 | HENNEPIN HEALTHCARE RESEARCH INSTITUTE | B                               | 1,350,601              | FAIR VALUE                                   |
| (2)                                 | HENNEPIN HEALTH FOUNDATION             | C                               | 4,725,861              | CASH                                         |
| (3)                                 | HENNEPIN HEALTHCARE RESEARCH INSTITUTE | O                               | 4,265,803              | CASH                                         |
| (4)                                 | HENNEPIN HEALTH FOUNDATION             | O                               | 2,101,033              | CASH                                         |
| (5)                                 | HENNEPIN HEALTHCARE RESEARCH INSTITUTE | R                               | 884,788                | CASH                                         |
| (6)                                 | HENNEPIN HEALTH FOUNDATION             | R                               | 432,777                | FAIR VALUE                                   |