

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HENNEPIN HEALTHCARE SYSTEM, INC. Doing business as HENNEPIN HEALTHCARE		D Employer identification number 42-1707837
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 701 PARK AVE P-1		E Telephone number 612-873-6518
	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55415		G Gross receipts \$ 1,215,617,625.
	F Name and address of principal officer: JENNIFER DECUBELLIS SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶

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		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	8291
	6 Total number of volunteers (estimate if necessary)	6	202
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,995,168.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	490,929.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	94,719,437.	236,767,697.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1018665647.	977,139,335.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,309,410.	820,722.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1114694494.	1214727754.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,559,481.	3,464,519.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	752,299,070.	741,370,801.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	375,854,102.	428,089,476.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1130712653.	1172924796.	
19 Revenue less expenses. Subtract line 18 from line 12	-16,018,159.	41,802,958.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	710,586,782.	827,542,550.
	22 Net assets or fund balances. Subtract line 21 from line 20	701,144,389.	778,428,663.
		9,442,393.	49,113,887.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	▶ DERRICK HOLLINGS, CPA (INACTIVE), CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KACIE MCEWEN	KACIE MCEWEN	10/12/21		P01599614
Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325		
Firm's address ▶ 801 NICOLLET MALL, WEST TOWER, STE 1200 MINNEAPOLIS, MN 55402-2526			Phone no. 612-332-4300		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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

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 [X] 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 [X] 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 \$ 981,744,081. including grants of \$ 2,975,612.) (Revenue \$ 926,876,099.) 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.

HHS OPERATED A HOSPITAL WITH LICENSED CAPACITY OF 894 BEDS AND 65 BASSINETS, 452 BEDS AND 65 BASSINETS OF WHICH WERE AVAILABLE, AS WELL

4b (Code:) (Expenses \$ 25,178,571. including grants of \$ 99,907.) (Revenue \$ 46,268,068.) EDUCATION & TRAINING:

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 SEEKS TO BE A SITE FROM WHICH NEW THERAPIES, SURGERIES, AND TECHNOLOGIES TO TREAT AND CURE PATIENTS EMERGE.

4c (Code:) (Expenses \$ 438,251. including grants of \$ 389,000.) (Revenue \$) 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

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

4e Total program service expenses 1,007,360,903.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 8291		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	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.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		
	1a 15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19** Describe on 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 - 612-873-6518**
701 PARK AVENUE P-1, MINNEAPOLIS, MN 55415

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS BERGMAN, MD PHYSICIAN	40.00				X		1,059,536.	0.	45,064.	
(2) WALTER GALICICH, MD PHYSICIAN - MANAGING	40.00				X		853,264.	0.	50,712.	
(3) CONSTANTIN STARCHOOK, MD PHYSICIAN - MANAGING	40.00				X		709,333.	0.	50,712.	
(4) CHAD RICHARDSON, MD PHYSICIAN CHIEF	40.00				X		693,928.	0.	50,712.	
(5) GOPAL PUNJABI, MD PHYSICIAN	40.00				X		687,812.	0.	50,712.	
(6) DERRICK HOLLINGS, CPA (INACTIVE) CHIEF FINANCIAL OFFICER	40.00			X			613,786.	0.	54,132.	
(7) JENNIFER DECUBELLIS, MA CEO/SEC/TREAS (EFFECTIVE 2/17/20)	40.00	X		X			540,630.	0.	45,807.	
(8) JOHN CUMMING, MD, MBA CEO/SEC/TREAS (1/1/20-2/17/20)	40.00	X		X			532,594.	0.	53,159.	
(9) ARTI PRASAD, MD DIRECTOR/PHYSICIAN	40.00	X					507,003.	0.	45,064.	
(10) DANIEL HOODY, MD, MSC INTERIM CHIEF MEDICAL OFFICER	40.00				X		485,859.	0.	40,948.	
(11) EMILY BLOMBERG, MHA CHIEF OPERATING OFFICER	40.00				X		466,965.	0.	56,710.	
(12) THOMAS WYATT, MD DIRECTOR/PHYSICIAN	40.00	X					464,272.	0.	53,417.	
(13) THERESA PESCH, RN VP PHILANTHROPY - HHF PRESIDENT	40.00				X		316,276.	0.	53,203.	
(14) WALTER CHESLEY, JD CHIEF HUMAN RESOURCES OFFICER (1/1/2	40.00				X		293,181.	0.	41,406.	
(15) LORI BROWN, DHA, RN, MSN, CENP CHIEF NURSING OFFICER (1/1/20-8/19/2	40.00				X		282,091.	0.	41,401.	
(16) KELSEY LAWSON CHIEF COMPLIANCE OFFICER	40.00				X		259,809.	0.	48,010.	
(17) WILLIAM HEEGAARD, MD FORMER KEY EMPLOYEE	40.00					X	259,339.	0.	20,669.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) IRENE FERNANADO DIRECTOR	2.00 40.00	X						0.	116,084.	22,046.
(19) MARION GREENE, MBA DIRECTOR	2.00 40.00	X						0.	111,569.	15,644.
(20) STEVEN THOMPSON DIRECTOR	2.00	X						0.	0.	0.
(21) CRAIG WARREN DIRECTOR	2.00	X						0.	0.	0.
(22) DIANA VANCE-BRYAN, BSN, JD CHAIR	2.00	X		X				0.	0.	0.
(23) BRIAN RANALLO DIRECTOR/CHAIR - FINANCE & AUDIT CMT	2.00	X						0.	0.	0.
(24) KRIS PETERSEN, MBA DIRECTOR	2.00	X						0.	0.	0.
(25) JACOB GAYLE, PHD DIRECTOR	2.00	X						0.	0.	0.
(26) DAVID YBARRA II DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								9,025,678.	227,653.	839,528.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								9,025,678.	227,653.	839,528.

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 **1,320**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AGILITI HEALTH INC, 2020 E 28TH STREET, SUITE 108, MINNEAPOLIS, MN 55407	BIOELECTRONICS	8,662,530.
UNIVERISTY OF MINNESOTA, 2221 UNIVERSITY AVE SE STE 100, MINNEAPOLIS, MN 55414	EDUCATION AND TRAINING	7,696,015.
M A MORTENSON COMPANY 700 MEADOW LN N, GOLDEN VALLEY, MN 55422	CONTRUCTION	6,414,914.
INSIGHT PUBLIC SECTOR 6820 S HARL AVE, TEMPE, AZ 85283	INFO TECHNOLOGY	4,617,124.
EPIC SYSTEMS CORP BOX 88314, MILWAUKEE, WI 53288-0314	INFO TECHNOLOGY	4,094,775.

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 **284**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	20,744,587.				
	e Government grants (contributions)	1e	169,711,831.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	46,311,279.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,065,415.				
	h Total. Add lines 1a-1f			236,767,697.			
	Program Service Revenue	2 a MEDICARE/MEDICAID REVENUE	Business Code	624100	609,712,157.	609,712,157.	
b MANAGED CARE - COMMERCIAL			621990	225,509,976.	225,509,976.		
c RETAIL PHARMACY REVENUE			621990	90,839,734.	90,768,911.	70,823.	
d UPPER PAYMENT LIMIT REVENUE			446110	45,501,148.	45,501,148.		
e OTHER OPERATING REVENUE			900099	5,576,320.	1,651,975.	3,924,345.	
f All other program service revenue							
g Total. Add lines 2a-2f				977,139,335.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			888,927.		888,927.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	821,666.			
			(ii) Personal				
				821,666.			
	b Less: rental expenses ...	6b		821,666.			
	c Rental income or (loss)	6c		0.			
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
					68,205.		
	b Less: cost or other basis and sales expenses	7b			68,205.		
c Gain or (loss)	7c			-68,205.			
d Net gain or (loss)				-68,205.	-68,205.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1214727754.	973,144,167.	3,995,168.	820,722.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,464,519.	3,464,519.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,295,724.	1,298,962.	3,996,762.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	586,139,335.	486,143,964.	99,995,371.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,002,900.	34,007,805.	6,995,095.	
9 Other employee benefits	72,926,458.	60,485,204.	12,441,254.	
10 Payroll taxes	36,006,384.	29,863,695.	6,142,689.	
11 Fees for services (nonemployees):				
a Management				
b Legal	1,529,767.	1,268,789.	260,978.	
c Accounting	674,815.		674,815.	
d Lobbying	185,862.		185,862.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	75,985,994.	63,003,045.	12,982,949.	
12 Advertising and promotion	1,571,681.	1,303,552.	268,129.	
13 Office expenses	9,856,159.	8,174,698.	1,681,461.	
14 Information technology	20,874,274.	17,313,123.	3,561,151.	
15 Royalties				
16 Occupancy	19,542,882.	16,208,866.	3,334,016.	
17 Travel	530,860.	440,295.	90,565.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	642,405.	532,811.	109,594.	
20 Interest	4,040,427.	3,351,130.	689,297.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,452,933.	36,039,863.	7,413,070.	
23 Insurance	2,967,634.	2,461,356.	506,278.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES AND SE	149,318,643.	149,318,643.		
b BAD DEBTS	72,093,587.	72,093,587.		
c TAXES AND SURCHARGES	21,592,687.	17,908,975.	3,683,712.	
d _____				
e All other expenses _____	3,228,866.	2,678,021.	550,845.	
25 Total functional expenses. Add lines 1 through 24e	1172924796.	1007360903.	165,563,893.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	27,084,798.	1	79,001,246.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	221,302,834.	4	171,877,879.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	9,321,532.	8	12,777,684.
	9 Prepaid expenses and deferred charges	10,090,349.	9	17,884,810.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 975,843,925.		
	b Less: accumulated depreciation	10b 554,112,497.	426,019,669.	10c 421,731,428.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	10,361,218.	12	8,048,754.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,406,382.	15	116,220,749.
16 Total assets. Add lines 1 through 15 (must equal line 33)	710,586,782.	16	827,542,550.	
Liabilities	17 Accounts payable and accrued expenses	168,079,647.	17	214,940,063.
	18 Grants payable		18	
	19 Deferred revenue	2,458,533.	19	7,081,196.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	530,606,209.	25	556,407,404.
	26 Total liabilities. Add lines 17 through 25	701,144,389.	26	778,428,663.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	352,634,490.	30	407,670,820.
	31 Retained earnings, endowment, accumulated income, or other funds	-343,192,097.	31	-358,556,933.
	32 Total net assets or fund balances	9,442,393.	32	49,113,887.
33 Total liabilities and net assets/fund balances	710,586,782.	33	827,542,550.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1,214,727,754.
2	Total expenses (must equal Part IX, column (A), line 25)	1,172,924,796.
3	Revenue less expenses. Subtract line 2 from line 1	41,802,958.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	9,442,393.
5	Net unrealized gains (losses) on investments	-2,131,464.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	49,113,887.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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 **section 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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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 (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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 Part VI when and how the organization made the determination.</i>		
c 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 Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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 Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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 Part VI.</i>		
c 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 Part VI.</i>		
10a 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 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>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, 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>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
2a		
b Did the activities described in line 2a, above, 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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
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>		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

HENNEPIN HEALTHCARE SYSTEM, INC.

Employer identification number

42-1707837

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>HENNEPIN HEALTHCARE FOUNDATION</u> <u>701 PARK AVENUE</u> <u>MINNEAPOLIS, MN 55415</u>	\$ <u>9,810,780.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>HENNEPIN HEALTHCARE FOUNDATION</u> <u>701 PARK AVENUE</u> <u>MINNEAPOLIS, MN 55415</u>	\$ <u>902,200.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>PFIZER</u> <u>235 EAST 42ND STREET</u> <u>NEW YORK, NY 10017</u>	\$ <u>163,215.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	<u>MASKS/OTHER PPE</u> <u>N95/SURGICAL/HOMEMADE; COVID</u> <u>TESTS; FOOD/OTHER NON-MEDICAL</u> <u>ITEMS/HOTEL ROOMS</u>	\$ <u>902,200.</u>	<u>04/01/20</u>
3	<u>COVID VACCINES</u> <hr/> <hr/> <hr/>	\$ <u>163,215.</u>	<u>04/01/20</u>
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.**

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 organization HENNEPIN HEALTHCARE SYSTEM, INC.	Employer identification number 42-1707837
-----------------------------------------------------------------	-----------------------------------------------------

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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-.

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	185,862.	0.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	0.												
c	Total lobbying expenditures (add lines 1a and 1b)	185,862.	0.												
d	Other exempt purpose expenditures	117738934.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	117924796.	0.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	0.												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	0.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	193,815.	159,948.	181,132.	185,862.	720,757.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	193,815.	159,948.	181,132.	185,862.	720,757.

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
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART I-A, LINE 1:

HENNEPIN HEALTHCARE 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.

Part IV Supplemental Information (continued)

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:

AMERICAS ESSENTIAL HOSPITALS - \$6,210

HENNEPIN COUNTY IGR SHARED AGREEMENT - \$140,000

TARA ERICKSON - \$25,000

NATIONAL ASSOCIATION OF CHILDREN HOSPITALS (NACH) - \$3,703

SAFETY NET HOSPITALS PHARM ACCESS - \$862

MINNEAPOLIS DOWNTOWN COUNCIL - \$41

MN HOSPITAL ASSOCIATION - \$6,046

MISC. OTHER FROM GL - \$4,000

TOTAL GRASSROOTS LOBBYING EXPENTITURES - \$185,862

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

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 make 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 program
 - 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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 on 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	4,499,444.	3,831,680.	3,900,760.	3,199,505.	3,153,016.
b Contributions					
c Net investment earnings, gains, and losses	734,985.	667,764.	-69,080.	701,255.	46,489.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,234,429.	4,499,444.	3,831,680.	3,900,760.	3,199,505.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 35.9700 %
 - c Term endowment 64.0300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		36,903,616.		36,903,616.
b Buildings		618,316,938.	313,162,755.	305,154,183.
c Leasehold improvements		19,484,078.	9,755,141.	9,728,937.
d Equipment		293,799,028.	226,884,141.	66,914,887.
e Other		7,340,265.	4,310,460.	3,029,805.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				421,731,428.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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) LONG-TERM INVESTMENT SAVINGS	106,254,542.
(2) OTHER ASSETS	9,966,207.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	116,220,749.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NET PENSION LIABILITY GASB 68	315,003,783.
(3) LEASE REVENUE REFUNDING	
(4) CERTIFICATES	183,885,601.
(5) TAXES	13,680,585.
(6) RELATED PARTY PAYABLES	3,491,185.
(7) CMS ADVANCE	40,346,250.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	556,407,404.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1139801477.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,131,460.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-72,093,587.
e	Add lines 2a through 2d	2e	-74,225,047.
3	Subtract line 2e from line 1	3	1214026524.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	701,230.
c	Add lines 4a and 4b	4c	701,230.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1214727754.

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

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

1	Total expenses and losses per audited financial statements	1	1100129983.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	889,871.
e	Add lines 2a through 2d	2e	889,871.
3	Subtract line 2e from line 1	3	1099240112.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	73,684,684.
c	Add lines 4a and 4b	4c	73,684,684.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1172924796.

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.

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT RECLASS

-72,093,587.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

HHF REIMBURSEMENTS - RECLASSED FROM EXPENSE	1,591,101.
RENTAL EXPENSE RECLASSED TO REVENUE	-821,666.
ASSET DISPOSAL - RECLASSED FROM EXPENSE	-68,205.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	701,230.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE RECLASSED TO REVENUE	821,666.
ASSET DISPOSAL RECLASSED TO REVENUE	68,205.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	889,871.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT RECLASS	72,093,587.
RELATED PARTY REIMBURSEMENTS	1,591,101.
ROUNDING	-4.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	73,684,684.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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.		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> 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 <i>free</i> care?	<input checked="" type="checkbox"/>	
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:		
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			14938302.		14938302.	1.36%
b Medicaid (from Worksheet 3, column a)			410605837	382084968	28520869.	2.59%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			425544139	382084968	43459171.	3.95%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5654350.	5310627.	343,723.	.03%
f Health professions education (from Worksheet 5)			67422752.	46268068.	21154684.	1.92%
g Subsidized health services (from Worksheet 6)			7808765.	7030891.	777,874.	.07%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			80885867.	58609586.	22276281.	2.02%
k Total. Add lines 7d and 7j			506430006	440694554	65735452.	5.97%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group HENNEPIN HEALTHCARE SYSTEM, INC.

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <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		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <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)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
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		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.HENNEPINHEALTHCARE.ORG/ABOUT-US/COMMU</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>WWW.HENNEPINHEALTHCARE.ORG/ABOUT-US/COMMUNITY-INVOLV</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group HENNEPIN HEALTHCARE SYSTEM, INC.

		Yes	No
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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
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 status		
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?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
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 Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group HENNEPIN HEALTHCARE SYSTEM, INC.

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <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 (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <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)

Name of hospital facility or letter of facility reporting group HENNEPIN HEALTHCARE SYSTEM, INC.

		Yes	No
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 <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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?		X
	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?		X
	If "Yes," explain in Section C.		

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

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 ALIGNED WITH THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN, AND IS APPROVED EVERY THREE YEARS.

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 INTERNAL AND COMMUNITY STAKEHOLDERS, THE 2019 CHNA IDENTIFIED ONE OVERARCHING PRIORITY HEALTH NEED; IMPROVING ACCESS TO CULTURALLY RESPONSIVE CARE AND SERVICES.

FOLLOWING THE COMPLETION OF THE CHNA, HHS CONTINUED TO ENGAGE WITH A BROAD RANGE OF COMMUNITY STAKEHOLDERS TO GAIN ADDITIONAL INSIGHT INTO THE DIMENSIONS OF CULTURALLY RESPONSIVE CARE AND TO DETERMINE SPECIFIC FOCUS AREAS FOR THE 2020 - 2022 CHNA IMPLEMENTATION PLAN. HHS HELD COMMUNITY LISTENING SESSIONS IN FIVE LOCATIONS IN OUR PRIMARY SERVICE AREA. ALL INDIVIDUALS WHO PARTICIPATED IN THE CHNA PROCESS WERE INVITED TO ATTEND.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

IN ADDITION, INFORMATION AND AN OPEN INVITATION TO EACH MEETING WAS POSTED ON THE HHS SOCIAL MEDIA SITES AND POSTERS WERE DISPLAYED IN PUBLIC SITES NEAR EACH OF THE COMMUNITY LISTENING SITES. BASED ON THE INPUT FROM THE LISTENING SESSIONS, OUR 2020 - 2022 CHNA IMPLEMENTATION PLAN FOCUSES ON FOUR AREAS: INCREASING KNOWLEDGE RELATED TO CULTURALLY RESPONSIVE CARE; DEVELOPING A WORKFORCE, AT ALL LEVELS, THAT IS MORE REFLECTIVE OF THE COMMUNITIES WE SERVE; IMPLEMENTING CULTURALLY RESPONSE CLINICAL PRACTICES, CARE MODELS, AND POLICIES; AND IMPROVING OUR ENVIRONMENT AND NAVIGATION TO CULTURALLY RESPONSIVE SERVICES. ACROSS ALL FOUR FOCUS AREAS, WE WILL INCREASE COMMUNITY PARTNERHIPS AND VOICE IN ALL ASPECTS OF THE WORK.

FOLLOWING THE COMPLETION OF THE CHNA AND IMPLEMENTATION PLAN, HHS BUILT CULTURALLY RESPONSIVE CARE INTO THE THE ORGANIZATION STRATEGIC PLAN. AS A FIRST STEP, WE CONDUCTED AN INTITAL ASSESMENT OF CURRENT PRACTICES AND POLICES RELATED TO PROVIDING CULTURALLY RESPONSIVE CARE. USING THE CULTURALLY COMPETENT ASSESMENT TOOL FOR HOSPITALS (CCATH), HHS ESTABLISHED A BASELINE SCORE AND SET 2020 IMPROVEMENT GOALS.

SPECIFIC COMMUNITY ENGAGEMENT APPROACHES THROUGHOUT THE ASSESSEMENT, PRIORITIZATION, AND IMPLEMENTATION PLANNING PROCESS INCLUDED:

CHNA: KEY INFORMANT INTERVIEWS:

A TOTAL OF 138 KEY INFORMATION INTERVIEWS INFORMED THE CHNA. INTERVIEWEES INCLUDED INTERNAL AND COMMUNITY INDIVIDUALS IN LEADERSHIP POSITIONS IN THEIR ORGANIZATIONS, INDIVIDUALS WORKING IN DIRECT SERVICE AND FRONT LINE POSITIONS WITH ONE OR MORE OF THE COMMUNITIES WE SERVE, AND INDIVIDUAL COMMUNITY MEMBERS. REPRESENTATIVES FROM THE FOLLOWING INTERNAL DEPARTMENT

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

AND COMMUNITY ORGANIZATIONS PROVIDED INPUT AND INSIGHT INTO CURRENT AND EMERGING HEALTH NEEDS WITHIN THE COMMUNITIES WE SERVE:

ABDI ALI, LLC

AFRICAN COMMUNITY SERVICES

AFRICAN-AMERICAN LEADERSHIP FORUM

AHAVAH BIRTHWORKS (CULTURALLY CONGRUENT DOULA AGENCY)

AMHERST H WILDER FOUNDATION

AQUI PARA TI (FOCUS ON LATINO YOUTH AND FAMILY)

CITY OF BLOOMINGTON-PUBLIC HEALTH

CENTER FOR INTERNATIONAL HEALTH

CLUES (COMUNIDADES LATINAS UNIDAS EN SERVICIO)

COMMUNITY MEMBERS

FIRST COVENANT CHURCH, MINNEAPOLIS

GREAT LAKES INTER-TRIBAL COUNCIL (NATIVE AMERICAN FOCUS)

HEAD START, MINNEAPOLIS

HENNEPIN COUNTY- ADMINISTRATION

HENNEPIN COUNTY- OFFICE OF MULTI-CULTURAL AFFAIRS

HENNEPIN COUNTY- OPIOID STRATEGY

HENNEPIN HEALTH COMMUNITY OUTREACH

HENNEPIN COUNTY-PUBLIC HEALTH

HENNEPIN HEALTHCARE-ADDICTION MEDICINE

HENNEPIN HEALTHCARE-CLINICS

HENNEPIN HEALTHCARE-COMMUNITY HEALTH WORKERS

HENNEPIN HEALTHCARE-SOCIAL WORKERS

HENNEPIN HEALTHCARE-INTERPRETER SERVICES

HENNEPIN HEALTHCARE-NEXT STEP PROGRAM (HOSPITAL-BASED VIOLENCE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

INTERVENTION PROGRAM)

HENNEPIN HEALTHCARE-HEALTH SERVICES RESEARCH

HENNEPIN HEALTHCARE-PATIENT ADVOCATE

HENNEPIN HEALTHCARE-COMMUNITY ADVISORY BOARD

HENNEPIN HEALTHCARE-PSYCHIATRY

HOLY ROSARY CHURCH

HOUSE OF CHARITY

CITY OF RICHFIELD

MERIDIAN BEHAVIORAL HEALTH

MID MINNESOTA LEGAL AID

MINNEAPOLIS DEPARTMENT OF HEALTH-INFANT MORTALITY

MINNESOTA DEPARTMENT OF HEALTH-AMERICAN INDIAN HEALTH

MINNESOTA DEPARTMENT OF HUMAN SERVICES

MINNESOTA INDIAN WOMEN'S RESOURCE CENTER

MINNEAPOLIS PUBLIC HEALTH

MINNEAPOLIS POLICE DEPARTMENT COMMUNITY LIAISON PROGRAM

MINNEAPOLIS PUBLIC SCHOOLS

MVNA FAMILY HEALTH

NAMI MN-COMMUNITY OUTREACH AND ENGAGEMENT

NAMI MN-MULTICULTURAL OUTREACH

NORTHPOINT HEALTH AND WELLNESS CENTER

NORTHSIDE ACHIEVEMENT ZONE (NORTH MINNEAPOLIS FOCUS)

PEOPLE SERVING PEOPLE (SERVING HOMELESS FAMILIES WITH CHILDREN)

PFUND FOUNDATION (LGBTQ FOCUS)

RAMSEY COUNTY PUBLIC HEALTH

SECOND HARVEST HEARTLAND (FOOD ACCESS)

STAIRSTEP FOUNDATION (AFRICAN AMERICAN FOCUS)

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

STREET VOICES OF CHANGE (HOMELESSNESS ADVOCACY)

THE CULTURAL WELLNESS CENTER

THE FOOD GROUP

TURNING POINT (ADDICTION TREATMENT FOR AFRICAN AMERICAN MEN)

UNIVERSITY OF MN DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH

UPSTREAM HEALTH INNOVATIONS

WAY TO GROW (EARLY CHILDHOOD)

STRUCTURED PRIORITIZATION PROCESS TO SELECT THE TOP PRIORITY NEED:

A TOTAL OF 25 INDIVIDUALS FROM THE ORGANIZATIONS LISTED ABOVE PARTICIPATED IN THE PROCESS OF DETERMINING THE TOP PRIORITY NEED.

DETERMINATION OF FOCUS AREAS FOR THE 2020 - 2022 CHNA IMPLEMENTATION

PLAN:

50 COMMUNITY MEMBERS PARTICIPATED IN ONE OF 5 LISTENING SESSIONS FOCUSED ON CULTURALLY RESPONSIVE CARE. THE SESSIONS WERE HELD IN COMMUNITY SPACES IN DIFFERENT LOCATIONS ACROSS MINNEAPOLIS. FOUR SESSIONS WERE HELD IN ENGLISH, ONE IN SPANISH.

TO LEARN MORE ABOUT THE CHNA AND IMPLEMENTATION PLANNING PROCESSES AND FINDINGS, VISIT THE THE HHS WEBSITE:

WWW.HENNEPINHEALTHCARE.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT TO READ THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND 2020 - 2022 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN HEALTH-SERVICES PLAN

HENNEPIN HEALTHCARE SYSTEM, INC.:

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

PART V, SECTION B, LINE 11: HHS HAS A LONG-STANDING COMMITMENT TO ADDRESS THE HEALTH NEEDS OF OUR COMMUNITY. HHS HAS CREATED A MULTI-YEAR IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY HEALTH NEEDS IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

DURING THE CHNA PROCESS A STRUCTURED COMMUNITY PRIORITIZATION PROCESS WAS USED TO LOOK AT THE RANGE OF HEALTH NEEDS IDENTIFIED THROUGH DATA REVIEW AND COMMUNITY ENGAGEMENT THROUGH KEY INFORMANT INTERVIEWS. DURING THE PRIORITIZATION PROCESS, PARTICIPANTS WERE ABLE TO REVIEW, DISCUSS, AND PRIORITIZE A RANGE OF COMMUNITY IDENTIFIED HEALTH NEEDS THROUGH A VOTING PROCESS, THE PARTICIPANTS INDICATED PRIORITY LEVELS FOR EACH NEED. THE VOTES FOR IMPROVING ACCESS TO CULTURALLY RESPONSIVE CARE FAR EXCEEDED ANY OTHER NEED. AS A RESULT OF THE PRIORITIZATION PROCESS AND VOTE, HHS DECIDED TO FOCUS ON ONE OVERARCHING NEED. 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 THE SAME LEVEL OF PRIORITY AS THE AREAS SELECTED.

IN DEVELOPING THE IMPLEMENTATION PLAN, HHS HAS IDENTIFIED KEY COLLABORATIVE PARTNERS IN THE COMMUNITY. 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.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

DUE TO COVID 19, MUCH OF THE IMPLEMENTATION WORK PLANNED FOR 2020 WAS PUT ON HOLD. INSTEAD, HHS BROUGHT A CULTURALLY RESPONSIVE LENS TO EFFORTS TO KEEP OUR COMMUNITIES INFORMED ABOUT PANDEMIC GUIDELINES AS THEY EVOLVED IN WAYS THAT WERE ACCESSIBLE AND MEANINGFUL AND THAT ADDRESSED SPECIFIC COMMUNITY QUESTIONS AND CONCERNS. IN ADDITION, HHS ADOPTED APPROACHES TO ENSURE COMMUNITIES AT GREATER RISK FOR INFECTION AND/OR SEVERE ILLNESS HAD ACCESS TO TESTING. COMMUNITY PARTNERSHIPS PLAYED A KEY ROLE IN ACCOMPLISHING THIS GOAL.

HENNEPIN HEALTHCARE SYSTEM, INC.

PART V, LINE 16A, FAP WEBSITE:

WWW.HENNEPINHEALTHCARE.ORG/BILLING/FINANCIAL-HELP/

HENNEPIN HEALTHCARE SYSTEM, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.HENNEPINHEALTHCARE.ORG/BILLING/HENNEPIN-CARE/

HENNEPIN HEALTHCARE SYSTEM, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.HENNEPINHEALTHCARE.ORG/BILLING/FINANCIAL-HELP/

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

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

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.

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? 53

Name and address	Type of Facility (describe)
1 HHS CLINICS - 39 CLINICS 701 PARK AVENUE MINNEAPOLIS, MN 55415	HOSPITAL-BASED UNDER NPI 1407897309 - OUTPATIENT & SPECIALTY CARE SERVICE
2 HHS PHARMACIES - 9 LOCATIONS 701 PARK AVENUE MINNEAPOLIS, MN 55415	PHARMACY SERVICES
3 HHS - BE WELL CLINIC 701 PARK AVENUE MINNEAPOLIS, MN 55415	FREE STANDING CLINIC
4 HHS - GOLDEN VALLEY CLINIC 5653 DULUTH STREET GOLDEN VALLEY, MN 55422	FREE STANDING CLINIC
5 HHS - NORTH LOOP CLINIC 800 WASHINGTON AVENUE NORTH, SUITE 190 MINNEAPOLIS, MN 55401	FREE STANDING CLINIC
6 HHS - RICHFIELD CLINIC 790 WEST 66TH STREET RICHFIELD, MN 55423	FREE STANDING CLINIC
7 HHS - ST ANTHONY VILLAGE CLINIC 2714 HIGHWAY 88 ST. ANTHONY, MN 55418	FREE STANDING CLINIC

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.

PART I, LINE 3C:

PATIENTS APPLYING FOR CHARITY 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 CHARITY 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.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 72,093,587.

Part VI Supplemental Information (Continuation)

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 1,100 CHILDREN RECEIVE FREE BREAKFAST OR LUNCH EVERY DAY DURING THE SUMMER. HOWEVER DUE TO THE COVID-19 PANDEMIC, THE PROGRAM WAS SUSPENDED IN 2020.

PART III, LINE 2:

BAD DEBT EXPENSE IN THE AMOUNT OF \$72,093,587 IS THE AMOUNT RECORDED DURING 2020, 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 \$72,093,587 FOR 2020. THIS WAS CALCULATED AS THE PERCENTAGE OF ADJUSTED PATIENT

Part VI Supplemental Information (Continuation)

CHARGES DIVIDED BY OPERATING EXPENSE TO ACHIEVE A COST TO CHARGE RATIO.

THE BAD DEBT AMOUNT IS THE PRODUCT OF THE RATIO OF THE COST TO CHARGES

MULTIPLIED BY THE BAD DEBT EXPENSE.

HHS, INC. COLLECTIONS/CUSTOMER SERVICE AREAS PROCESS DISCOUNT ADJUSTMENTS TO PATIENT ACCOUNTS SUBJECT TO PROPER ADJUSTMENT APPROVALS AND GUIDELINES.

PATIENTS ARE ELIGIBLE FOR DISCOUNTS BASED ON PATIENT HOUSEHOLD SIZE AND

INCOME IN RELATION TO FEDERAL POVERTY GUIDELINES. PATIENTS WHO MAY BE

ELIGIBLE FOR GOVERNMENT PROGRAMS ARE REQUIRED TO APPLY FOR THOSE PROGRAMS.

IF BENEFITS ARE DENIED, THE APPROPRIATE APPLICABLE DISCOUNT SHALL APPLY.

FINANCIAL COUNSELORS COLLECT AND RECORD THE PATIENTS' NET AND GROSS INCOME

AND FAMILY SIZE TO DETERMINE THE APPROPRIATE DISCOUNT. HHS USES FEDERAL

GUIDELINES FOR DETERMINING DISCOUNTS AND CHARITY CARE.

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 2020 COST TO

CHARGE RATIO.

PART III, LINE 9B:

HHS USES A COMBINATION OF DISCOUNT AND COLLECTION POLICIES. PATIENTS ARE

Part VI Supplemental Information (Continuation)

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 HAS A COMMUNITY ADVISORY BOARD COMPRISED OF INDIVIDUALS WHO REPRESENT THE DIVERSE COMMUNITIES WE SERVE. WE ALSO UTILIZE PATIENT-FAMILY ADVISORY GROUPS THAT SERVE A KEY ADVISING AND INFORMING ROLE ABOUT SERVICES AND PROCESSES OF THE HEALTH SYSTEM.

STARTING THE SUMMER OF 2020, HHS INITIATED A SERIES OF VIRTUAL COMMUNITY CONVERSATIONS BETWEEN HHS (LEADERS, PROVIDER, STAFF) AND LEADERS AND

Part VI Supplemental Information (Continuation)

MEMBERS OF FOUR OF OUR LARGEST CULTURAL COMMUNITIES: AFRICAN AMERICAN, SOMALI, AMERICAN INDIAN, AND LATINX. THESE ONGOING CONVERSATIONS PROVIDE A FORUM FOR HONEST ENGAGEMENT PROVIDING OPPORTUNITIES FOR COMMUNITIES TO VOICE PRESSING CONCERNS, ASK QUESTIONS, AND POINT TO NEEDED CHANGES. THESE ONGOING CONVERSATIONS PROVIDE AN INFORMAL AVENUE FOR KEEPING ABREAST OF COMMUNITY NEEDS.

PART VI, LINE 3:

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

Part VI Supplemental Information (Continuation)

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.

PART VI, LINE 4:

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, 9 PHARMACIES, AND 39 HOSPITAL-BASED PRIMARY AND SPECIALTY CLINICS.

OPERATING IN SUPPORT OF HHS, HENNEPIN HEALTHCARE FOUNDATION, A 501(C)(3) NON-PROFIT ORGANIZATION, FOSTERS A MISSION THAT "INSPIRES GENEROSITY BY CONNECTING HENNEPIN HEALTHCARE SYSTEM SOLUTIONS TO COMMUNITY HEALTH CHALLENGES."

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

Part VI Supplemental Information (Continuation)

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 HEALTHCARE 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.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MN

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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.

1 (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
CHILDREN HOSPITAL & CLINICS OF MINNESOTA - 2525 CHICAGO AVE SOUTH - MINNEAPOLIS, MN 55404	41-1754276	501(C)(3)	511,452.	0.			EMERGENCY PREPAREDNESS
HENNEPIN HEALTHCARE RESEARCH INSITUTE - 701 PARK AVE PP7.700 - MINNEAPOLIS, MN 55415	41-1677920	501(C)(3)	389,000.	0.			RESEARCH PROGRAM SUPPORT
HEALTHPARTNERS INSTITUTE 8170 33RD AVENUE SOUTH BLOOMINGTON, MN 55425-4516	41-1670163	501(C)(3)	177,865.	0.			EMERGENCY PREPAREDNESS
FAIRVIEW HEALTH SERVICES 333 NORTH SMITH AVENUE ST. PAUL, MN 55102	36-3261413	501(C)(3)	116,264.	0.			EMERGENCY PREPAREDNESS
REGENTS OF THE UNIVERSITY OF MINNESOTA - NW 5960 PO BOX 1450 - MINNEAPOLIS, MN 55485-5960	41-6007513	501(C)(3)	99,907.	0.			EDUCATION
ALLINA HEALTH SYSTEM PO BOX 43 MINNEAPOLIS, MN 55440	36-3261413	501(C)(3)	84,407.	0.			EMERGENCY PREPAREDNESS FOR MERCY HOSPITAL, UNITY HOSPITAL, & REGINA MEDICAL CENTER

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **20.**
- 3** Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) 2020

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

(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
MASA CONSULTING INC 13033 RIDGEDALE DRIVE, SUITE 112 MINNEAPOLIS, MN 55305-1807	41-1910796		45,405.	0.			EMERGENCY PREPAREDNESS
HENNEPIN COUNTY 300 S 6TH STREET MINNEAPOLIS, MN 55487	41-6005801	GOVERNMENT	32,917.	0.			PCA ASSESSMENT
PATTERSON DENTAL 1031 MENDOTA HEIGHTS ROAD ST. PAUL, MN 55120	41-1833619	501(C)(3)	28,185.	0.			DENTISTRY CLINIC
REGIONS HOSPITAL 640 JACKSON STREET ST. PAUL, MN 55369	41-0956618	501(C)(3)	22,205.	0.			EMERGENCY PREPAREDNESS
LAKEVIEW HOSPITAL 927 W. CHURCHILL STREET STILLWATER, MN 55082	41-0811697	501(C)(3)	22,131.	0.			EMERGENCY PREPAREDNESS
PARK NICOLLET METHODIST HOSPITAL 6500 EXCELSIOR BOULEVARD ST. LOUIS PARK, MN 55426	41-0132080	501(C)(3)	20,845.	0.			EMERGENCY PREPAREDNESS
MAYO CLINIC HEALTH SYSTEM NEW PRAGUE - 301 SECOND STREET NE - NEW PRAGUE, MN 56071	41-0723639	501(C)(3)	20,675.	0.			EMERGENCY PREPAREDNESS
ST FRANCIS REGIONAL MEDICAL CENTER 1455 ST. FRANCIS AVENUE SHAKOPEE, MN 55379	41-0907986	501(C)(3)	20,622.	0.			EMERGENCY PREPAREDNESS
ABBOTT NORTHWESTERN HOSPITAL 800 E 29TH STREET MINNEAPOLIS, MN 55407	36-3261413	501(C)(3)	19,954.	0.			EMERGENCY PREPAREDNESS

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

(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 HEALTH CARE 701 PARK AVENUE SOUTH MINNEAPOLIS, MN 55415	41-0729979	501(C)(3)	19,914.	0.			EMERGENCY PREPAREDNESS
MAPLE GROVE HOSPITAL CORPORATION 9875 HOSPITAL DRIVE MAPLE GROVE, MN 55369	20-8316475	501(C)(3)	19,588.	0.			EMERGENCY PREPAREDNESS
NORTHFIELD HOSPITAL 2000 NORTH AVENUE NORTHFIELD, MN 55057	41-6038368	501(C)(3)	19,300.	0.			EMERGENCY PREPAREDNESS
HEALTHEAST WOODWINDS HOSPITAL NW 7205 P.O. BOX 1450 MINNEAPOLIS, MN 55485	36-3517697	501(C)(3)	17,587.	0.			EMERGENCY PREPAREDNESS
HENRY SCHEIN PRACTICE SOLUTIONS DEPT CH 14200 PALATINE, IL 60055-4200	87-0426590		15,000.	0.			DENTISTRY CLINIC
DENTSPLY TULSA DENTAL SPECIALTIES 5100 E SKELLY DR., STE 300 TULSA, OK 74135	23-2830736		9,454.	0.			DENTISTRY CLINIC
RIDGEVIEW MEDICAL CENTER 500 SOUTH MAPLE STREET WACONIA, MN 55387	31-1667875	501(C)(3)	8,423.	0.			FAMILY HEALTH
GILLETTE CHILDREN'S SPECIALTY HEALTHCARE - 200 E UNIVERSITY AVE. - ST. PAUL, MN 55101	36-3379150	501(C)(3)	7,199.	0.			EMERGENCY PREPAREDNESS
PRAIRIECARE LLC 9400 ZANE AVE NORTH BROOKLYN PARK, MN 55443	26-1545791		6,577.	0.			EMERGENCY PREPAREDNESS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS: THE HENNEPIN HEALTHCARE 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 HEALTHCARE FOUNDATION WORKS CLOSELY WITH HHS TO ENSURE PROPER CONTROLS ARE IN PLACE BY USE OF RECONCILIATIONS AND COMPLIANCE MONITORING AND REPORTING.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

HENNEPIN HEALTHCARE SYSTEM, INC.

Employer identification number

42-1707837

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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 | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a	X	
6b		X
7		X
8		X
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS BERGMAN, MD PHYSICIAN	(i)	1,036,242.	19,417.	3,877.	25,080.	19,984.	1,104,600.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WALTER GALICICH, MD PHYSICIAN - MANAGING	(i)	829,946.	20,515.	2,803.	25,080.	25,632.	903,976.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CONSTANTIN STARHOOK, MD PHYSICIAN - MANAGING	(i)	683,116.	23,921.	2,296.	25,080.	25,632.	760,045.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHAD RICHARDSON, MD PHYSICIAN CHIEF	(i)	670,205.	21,167.	2,556.	25,080.	25,632.	744,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GOPAL PUNJABI, MD PHYSICIAN	(i)	685,677.	0.	2,135.	25,080.	25,632.	738,524.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DERRICK HOLLINGS, CPA (INACTIVE) CHIEF FINANCIAL OFFICER	(i)	491,240.	118,669.	3,877.	28,500.	25,632.	667,918.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JENNIFER DECUBELLIS, MA CEO/SEC/TREAS (EFFECTIVE 2/17/20)	(i)	540,400.	0.	230.	42,750.	3,057.	586,437.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN CUMMING, MD, MBA CEO/SEC/TREAS (1/1/20-2/17/20)	(i)	317,726.	213,424.	1,444.	42,750.	10,409.	585,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ARTI PRASAD, MD DIRECTOR/PHYSICIAN	(i)	503,539.	0.	3,464.	25,080.	19,984.	552,067.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DANIEL HOODY, MD, MSC INTERIM CHIEF MEDICAL OFFICER	(i)	409,020.	75,461.	1,378.	28,500.	12,448.	526,807.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) EMILY BLOMBERG, MHA CHIEF OPERATING OFFICER	(i)	376,757.	88,916.	1,292.	28,500.	28,210.	523,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) THOMAS WYATT, MD DIRECTOR/PHYSICIAN	(i)	446,683.	15,003.	2,586.	25,080.	28,337.	517,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) THERESA PESCH, RN VP PHILANTHROPY - HHF PRESIDENT	(i)	257,047.	58,437.	792.	28,500.	24,703.	369,479.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) WALTER CHESLEY, JD CHIEF HUMAN RESOURCES OFFICER (1/1/20)	(i)	219,171.	72,795.	1,215.	28,500.	12,906.	334,587.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LORI BROWN, DHA, RN, MSN, CENP CHIEF NURSING OFFICER (1/1/20-8/19/20)	(i)	206,568.	74,600.	923.	28,500.	12,901.	323,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KELSEY LAWSON CHIEF COMPLIANCE OFFICER	(i)	259,701.	0.	108.	26,481.	21,529.	307,819.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) WILLIAM HEEGAARD, MD FORMER KEY EMPLOYEE	(i)	145,065.	113,410.	864.	12,255.	8,414.	280,008.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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 2020 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	885,060.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>FOOD/OTHER NO</u>)	X	1	102,955.	FMV
26 Other ▶ (<u>COVID - DISCO</u>)	X	1	77,400.	FMV
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTIRBUTORS IS BEING REPORTED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HENNEPIN HEALTHCARE SYSTEM, INC.

Employer identification number

42-1707837

FORM 990, PART I, DOING BUSINESS AS:

HENNEPIN HEALTHCARE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EVERYONE, WHILE IMPROVING HEALTH AND WELLNESS THROUGH TEACHING, PATIENT
AND COMMUNITY EDUCATION, AND RESEARCH.

FORM 990, PART I, LINE 6:

OVER 202 VOLUNTEERS SERVED A TOTAL OF 12,778 HOURS DURING THE YEAR
2020. VOLUNTEERING AT HHS, INC. 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
FROM AMONG VARIOUS OPENINGS. THE REPORTED VOLUNTEERS INCLUDE TEN (10)
UNCOMPENSATED INDEPENDENT BOARD MEMBERS WHO SERVED DURING THE YEAR
2020.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AS 10 PRIMARY CARE CLINICS AND 34 SPECIALTY CARE CLINICS, AND EMPLOYED APPROXIMATELY 882 PROVIDERS, 245 RESIDENTS, AND 146 PHARMACISTS IN 9 PHARMACY LOCATIONS.

THE \$220.8M CLINIC AND SPECIALTY CENTER (CSC) OPENED IN 2018 AND 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 OF 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, PROGRAM SERVICE ACCOMPLISHMENTS:

Name of the organization

HENNEPIN HEALTHCARE SYSTEM, INC.

Employer identification number

42-1707837

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 PREVENTIVE 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

Name of the organization

HENNEPIN HEALTHCARE SYSTEM, INC.

Employer identification number

42-1707837

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.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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. 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 HEALTHCARE FOUNDATION CONNECTS THE GENEROSITY OF THE COMMUNITY TO THE MISSION OF HHS.

Name of the organization

HENNEPIN HEALTHCARE SYSTEM, INC.

Employer identification number

42-1707837

FORM 990, PART VI, SECTION A, 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.

FORM 990, PART VI, SECTION A, 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.

FORM 990, PART VI, SECTION A, LINE 7B:

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

FORM 990, PART VI, SECTION B, 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.

FORM 990, PART VI, SECTION B, LINE 12C:

HHS HAS A POLICY ON CONFLICT OF INTEREST AND CONFIDENTIALITY WHICH REQUIRES

Name of the organization

HENNEPIN HEALTHCARE SYSTEM, INC.

Employer identification number

42-1707837

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.

FORM 990, PART VI, SECTION B, 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.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990 IS AVAILABLE ON THE HHS WEBISTE AND ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

Name of the organization HENNEPIN HEALTHCARE SYSTEM, INC.	Employer identification number 42-1707837
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FORM 990, PART XII, LINE 1:

ENTERPRISE ACCOUNTING METHOD - PER THE GOVERNMENT ACCOUNTING STANDARD BOARD (GASB), HHS USES ENTERPRISE FUND ACCOUNTING. REVENUES AND EXPENSES ARE RECOGNIZED ON THE ACCRUAL BASIS, 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 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HENNEPIN HEALTHCARE FOUNDATION - 41-0845733 701 PARK AVENUE MINNEAPOLIS, MN 55415	GRANTS MANAGEMENT	MINNESOTA	501(C)(3)	LINE 7	HHS, INC.	X	
HENNEPIN HEALTHCARE RESEARCH INSTITUTE - 41-1677920, 701 PARK AVENUE PP7.700, MINNEAPOLIS, MN 55415	RESEARCH	MINNESOTA	501(C)(3)	LINE 4	HHS, INC.	X	
HENNEPIN COUNTY - 41-6005801 300 SOUTH 6TH STREET MINNEAPOLIS, MN 55487	GOVERNMENTAL UNIT	MINNESOTA			N/A		X

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

Schedule R (Form 990) 2020

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HENNEPIN HEALTHCARE RESEARCH INSTITUTE	A	777,880.	CASH
(2) HENNEPIN HEALTHCARE RESEARCH INSTITUTE	B	389,000.	CASH
(3) HENNEPIN HEALTHCARE FOUNDATION	C	10,712,980.	CASH
(4) HENNEPIN HEALTHCARE RESEARCH INSTITUTE	O	4,693,895.	CASH
(5) HENNEPIN HEALTHCARE FOUNDATION	O	2,391,831.	CASH
(6) HENNEPIN HEALTHCARE RESEARCH INSTITUTE	R	472,969.	CASH

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) HENNEPIN HEALTHCARE FOUNDATION	R	635,386.	FAIR VALUE
(8) HENNEPIN HEALTHCARE RESEARCH INSTITUTE	Q	802,488.	FAIR VALUE
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

