

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" 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 RESEARCH INSTITUTE		D Employer identification number 41-1677920
	Doing business as		E Telephone number 612-873-3386
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	701 PARK AVE, S2.100		G Gross receipts \$ 57,372,274.
	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55415		
F Name and address of principal officer: KIRSTEN JOHANSEN, M.D. 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 H(c) Group exemption number	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **HTTPS://WWW.HHRINSTITUTE.ORG/**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1952** **M** State of legal domicile: **MN**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVE PATIENT CARE AND THE HEALTH OF OUR COMMUNITY THROUGH RESEARCH AND EDUCATION.		
	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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	254
	6 Total number of volunteers (estimate if necessary)	6	174
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	45,253,547.	54,473,378.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,362,197.	1,337,044.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,615,744.	55,810,422.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,980,946.	21,420,279.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,067,521.	28,448,230.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45,048,467.	49,868,509.	
19 Revenue less expenses. Subtract line 18 from line 12	2,567,277.	5,941,913.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 65,628,312.	End of Year 64,633,780.
	21 Total liabilities (Part X, line 26)	9,378,035.	11,571,060.
	22 Net assets or fund balances. Subtract line 21 from line 20	56,250,277.	53,062,720.

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	DocuSigned by:	Date
	KIM MILLER, VP OF OPERATIONS/COO Type or print name and title	<i>Kim Miller</i> F6C12902C4734AF...	19-Sep-2023
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JULIE BOYER RSM US LLC 3C1B1495A42433...	<i>Julie Boyer</i> JULIE BOYER	09/19/23
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed PTIN
	227 WEST FIRST STREET, SUITE 700 DULUTH, MN 55802	42-0714325	P01278549
		Phone no. 218-727-5025	

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: IMPROVE PATIENT CARE AND THE HEALTH OF OUR COMMUNITY THROUGH RESEARCH AND EDUCATION.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 40,333,913. including grants of \$) (Revenue \$ 0.)

CLINICAL RESEARCH AND EDUCATIONAL ACTIVITIES: HENNEPIN HEALTHCARE RESEARCH INSTITUTE (HHRI) INVESTIGATORS ARE PRACTICING PHYSICIANS, SCIENTISTS, AND OTHER MEDICAL PROFESSIONALS USING THEIR EXPERTISE TO PROGRESS MEDICAL KNOWLEDGE, REDUCE DISPARITIES AND ADVANCE HEALTH EQUITY, AND IMPROVE THE CARE PATIENTS RECEIVE. HHRI'S RESEARCH SUBJECTS ARE DIVERSE WITH A FOCUS ON FOUR AREAS: ACUTE CARE/TRAUMA, ADDICTION, HEALTH SERVICES, AND INFECTIOUS DISEASES. PARTICIPANTS IN HHRI CLINICAL RESEARCH STUDIES (INCLUDING TRAUMATIC BRAIN INJURY, SUBSTANCE USE DISORDERS, DEMENTIA, COVID-19, AND HIV/AIDS) HAVE ACCESS TO SOME OF THE LATEST MEDICAL TREATMENTS AVAILABLE TODAY. IN ADDITION TO PURSUING INNOVATIVE NEW THERAPIES, OUR INVESTIGATORS ARE TRAINING THE NEXT GENERATION OF SCIENTISTS AND

4b (Code:) (Expenses \$ 5,757,085. including grants of \$) (Revenue \$ 0.)

PRE-CLINICAL AND LABORATORY RESEARCH: IN THE HHRI LABS, WE STUDY THE CAUSES AND TREATMENTS OF DISEASE. OUR RESEARCH SUBJECTS ARE DIVERSE WITH A FOCUS ON FOUR AREAS: ACUTE CARE/TRAUMA, ADDICTION, HEALTH SERVICES, AND INFECTIOUS DISEASES. AT HHRI, WE DEVELOP INNOVATIVE NEW TREATMENTS TO SOLVE SOME OF OUR COMMUNITY'S MOST-CHALLENGING HEALTH PROBLEMS. RESEARCHERS IN OUR LABS ARE MDS, MD/PHDS, PHDS, PHARMDS, AND OTHER MEDICAL AND SCIENCE PROFESSIONALS WORKING TO REDUCE DISPARITIES AND ADVANCE HEALTH EQUITY, AND IMPROVE THE CARE PATIENTS RECEIVE. OUR INVESTIGATORS ALSO PUBLISH REGULARLY IN PEER-REVIEWED JOURNALS. SEE SCHEDULE O - GENERAL STATEMENT.

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

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

4e Total program service expenses 46,090,998.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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?		
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 the 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 line 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>		
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 on 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 on 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)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 1a 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7		
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?		
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 on 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 on Schedule O how this was done	X	
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 on 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?		

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
MARK WILLMERT - 612-873-3386
701 PARK AVE, S2.100, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DERRICK HOLLINGS, CPA (INACTIVE DIRECTOR/HHS - CFO	0.30 39.70	X						0.	666,721.	56,123.
(2) DANIEL HOODY, M.D. DIRECTOR/HHS - CHIEF MEDICAL OFFICER	0.10 39.90	X						0.	618,033.	42,322.
(3) MICHAEL PUSKARICH, M.D. DIRECTOR/PHYSICIAN	19.70 20.30	X						0.	493,574.	52,463.
(4) JAMES R. MINER, M.D. DIRECTOR/PHYSICIAN (UNTIL 03/31/22)	3.50 26.50	X						0.	465,088.	52,458.
(5) AJAY ISRANI, M.D., M.S. PRESIDENT/INVESTIGATOR	37.00 3.00	X		X				0.	356,661.	51,979.
(6) THERESA PESCH, R.N. HHF - PRESIDENT/HHS - VP PHILANTHROP	0.10 39.90	X						0.	348,360.	55,474.
(7) DAVID GILBERTSON PROGRAM CO-DIRECTOR	40.00 0.00					X		238,576.	0.	53,833.
(8) ANNE MURRAY, M.D., M.S. SECRETARY/TREASURER/INVESTIGATOR (UN	40.00 0.00	X		X				0.	230,837.	39,728.
(9) JIANNONG LIU DIRECTOR, ANALYTICS	40.00 0.00					X		196,642.	0.	44,088.
(10) JON SNYDER, M.D. DIRECTOR, TRANSPLANT EPIDEMIOLOGY	40.00 0.00					X		194,715.	0.	42,467.
(11) MARK WILLMERT HHF/HHRI- VP OF FINANCE	40.00 0.00			X				174,420.	0.	40,891.
(12) RACHEL NYGAARD DIRECTOR, SURGERY RESEARCH	40.00 0.00					X		173,619.	0.	43,616.
(13) KIM MILLER VP OF OPERATIONS & CHIEF OPERATING O	40.00 0.00			X				168,914.	0.	39,590.
(14) SHULING LI EPIDEMIOLOGIST & BIostatistician	40.00 0.00					X		160,274.	0.	36,756.
(15) MARK LESAGE, PHD DIRECTOR/INVESTIGATOR	40.00 0.00	X						150,356.	0.	35,293.
(16) WARREN MCKINNEY, PHD DIRECTOR/VP OF EQUITY IN RESEARCH/IN	40.00 0.00	X		X				79,360.	0.	17,308.
(17) CONNIE DELANEY, PHD, RN, FAAN, DIRECTOR	0.10 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DEAN RUSTAD DIRECTOR	0.40 0.00	X						0.	0.	0.
(19) SIMON SHANNON, MBA, PHD DIRECTOR	0.10 0.00	X						0.	0.	0.
(20) PRAT VERMA, MBA, M.S. DIRECTOR	0.10 0.00	X						0.	0.	0.
(21) SERAFIN SAMSON, MBA, M.S. SECRETARY/TREASURER	0.40 0.00	X		X				0.	0.	0.
(22) MIAJA CASSIDY, JD, CHC, CCEP BOARD VICE CHAIR	0.20 0.00	X		X				0.	0.	0.
(23) RICHARD KING, M.D., PHD BOARD CHAIR	0.20 0.00	X		X				0.	0.	0.
(24) JASON BAKER, M.D. FORMER VICE PRESIDENT/INVESTIGATOR	28.70 11.30					X		0.	286,361.	53,083.
1b Subtotal								1,536,876.	3,465,635.	757,472.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,536,876.	3,465,635.	757,472.

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 34

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
MONASH UNIVERSITY, VICTORIA 3800, MELBOURNE, AUSTRALIA VIC, AUSTRALIA 3004	MEDICINE, NURSING, AND RESEARCH	6,146,018.
HENNEPIN HEALTHCARE SYSTEM, 701 PARK AVENUE SOUTH, MINNEAPOLIS, MN 55415	PHYSICIAN PROFESSIONAL RESEARC	3,318,269.
UNIVERSITY OF MINNESOTA, 200 OAK STREET SOUTHEAST, MINNEAPOLIS, MN 55455	PHYSICIAN PROFESSIONAL RESEARC	2,433,759.
HEALTHPARTNERS INSTITUTE, 8170 33RD AVENUE SOUTH, BLOOMINGTON, MN 55425	PHYSICIAN PROFESSIONAL RESEARC	1,444,641.
MASSACHUSETTS GENERAL HOSPITAL 399 REVOLUTION DRIVE, SOMERVILLE, MA 02145	PHYSICIAN PROFESSIONAL RESEARC	726,613.

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 31

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	2,297,125.				
	e Government grants (contributions)	1e	34,906,278.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	17,269,975.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			54,473,378.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,332,737.			1332737.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,500,000.	66,159.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,561,852.	0.			
	c Gain or (loss)	7c	-61,852.	66,159.			
d Net gain or (loss)			4,307.		4,307.		
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			55,810,422.	0.	0.	1337044.	

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 X

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 ...				
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	729,679.	398,211.	331,468.	
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	16,097,682.	14,281,527.	1,816,155.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,169,246.	1,024,618.	144,628.	
9 Other employee benefits	2,344,265.	2,077,312.	266,953.	
10 Payroll taxes	1,079,407.	930,616.	148,791.	
11 Fees for services (nonemployees):				
a Management				
b Legal	33,380.	29,423.	3,957.	
c Accounting	48,708.		48,708.	
d Lobbying	1,000.	1,000.		
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.)	23,671,090.	23,495,263.	175,827.	
12 Advertising and promotion				
13 Office expenses	1,918,629.	1,702,298.	216,331.	
14 Information technology	70,936.		70,936.	
15 Royalties				
16 Occupancy	1,264,690.	1,024,495.	240,195.	
17 Travel	309,227.	305,783.	3,444.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	20,827.	20,827.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	552,627.	384,318.	168,309.	
23 Insurance	89,419.		89,419.	
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 SUBJECT EXPENSES	153,433.	135,483.	17,950.	
b DUES AND SUBSCRIPTIONS	128,420.	113,647.	14,773.	
c EMPLOYEE DEVELOPMENT AN	75,328.	69,289.	6,039.	
d EMPLOYEE RELATIONS-MEET	60,557.	58,670.	1,887.	
e All other expenses	49,959.	38,218.	11,741.	
25 Total functional expenses. Add lines 1 through 24e	49,868,509.	46,090,998.	3,777,511.	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,199,638.	1	2,877,613.
	2 Savings and temporary cash investments	71,740.	2	71,785.
	3 Pledges and grants receivable, net	10,126,649.	3	16,393,330.
	4 Accounts receivable, net	592,683.	4	1,015,929.
	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		8	
	9 Prepaid expenses and deferred charges	256,301.	9	254,872.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,670,366.		
	b Less: accumulated depreciation	10b 12,090,041.		
	11 Investments - publicly traded securities	1,578,882.	10c	1,580,325.
	12 Investments - other securities. See Part IV, line 11	51,802,419.	11	42,439,926.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	65,628,312.	15	64,633,780.	
17 Accounts payable and accrued expenses	8,641,751.	16	64,633,780.	
18 Grants payable		17	10,946,443.	
19 Deferred revenue	736,284.	18	624,617.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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		24		
26 Total liabilities. Add lines 17 through 25	9,378,035.	25	11,571,060.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	11,571,060.	
28 Net assets without donor restrictions	27,562,701.	27	24,056,374.	
29 Net assets with donor restrictions	28,687,576.	28	29,006,346.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		29		
30 Paid-in or capital surplus, or land, building, or equipment fund		30		
31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	56,250,277.	32	53,062,720.	
33 Total liabilities and net assets/fund balances	65,628,312.	33	64,633,780.	

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	55,810,422.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,868,509.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,941,913.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56,250,277.
5	Net unrealized gains (losses) on investments	5	-9,129,470.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	53,062,720.

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 _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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?
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990)

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

2022

Open to Public Inspection

Name of the organization HENNEPIN HEALTHCARE RESEARCH INSTITUTE	Employer identification number 41-1677920
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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).)
- 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 on 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35380575.	37358195.	37708720.	45253547.	54473378.	210174415
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	35380575.	37358195.	37708720.	45253547.	54473378.	210174415
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)						9368071.
6 Public support. Subtract line 5 from line 4.						200806344

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	35380575.	37358195.	37708720.	45253547.	54473378.	210174415
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	748,737.	933,257.	952,588.	2183028.	1332737.	6150347.
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						216324762
12 Gross receipts from related activities, etc. (see instructions)					12	22,867.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	92.83 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	91.10 %
16a 33 1/3% support test - 2022. 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 checked="" type="checkbox"/>
b 33 1/3% support test - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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>		
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>		
1		
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?		
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>		
3 By reason of the relationship described on 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>		
1		
2		
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>			
b Did the activities described on 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>			
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>			
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>			
2a			
2b			
3a			
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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

HENNEPIN HEALTHCARE RESEARCH INSTITUTE

Employer identification number

41-1677920

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), 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), 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).

Name of organization HENNEPIN HEALTHCARE RESEARCH INSTITUTE	Employer identification number 41-1677920
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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	<hr/> <hr/> <hr/>	\$ <u>30,041,617.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>5,150,690.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,106,395.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>2,297,125.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>5,439,278.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HENNEPIN HEALTHCARE RESEARCH INSTITUTE	Employer identification number 41-1677920
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization HENNEPIN HEALTHCARE RESEARCH INSTITUTE	Employer identification number 41-1677920
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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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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 RESEARCH INSTITUTE	Employer identification number 41-1677920
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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-.

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

Schedule C (Form 990) 2022

LHA

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)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		1,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			1,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 expenditures 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.

SCHEDULE C, PART II-B, LINE 1F:

THE HENNEPIN HEALTHCARE RESEARCH INSTITUTE (HHRI) PAID \$2,500 IN 2022 TO

THE NATIONAL ASSOCIATION FOR BIOMEDICAL RESEARCH (NABR) FOR MEMBERSHIP

DUES. THE NABR ESTIMATES 40% OF THE MEMBERSHIP DUES PAYMENT IS

ATTRIBUTABLE TO NONDEDUCTIBLE LOBBYING EXPENSE. THE NABR IS A NATIONAL,

NON-PARTISAN, NON-PROFIT ORGANIZATION DEDICATED SOLELY TO ADVOCATING SOUND

Part IV Supplemental Information (continued)

PUBLIC POLICY THAT RECOGNIZES THE VITAL ROLE OF HUMANE ANIMAL USE IN BIOMEDICAL RESEARCH, HIGHER EDUCATION AND PRODUCT SAFETY TESTING. THE NABR PROVIDES THE UNIFIED VOICE FOR THE SCIENTIFIC COMMUNITY ON LEGISLATIVE AND REGULATORY MATTERS AFFECTING LABORATORY ANIMAL RESEARCH.

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

2022

Open to Public Inspection

Name of the organization HENNEPIN HEALTHCARE RESEARCH INSTITUTE Employer identification number 41-1677920

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 about 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 of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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 whether art collections are reported and amounts of revenue and assets included.

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	21,292,807.	19,327,501.	17,489,098.	14,854,264.	16,584,363.
b Contributions					
c Net investment earnings, gains, and losses	-3,322,590.	2,726,548.	2,476,526.	3,357,884.	-1,101,608.
d Grants or scholarships					
e Other expenditures for facilities and programs	543,342.	507,922.	429,686.	521,112.	423,573.
f Administrative expenses	229,373.	253,320.	208,437.	201,938.	204,918.
g End of year balance	17,197,502.	21,292,807.	19,327,501.	17,489,098.	14,854,264.

- 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 100 %
 - c Term endowment 0.0000 %
- 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 | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,613,298.	7,299,946.	313,352.
d Equipment		6,057,068.	4,790,095.	1,266,973.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,580,325.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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	46,680,952.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-9,129,470.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-9,129,470.	
3	Subtract line 2e from line 1	3	55,810,422.	
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		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	55,810,422.	

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	49,868,509.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	49,868,509.	
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		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	49,868,509.	

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:

ALL HENNEPIN HEALTHCARE RESEARCH INSTITUTE (HHRI) ENDOWMENTS ARE PERMANENTLY RESTRICTED AND ARE USED IN ACCORDANCE WITH DONOR INTENT.

PART X, LINE 2:

HENNEPIN HEALTHCARE RESEARCH INSTITUTE (HHRI) IS EXEMPT FROM INCOME TAXES AS A NONPROFIT CORPORATION UNDER INTERNAL REVENUE SERVICE CODE SECTION 501(C)(3) AND IS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE. HHRI IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE INTERNAL REVENUE SERVICE (IRS). IN ADDITION, HHRI IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT

Part XIII Supplemental Information *(continued)*

PURPOSE. HHRI HAS DETERMINED IN 2022 THAT IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX.

HHRI BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

HHRI WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

HHRI'S 2019-2022 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES. HHRI FILES AS A TAX EXEMPT ORGANIZATION. SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION WOULD BE SUBJECT TO REVIEW BY THE IRS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

HENNEPIN HEALTHCARE RESEARCH INSTITUTE

Employer identification number

41-1677920

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SCIENTIFIC COLLABORATION WITH FOREIGN ENTITY.	6,186,021.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	SCIENTIFIC COLLABORATION WITH FOREIGN ENTITY.	18,679.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SCIENTIFIC COLLABORATION WITH FOREIGN ENTITY.	51,344.
3 a Subtotal	0	0			6,256,044.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			6,256,044.

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

Schedule F (Form 990) 2022

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

**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

2022

Open to Public
Inspection

Name of the organization

HENNEPIN HEALTHCARE RESEARCH INSTITUTE

Employer identification number

41-1677920

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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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 and/or 1099-NEC 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) DERRICK HOLLINGS, CPA (INACTIVE) DIRECTOR/HHS - CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	662,112.	0.	4,609.	30,500.	25,623.	722,844.	0.
(2) DANIEL HOODY, M.D. DIRECTOR/HHS - CHIEF MEDICAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	616,655.	0.	1,378.	30,500.	11,822.	660,355.	0.
(3) MICHAEL PUSKARICH, M.D. DIRECTOR/PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	491,828.	0.	1,746.	26,840.	25,623.	546,037.	0.
(4) JAMES R. MINER, M.D. DIRECTOR/PHYSICIAN (UNTIL 03/31/22)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	462,626.	0.	2,462.	26,840.	25,618.	517,546.	0.
(5) AJAY ISRANI, M.D., M.S. PRESIDENT/INVESTIGATOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	355,796.	0.	865.	26,840.	25,139.	408,640.	0.
(6) THERESA PESCH, R.N. HHF - PRESIDENT/HHS - VP PHILANTHROP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	305,739.	41,829.	792.	30,500.	24,974.	403,834.	0.
(7) DAVID GILBERTSON PROGRAM CO-DIRECTOR	(i)	237,784.	0.	792.	28,302.	25,531.	292,409.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANNE MURRAY, M.D., M.S. SECRETARY/TREASURER/INVESTIGATOR (UN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	229,313.	0.	1,524.	21,068.	18,660.	270,565.	0.
(9) JIANNONG LIU DIRECTOR, ANALYTICS	(i)	196,126.	0.	516.	21,797.	22,291.	240,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JON SNYDER, M.D. DIRECTOR, TRANSPLANT EPIDEMIOLOGY	(i)	194,439.	0.	276.	22,260.	20,207.	237,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARK WILLMERT HHF/HHRI- VP OF FINANCE	(i)	174,240.	0.	180.	19,633.	21,258.	215,311.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) RACHEL NYGAARD DIRECTOR, SURGERY RESEARCH	(i)	173,499.	0.	120.	19,314.	24,302.	217,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KIM MILLER VP OF OPERATIONS & CHIEF OPERATING O	(i)	168,638.	0.	276.	18,574.	21,016.	208,504.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SHULING LI EPIDEMIOLOGIST & BIostatistician	(i)	159,758.	0.	516.	17,089.	19,667.	197,030.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MARK LESAGE, PHD DIRECTOR/INVESTIGATOR	(i)	149,840.	0.	516.	15,688.	19,605.	185,649.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JASON BAKER, M.D. FORMER VICE PRESIDENT/INVESTIGATOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	286,181.	0.	180.	25,560.	27,523.	339,444.	0.

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 3:

THE PRESIDENT WAS PAID BY A RELATED ORGANIZATION, HENNEPIN HEALTHCARE SYSTEM, INC. (HHS). HHS IS A PUBLIC CORPORATION AND SUBSIDIARY OF HENNEPIN COUNTY, MINNESOTA. HHS UTILIZES A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE COMPENSATION COMMITTEE TO DETERMINE SUCH COMPENSATION.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

HENNEPIN HEALTHCARE RESEARCH INSTITUTE

Employer identification number

41-1677920

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

MEDICAL PROFESSIONALS, INSPIRING THEM TO CARRY OUT HHRI'S MISSION OF
IMPROVING PATIENT CARE AND THE HEALTH OF OUR COMMUNITY THROUGH RESEARCH
AND EDUCATION. OUR INVESTIGATORS ALSO PUBLISH REGULARLY IN
PEER-REVIEWED JOURNALS. SEE SCHEDULE O - GENERAL STATEMENT.

FORM 990, PART III, LINES 4A AND 4B:

AT THE HENNEPIN HEALTHCARE RESEARCH INSTITUTE (HHRI), OUR INVESTIGATORS
HAVE BEEN TRANSLATING SCIENTIFIC KNOWLEDGE INTO DISCOVERIES THAT MAKE A
DIFFERENCE SINCE 1952. WE HAVE BEEN ACTIVELY INVESTIGATING THE CAUSES
OF AND POTENTIAL TREATMENTS FOR DISEASES, GUIDED BY OUR GOALS OF
REDUCING DISPARITIES AND ADVANCING HEALTH EQUITY, AND OUR MISSION OF
IMPROVING PATIENT CARE AND THE HEALTH OF OUR COMMUNITY THROUGH RESEARCH
AND EDUCATION.

HHRI IS PART OF HENNEPIN HEALTHCARE, AN INTEGRATED SYSTEM OF CARE THAT
INCLUDES HENNEPIN COUNTY MEDICAL CENTER (HCMC), A NATIONALLY RECOGNIZED
LEVEL 1 ADULT AND PEDIATRIC TRAUMA CENTER AND AN ESSENTIAL TEACHING AND
SAFETY NET HOSPITAL. HHRI SUPPORTS AND OVERSEES THE MEDICAL RESEARCH
CARRIED OUT AT HCMC. THE WIDE-RANGE OF MEDICAL SPECIALTIES HCMC OFFERS
AND A DIVERSE PATIENT POPULATION ENABLE HHRI INVESTIGATORS TO ESTABLISH
CROSS-FUNCTIONAL COLLABORATIONS TO EXPLORE NEW AND INNOVATIVE WAYS TO
UNDERSTAND AND TREAT DISEASE.

HHRI IS ONE OF THE LARGEST NONPROFIT MEDICAL RESEARCH ORGANIZATIONS IN
MINNESOTA. IT SUPPORTS THE WORK OF MORE THAN 250 RESEARCH STAFF AND

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

Schedule O (Form 990) 2022

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INVESTIGATORS (MDS, MD/PHDS, PHDS, AND PHARMDS). IN 2022, HHRI RECEIVED 118 NEW OR RENEWING SPONSORED AWARDS FOR A TOTAL OF \$52.8 MILLION, OVER 85% OF WHICH CAME FROM THE FEDERAL GOVERNMENT. FUNDING ALSO CAME FROM INDUSTRY PARTNERS, PRIVATE FOUNDATIONS, AND CORPORATE AND INDIVIDUAL DONATIONS. HHRI CONSISTENTLY RANKS NATIONALLY IN THE TOP 10% OF INSTITUTIONS RECEIVING FUNDING FROM THE NATIONAL INSTITUTES OF HEALTH (NIH).

HHRI RESEARCHERS ARE EXPERTS IN THEIR FIELDS TACKLING OUR BIGGEST HEALTHCARE CHALLENGES, INCLUDING COVID-19, HIV/AIDS, SUBSTANCE USE DISORDERS, LIFE-THREATENING AND TIME SENSITIVE CONDITIONS, CHRONIC DISEASES, AND ACCESS TO CARE. THEY CONDUCT BASIC, TRANSLATIONAL, CLINICAL, AND EPIDEMIOLOGIC RESEARCH WITH A FOCUS ON FOUR AREAS - ACUTE CARE/TRAUMA, ADDICTION, HEALTH SERVICES, AND INFECTIOUS DISEASE WITH THE PRIORITY THROUGHOUT BEING TO BETTER UNDERSTAND AND ADDRESS FACTORS THAT CONTRIBUTE TO HEALTH EQUITY AND THE CONCERNS OF THE PATIENT POPULATION SERVED BY HHRI. IN 2022, HHRI RESEARCHERS MADE SIGNIFICANT CONTRIBUTIONS TO THE STUDY AND PRACTICE OF MEDICINE IN THE FOLLOWING SPECIALTIES:

ACUTE CARE/TRAUMA

- * CARDIAC BIOMARKERS
- * CARDIOPULMONARY RESUSCITATION
- * EMERGENCY MEDICINE
- * ORTHOPEDICS AND BIOMECHANICS
- * TRAUMA AND BURN
- * TRAUMATIC BRAIN INJURY

ADDICTION

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* ADDICTION MEDICINE

* OPIOID TREATMENT RESEARCH

* TOBACCO TREATMENT RESEARCH

HEALTH SERVICES

* CLINICAL OUTCOMES RESEARCH

* CANCER

* CHILDREN'S ISSUES

* CHRONIC DISEASES

* COGNITIVE ISSUE IN AGING/GERIATRICS

* DIABETES AND OBESITY

* GASTROINTESTINAL AND LIVER DISEASE

* HEALTH, HOMELESSNESS, AND CRIMINAL JUSTICE

* HEART DISEASE AND HEART FAILURE

* KIDNEY DISEASE

* ORGAN TRANSPLANTATION

* SLEEP DISORDERS

INFECTIOUS DISEASE

* COVID-19

* HIV / AIDS

* MALARIA

* SEXUALLY TRANSMITTED INFECTIONS

* TUBERCULOSIS

* VIRAL HEPATITIS

THE MAJORITY OF OUR RESEARCH PROJECTS ARE TRANSLATIONAL IN NATURE.

TRANSLATIONAL RESEARCH SEEKS TO TAKE DISCOVERIES MADE IN A LABORATORY

SETTING AND TRANSLATE THEM INTO THERAPIES PHYSICIANS CAN USE IN THEIR

MEDICAL PRACTICE TO IMPROVE THE LIVES OF PATIENTS LOCALLY AND AROUND

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THE GLOBE.

IN AN ENVIRONMENT THAT EMPHASIZES PATIENT CARE, RESEARCH AND TEACHING, HHRI IS AT THE FOREFRONT OF DISCOVERING SOLUTIONS TO SOME OF THE MOST COMPLEX MEDICAL PROBLEMS. THE WORK OF OUR INVESTIGATORS IS ADVANCING MEDICINE TO ENSURE A HEALTHIER TOMORROW FOR ALL MEMBERS OF OUR COMMUNITY. FOR MORE INFORMATION ABOUT HHRI VISIT OUR WEBSITE AT WWW.HHRINSTITUTE.ORG.

FORM 990, PART VI, SECTION A, LINE 1A:

THE HENNEPIN HEALTHCARE RESEARCH INSTITUTE (HHRI) EXECUTIVE COMMITTEE OF THE BOARD IS COMPRISED OF FIVE HHRI DIRECTORS: RICHARD KING, M.D., PHD, MIAJA CASSIDY, J.D., CHC, CCEP, SERAFIN SAMSON, MBA, M.S., AJAY ISRANI, M.D., M.S., AND WARREN MCKINNEY, PHD. THE COMMITTEE IS DESIGNATED BY THE HHRI DIRECTORS AND SHALL HAVE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE BUSINESS OF THE ORGANIZATION IN THE INTERVAL BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, AND THE EXECUTIVE COMMITTEE SHALL AT ALL TIMES BE SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 6:

HENNEPIN HEALTHCARE SYSTEM INC. (HHS), A RELATED ORGANIZATION, IS THE SOLE MEMBER OF THE HENNEPIN HEALTHCARE RESEARCH INSTITUTE (HHRI). HHS IS A PUBLIC CORPORATION AND SUBSIDIARY OF HENNEPIN COUNTY, MINNESOTA, AND OPERATES AND CONDUCTS BUSINESS AS HENNEPIN COUNTY MEDICAL CENTER (HCMC).

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

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THE HENNEPIN HEALTHCARE RESEARCH INSTITUTE (HHRI) BOARD OF DIRECTORS INCLUDES WHEN POSSIBLE: ONE MEMBER OF THE BOARD OF DIRECTORS OF HENNEPIN HEALTHCARE SYSTEM, INC. (HHS) DESIGNATED BY THE HHS BOARD; TWO DIRECTORS DESIGNATED BY THE HHS CEO FROM AMONG THE EXECUTIVE EMPLOYEES OF HHS; AND ADDITIONAL DIRECTORS NOMINATED BY THE HHRI BOARD AND ELECTED BY THE HHS BOARD.

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

PURSUANT TO SECTION 3.1 OF THE BYLAWS OF THE HENNEPIN HEALTHCARE RESEARCH INSTITUTE (HHRI), HHRI MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT RECEIVING HENNEPIN HEALTHCARE SYSTEM, INC. (HHS) APPROVAL IN ACCORDANCE WITH PROCEDURES ESTABLISHED BY HHS'S STATUTORY CHARTER AND BYLAWS: APPROVAL OF NOMINEES AND ADDITION OF MEMBERS TO CORPORATION'S BOARD OF DIRECTORS; ADOPTION OF ANNUAL OR LONG-RANGE FINANCIAL PLANS; ADOPTION OF ANNUAL OPERATING BUDGETS; ADOPTION OF ANNUAL CAPITAL BUDGETS; ADOPTION OR SUBSTANTIAL MODIFICATION OF COMPENSATION OR FRINGE BENEFIT PROGRAMS; INCURRENCE OF DEBT; MORTGAGE OR ENCUMBRANCE OF ANY ASSET; SALE, LEASE, OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, OF CORPORATION'S PROPERTY AND ASSETS; AMENDMENT OF CORPORATION'S ARTICLES OF INCORPORATION OR BYLAWS; AND MERGER OR CONSOLIDATION WITH ANY DOMESTIC OR FOREIGN ORGANIZATION AND VOLUNTARY DISSOLUTION OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PROCESS HENNEPIN HEALTHCARE RESEARCH INSTITUTE (HHRI) USES FOR REVIEW OF THE ANNUAL FORM 990 BEFORE THE FORM IS SENT TO THE IRS INCLUDES AN INITIAL REVIEW BY THE CHIEF FINANCIAL OFFICER AND CHIEF OPERATING OFFICER. THE FORM IS THEN SENT TO OUR AUDIT FIRM FOR FURTHER REVIEW AND ANALYSIS. PRIOR TO THE FORM 990 BEING SENT TO THE IRS, THE FORM IS REVIEWED AND

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APPROVED BY THE FINANCE AND AUDIT COMMITTEE AND THEN SENT EITHER ELECTRONICALLY OR IN PAPER FORM TO OUR BOARD MEMBERS AND IS PRESENTED TO THE BOARD AT THE NEXT AVAILABLE MEETING TO DISCUSS AND APPROVE THE CONTENTS OF THE FORM.

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

SEE BELOW ON SCHEDULE O FOR CONFLICT OF INTEREST POLICY STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PROCESS FOR DETERMINING COMPENSATION FOR THE HENNEPIN HEALTHCARE RESEARCH INSTITUTE (HHRI) VICE-PRESIDENT OF OPERATIONS AND CHIEF OPERATING OFFICER, INCLUDES THE OPERATIONS COMMITTEE REVIEWING PERFORMANCE AND COMPENSATION INFORMATION FOR COMPARABLE POSITIONS AT SIMILAR LOCATIONS INCLUDING SALARY SURVEY INFORMATION FROM THE UNIVERSITY OF MINNESOTA AND MINNESOTA COUNCIL OF NONPROFITS. MINUTES OF THE OPERATIONS COMMITTEE AND SUBSEQUENT BUDGET APPROVAL BY THE FULL BOARD ARE ON FILE. THIS PROCESS WAS LAST UNDERTAKEN IN 2022. THE COMPENSATION FOR THE HHRI PRESIDENT AND VICE-PRESIDENT IS PAID BY A RELATED ORGANIZATION, HENNEPIN HEALTHCARE SYSTEM INC. (HHS), WHICH IS A PUBLIC CORPORATION AND SUBSIDIARY OF HENNEPIN COUNTY, MINNESOTA, AND OPERATES AND CONDUCTS BUSINESS AS HENNEPIN COUNTY MEDICAL CENTER (HCMC). HHS HAS AN ESTABLISHED POLICY AND PROCEDURE FOR DETERMINING COMPENSATION.

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

THE HENNEPIN HEALTHCARE RESEARCH INSTITUTE (HHRI) ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC THROUGH THE MINNESOTA SECRETARY OF STATE, THE HHRI BYLAWS ARE NOT. THE HHRI CONFLICT OF INTEREST POLICY AND THE HHRI ANNUAL REPORT, WHICH INCLUDES FINANCIAL STATEMENTS, ARE AVAILABLE ON THE

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HHRI WEBSITE. INFORMATION IS ALSO AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART VI, SECTION B, LINE 12C (CONTINUED):

PURPOSE

THE PURPOSE OF HENNEPIN HEALTHCARE RESEARCH INSTITUTE'S (HHRI) CONFLICT OF INTEREST (COI) POLICY IS TO ENABLE AND FACILITATE THE RESEARCH AND EDUCATION MISSIONS OF THE HHRI BY ASSUMING THEIR OBJECTIVITY AND INDEPENDENCE FROM COMPETING FINANCIAL INTERESTS. THE STAKEHOLDERS CONSIDERED IN THIS POLICY ARE THE PUBLIC, OUR PATIENTS AND RESEARCH SUBJECTS, THE SCIENTIFIC COMMUNITY, THE AGENCIES WHO FUND OUR ACTIVITIES, AND OUR FACULTY, STAFF AND TRAINEES. AN EQUALLY COMPELLING PURPOSE IS TO MAINTAIN COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS RELATED TO CONFLICTS OF INTERESTS AND WITH THE POLICIES AND REQUIREMENTS OF THE REGULATORY AGENCIES WHICH OVERSEES OUR ACTIVITIES, INCLUDING BUT NOT LIMITED TO THE USPHS AND FDA (42CFR50 AND 21CFR54.2).

CONFLICT OF INTEREST: THE SPECIFIC GOAL OF THIS POLICY IS TO ADDRESS FINANCIAL CONFLICTS OF INTEREST. FOR THIS POLICY, FINANCIAL CONFLICT OF INTEREST REFERS TO COMPETING FINANCIAL INTERESTS OF INCENTIVES. SPECIFICALLY, IT IS A SITUATION IN WHICH A COVERED INDIVIDUAL HAS FINANCIAL INCENTIVES THAT MAY COMPETE WITH HIS/HER ACADEMIC OR PROFESSIONAL INTERESTS OR OBLIGATIONS. A CONFLICT OF INTEREST DOES NOT IMPLY WRONG-DOING OR IMPROPER RELATIONSHIPS, BUT DOES REQUIRE DISCLOSURE, EVALUATION AND SOMETIMES MITIGATION.

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APPEARANCE OF CONFLICT OF INTEREST: SOME SITUATIONS FALL OUTSIDE THE DEFINITION OF COI BUT MAY RAISE QUESTIONS IN THE MIND OF A REASONABLE OBSERVER WHICH ARE BEST ADDRESSED IN ORDER TO ASSURE THAT THE SITUATION HAS BEEN CONSIDERED. THE COI COMMITTEE RESERVES THE RIGHT TO INCLUDE SUCH ISSUES OF APPEARANCE IN ITS DELIBERATIONS AND APPROACHES TO MANAGING THE FINANCIAL RELATIONSHIPS OF INVESTIGATORS.

POLICY

THIS POLICY IS APPLICABLE TO:

- ALL PERSONS APPOINTED, EMPLOYED BY OR COMPENSATED BY THE HHRI;
- ALL PERSONS ENGAGED IN THE CONDUCT OF RESEARCH ACTIVITIES UNDER THE AUSPICES OF THE HHRI WHO ARE IN A POSITION TO INFLUENCE THE DESIGN, CONDUCT OR REPORTING OF RESEARCH OR OTHER SCHOLARLY ACTIVITY.
- ALL PERSONS WHO HAVE DIRECT INFLUENCE OVER PURCHASING DECISIONS OR CONTRACTS MADE ON BEHALF OF HHRI;
- ALL HOLDERS OF HHRI RESEARCH AND EDUCATION ACCOUNTS;
- ALL MEMBERS OF HHRI'S BOARD OF DIRECTORS, MEMBERS OF HHRI'S COI COMMITTEE, AND MEMBERS OF REGULATORY COMMITTEES INCLUDING THE IRB, IACUC AND THE IBC.
- FOR PURPOSES OF REPORTING FINANCIAL INTERESTS UNDER THIS POLICY, COVERED INDIVIDUALS ALSO INCLUDE A SPOUSE OR DOMESTIC PARTNER, DEPENDENT CHILDREN AND ANY OTHER FAMILY MEMBER OR MEMBER OF A COVERED INDIVIDUAL'S HOUSEHOLD WHOM KNOWS THE COVERED INDIVIDUAL KNOWS MAY PERSONALLY BENEFIT FROM ACTIONS TAKEN BY THE COVERED INDIVIDUAL.

COVERED INDIVIDUALS AT HHRI MUST COMPLY WITH HHRI'S POLICY ON COI AND ALL APPLICABLE FEDERAL AND STATE LAWS RELATED TO CONFLICT OF INTEREST SHALL NOT ENGAGE IN ACTIVITIES THAT COMPROMISE THEIR PROFESSIONAL

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JUDGEMENT OR COMPETE WITH THE FULFILLMENT OF THEIR OBLIGATIONS TO HHRI.

RELATIONSHIPS CONSTITUTING A POTENTIAL COI MUST BE REPORTED TO THE HHRI

COI COMMITTEE PRIOR TO THEIR INITIATION. CHANGES IN EXISTING

RELATIONSHIPS MUST ALSO BE REPORTED BEFORE THE CHANGES TAKE PLACE. THE

PURPOSE OF THIS REQUIREMENT IS TO AVOID COI WHEN POSSIBLE, OR TO MAKE

ALL PARTIES AWARE OF THE PROPOSED RELATIONSHIP AND ANY POSSIBLE

MITIGATION REQUIREMENTS. COVERED INDIVIDUALS MAY NOT PARTICIPATE IN

RELATIONSHIPS WITH BUSINESS ENTITIES THAT:

- RESULT IN PAYMENTS TO THE COVERED INDIVIDUAL WHICH ARE INTENDED TO INFLUENCE HOW THE COVERED INDIVIDUAL CONDUCTS INSTITUTIONAL ACTIVITIES;

- CONSTITUTE GHOST WRITING (HAVING ONE'S NAME AND INSTITUTIONAL AFFILIATION ASSOCIATED WITH A PUBLICATION OR OTHER ARTICLE WHERE THE

COVERED INDIVIDUAL HAS NO SUBSTANTIAL INPUT INTO THE PUBLICATION OR

ARTICLE). AUTHORSHIP SHOULD BE RESTRICTED TO THOSE INDIVIDUALS WHO MEET

THE FOLLOWING CRITERIA:

- - MADE A SIGNIFICANT CONTRIBUTION TO THE CONCEPTUALIZATION AND/OR DESIGN OR CONDUCT OF THE PROJECT;

- - PARTICIPATED IN THE ANALYSIS AND INTERPRETATION OF THE DATA, OR OTHER SUBSTANTIAL SCHOLARLY WORK;

- - PARTICIPATED IN DRAFTING, REVIEWING AND/OR REVISING THE WORK; AND

- - APPROVED THE FINAL VERSION OF THE PUBLICATION.

- INVOLVE THE COVERED INDIVIDUAL'S ENDORSEMENT OF A PRODUCT OR SERVICE DEVELOPED AND/OR SOLD BY A PARTICULAR BUSINESS. THIS APPLIES TO BOTH

WRITTEN AND ORAL ENDORSEMENTS WHEN THE PRODUCT OR SERVICE RELATES TO

THE COVERED INDIVIDUAL'S INSTITUTION-RELATED EXPERTISE AND/OR

INSTITUTIONAL ACTIVITIES, WHETHER OR NOT THE INDIVIDUAL USES HIS OR HER

INSTITUTIONAL TITLE IN MAKING THE ENDORSEMENT;

- INVOLVE ACCEPTANCE OF GIFTS OF ANY AMOUNT OR VALUE FROM INDUSTRY

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DOING BUSINESS OR SEEKING TO DO BUSINESS WITH THE HHRI. EXAMPLES INCLUDE BUT ARE NOT LIMITED TO PENS, PADS, OTHER PROMOTIONAL ITEMS, CASH, FOOD AND DRINK, ENTERTAINMENT SUCH AS TICKETS TO EVENTS, GOLF AND OTHER SPORTS OUTINGS, MEDICAL OR RESEARCH EQUIPMENT, DEVICES OR OTHER PRODUCTS OR SERVICES OR DISCOUNTS ON SAME, USE OF COMPANY VEHICLES OR VACATION FACILITIES, HOTELS, TRANSPORTATION AND OTHER TRAVEL EXPENSES, STOCKS, EQUITY, AND OTHER SUCH FINANCIAL OFFERINGS, GROUP GIFTS, TEXTBOOKS, BIOLOGICAL SAMPLES, SOFTWARE, COMPUTER HARDWARE AND ACCESSORIES, ELECTRONIC DEVICES SUCH AS CELL PHONES, PAGERS, MUSIC AND VIDEO PLAYERS, PDA'S CONSULTING, FINANCIAL AND OTHER SERVICES AND OFFICE AND RESEARCH SUPPLIES.

- - IT IS RECOGNIZED THAT THERE ARE CIRCUMSTANCES WHEN INDIVIDUALS HAVE NO CONTROL OVER RECEIPT OF GIFTS AND MAY INADVERTENTLY VIOLATE THIS POLICY, SUCH AS ATTENDANCE AT INDUSTRY SPONSORED PROFESSIONAL MEETINGS WHERE A MANDATORY LUNCH IS PROVIDED AND THERE IS NO PRACTICAL ALTERNATIVE.

COVERED INDIVIDUALS MUST REPORT ALL EXTERNAL RELATIONSHIPS ANNUALLY VIA THE REPORT OF EXTERNAL PROFESSIONAL ACTIVITIES (REPA). ANNUAL REPORTING (VIA THE REPA) IS INTENDED TO BE INCLUSIVE OF ALL FINANCIAL RELATIONSHIPS AND NOT CONFINED TO RELATIONSHIPS RELEVANT TO SPECIFIC ONGOING OR PROPOSED PROJECTS. IN ADDITION, WHEN PROPOSING OR CONDUCTING A SPECIFIC RESEARCH PROJECT, INVESTIGATORS MUST IDENTIFY ANY FINANCIAL INTERESTS RELATED TO THAT SPECIFIC RESEARCH PROJECT (VIA THE COMPLIANCE COMMITTEE STANDARDIZED REPORTING FORM) TO ENSURE THAT NO ARRANGEMENT HAS BEEN ENTERED INTO WHEREBY THE VALUE OF AN OWNERSHIP INTEREST WILL BE AFFECTED BY THE OUTCOME OF THE RESEARCH. THIS INCLUDES ANY FINANCIAL INTERESTS IN THE SPONSOR, PRODUCT OR SERVICE BEING TESTED, OR IN ANY

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DIRECT COMPETITOR OF THE SPONSOR, PRODUCT OR SERVICE BEING TESTED. THIS REPORTING WILL BE DONE VIA THE COMPLIANCE COMMITTEE STANDARDIZED REPORTING FORM FOUND IN APPLICATION MATERIALS FOR THE IRB, IACUC AND IBC AND THE GRANT AND CONTRACT APPLICATION FOR EXTERNAL SUPPORT. SUBSTANTIAL CHANGES IN A FINANCIAL OR BUSINESS INTEREST MUST BE REPORTED WITHIN 30 DAYS OF OCCURRENCE. IN ORDER TO MAKE CONFLICT INFORMATION AVAILABLE TO COLLEAGUES, COLLABORATORS, TRAINEES AND RESEARCH SUBJECTS, CERTAIN INFORMATION REGARDING THE CONFLICT SITUATION SHALL BE MADE AVAILABLE VIA A PUBLICLY ACCESSIBLE WEBSITE OR WRITTEN RESPONSE TO ANY REQUESTOR WITHIN FIVE BUSINESS DAYS OF A REQUEST. THIS SHALL INCLUDE, AT A MINIMUM, THE FOLLOWING: THE INVESTIGATOR'S NAME; THE INVESTIGATOR'S TITLE AND ROLE WITH RESPECT TO THE RESEARCH PROJECT; THE NAME OF THE ENTITY IN WHICH THE SIGNIFICANT FINANCIAL INTEREST IS HELD; THE NATURE OF THE SIGNIFICANT FINANCIAL INTEREST; AND THE APPROXIMATE DOLLAR VALUE OF THE INTEREST, OR A STATEMENT THAT THE INTEREST IS ONE WHOSE VALUE CANNOT BE READILY DETERMINED THROUGH REFERENCE TO PUBLIC PRICES OR OTHER REASONABLE MEASURES OF FAIR MARKET VALUE. THIS INFORMATION SHALL BE MADE AVAILABLE PRIOR TO THE EXPENDITURE OF ANY FEDERAL FUNDS AND WILL BE UPDATED AT LEAST ANNUALLY OR WITHIN 60 DAYS OF DISCLOSURE OF A NEWLY IDENTIFIED FINANCIAL CONFLICT. THE INFORMATION WILL REMAIN AVAILABLE FOR AT LEAST THREE YEARS FROM THE DATE THAT THE INFORMATION WAS MOST RECENTLY UPDATED. WHERE A CONFLICT OF INTEREST IS IDENTIFIED, THE COVERED INDIVIDUAL MAY BE REQUIRED TO FOLLOW AN APPROVED CONFLICT MITIGATION PLAN WHICH PROVIDES MECHANISMS TO MANAGE, REDUCE OR ELIMINATE THE CONFLICT. WHEN COVERED INDIVIDUALS PARTICIPATE IN SPONSORED RESEARCH INVOLVING SUB-GRANTEES, CONTRACTORS OR COLLABORATORS OUTSIDE THE INSTITUTION, HHRI WILL TAKE REASONABLE STEPS TO ENSURE THAT THESE OUTSIDE ASSOCIATES

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COMPLY WITH APPROPRIATE CONFLICT OF INTEREST REPORTING, DISCLOSURE
REVIEW AND MANAGEMENT PLAN REQUIREMENTS.

FORM 990, PART VI, SECTION B, LINE 12C (CONTINUED):

APPROPRIATE DISCIPLINARY ACTION MAY BE TAKEN BY THE HHRI AGAINST
COVERED INDIVIDUALS WHO VIOLATE THIS POLICY. STEPS WILL BE TAKEN TO
REVIEW DISCLOSURES NOT MADE IN A TIMELY MANNER FOR FINANCIAL CONFLICTS
OF INTEREST WITHIN 120 DAYS OF A DETERMINATION OF NON-COMPLIANCE, AND
MANAGEMENT PLANS WILL BE DEVELOPED AND IMPLEMENTED WITHIN 60 DAYS OF
THE RETROSPECTIVE REVIEW. DISCIPLINARY ACTIONS, IN ADDITION TO
RETRAINING AND/OR ANY LEGAL PENALTY(IES), MAY INCLUDE ORAL
ADMONISHMENT, WRITTEN REPRIMAND, OR REASSIGNMENT, DEMOTION, SUSPENSION,
OR TERMINATION. INVESTIGATORS MAY ALSO BE PROHIBITED FROM FURTHER GRANT
OR CONTRACT PROPOSAL SUBMISSION OR PARTICIPATION IN RESEARCH
ACTIVITIES. POLICY VIOLATIONS WHICH INVOLVE PHS FUNDED PROJECTS SHALL
BE REPORTED TO A REASONABLE GRANTEE OFFICIAL AND SHALL SPECIFY THE TYPE
OF ADMINISTRATIVE ACTION TAKEN INCLUDING REQUESTING DISCLOSURE
ADDENDUMS TO PREVIOUSLY PUBLISHED PAPERS IF NECESSARY. POLICY
VIOLATIONS WHICH INVOLVE OTHER SPONSORED FUNDS SHALL BE REPORTED TO THE
SPONSOR AS DIRECTED BY THE TERMS AND CONDITIONS OF THE AWARD. ALL
FINANCIAL CONFLICT OF INTEREST RECORDS SHALL BE MAINTAINED FOR AT LEAST
THREE YEARS FROM THE DATE A FINAL EXPENDITURE REPORT IS SUBMITTED FOR
THE PROJECT OR FROM OTHER DATES AS SPECIFIED IN THE AWARD DOCUMENT OR
CONTRACT.

REPORTING AND EVALUATING A COVERED INDIVIDUAL'S RELATIONSHIPS WITH
EXTERNAL ENTITIES

ON AN ANNUAL BASIS, ALL COVERED INDIVIDUALS MUST COMPLETE A REPORT OF

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EXTERNAL PROFESSIONAL ACTIVITIES COVERING CURRENT RELATIONSHIPS, THOSE THAT OCCURRED IN THE PREVIOUS YEAR, AND THOSE THAT CAN REASONABLY BE EXPECTED IN THE NEXT 12 MONTHS.

THE COVERED INDIVIDUAL MUST REPORT:

- FINANCIAL AND/OR BUSINESS RELATIONSHIPS AND THOSE OF IMMEDIATE FAMILY MEMBERS WHICH RELATE TO OR COMPETE WITH THE COVERED INDIVIDUALS INSTITUTIONAL RESPONSIBILITIES INCLUDING, BUT NOT LIMITED TO, SALARY OR OTHER PAYMENTS FOR SERVICES (E.G. CONSULTING FEES OR HONORARIA);
- EQUITY INTERESTS (E.G., STOCKS, WHETHER PUBLICLY TRADED OR NOT, STOCK OPTIONS, OR OTHER OWNERSHIP INTERESTS);
- INTELLECTUAL PROPERTY RIGHTS (E.G., PATENTS, COPYRIGHTS AND ROYALTIES FROM SUCH RIGHTS); AND
- OTHER ARRANGEMENTS UNDER WHICH FINANCIAL BENEFITS HAVE BEEN RECEIVED (E.G., GIFTS, LOANS OR SERVICES).

REPORTING WILL CONSIST OF LISTING THE ENTITY WITH WHICH THE RELATIONSHIP EXISTS, OR IS ANTICIPATED IN THE NEXT 12 MONTHS, AND THE DOLLAR AMOUNT. THERE IS NO MINIMUM DOLLAR THRESHOLD FOR REPORTING; ALL COVERED FINANCIAL RELATIONSHIPS MUST BE REPORTED. THE DOLLAR AMOUNT MAY BE REPORTED AS A RANGE: UP TO \$4,999; \$5,000-\$9,999; \$10,000-\$19,999; \$20,000-\$99,999 BY INCREMENTS OF \$20K; \$100,000-\$250,000 BY INCREMENTS OF \$50K; AND OVER \$250K. IF NEEDED TO ADEQUATELY EVALUATE OR MANAGE A CONFLICT, THE COI COMMITTEE MAY ASK FOR MORE DETAILED INFORMATION, INCLUDING INFORMATION GOING BACK AS FAR AS THREE YEARS. RELATIONSHIPS THAT FALL OUTSIDE HHRI'S REPORTING GUIDELINES, SUCH AS THOSE OF A NON-BUSINESS OR NON-FINANCIAL NATURE (E.G., CLOSE FRIEND, IMMEDIATE OR EXTENDED FAMILY MEMBER), THAT MAY CREATE A CONFLICT OF INTEREST OR THAT MIGHT INFLUENCE THE WAY A COVERED INDIVIDUAL ALLOCATES INSTITUTIONAL RESOURCES, MUST BE REPORTED AND MAY REQUIRE CONSIDERATION BY THE COI

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COMMITTEE. THE COI COMMITTEE RESERVES THE RIGHT TO MAKE FURTHER
INQUIRIES INTO THE NATURE OF THE COVERED INDIVIDUAL'S REPORT SHOULD
ADDITIONAL INFORMATION BE REQUIRED.

THE FOLLOWING ACTIVITIES ARE EXEMPT FROM THESE REPORTING REQUIREMENTS:

- SALARY, ROYALTIES OR OTHER REMUNERATION FROM THE COVERED
INDIVIDUAL'S INSTITUTION;
- INCOME FROM ACTIVITIES SPONSORED BY GOVERNMENTAL AGENCIES AND
ENTITIES;
- INCOME FOR SERVING AS SPECIAL REVIEWER OR ON A REVIEW PANEL FOR
GOVERNMENTAL AGENCIES OR ENTITIES;
- TRAVEL EXPENSES PAID AS PART OF A RESEARCH PROJECT;
- EQUITY INTEREST IN MUTUAL FUNDS, PENSION OR OTHER INSTITUTIONAL
FUNDS WHOSE INVESTMENT PRACTICES ARE BEYOND THE CONTROL OF THE
INDIVIDUAL. COVERED INDIVIDUALS WHO ARE TEMPORARILY ON A LEAVE OF
ABSENCE, SABBATICAL OR REDUCED APPOINTMENT MUST ALSO REPORT THESE
EXTERNAL RELATIONSHIPS. THE COI COMMITTEE WILL TAKE INTO CONSIDERATION
THE COVERED INDIVIDUAL'S STATUS WHEN REVIEWING REPORTED INFORMATION.

THE CONFLICT OF INTEREST COMMITTEE

THE HHRI WILL MAINTAIN A COI COMMITTEE TO DEAL WITH ISSUES CONCERNING
THIS POLICY. THIS COMMITTEE SHALL BE CHAIRED BY THE PRESIDENT OF THE
FOUNDATION, AND SHALL HAVE THE FOLLOWING PRINCIPLE FUNCTIONS:

- TO ASSIST IN THE IMPLEMENTATION OF THIS POLICY;
- TO ANSWER QUESTIONS CONCERNING THIS POLICY (THE IDENTITY OF
PERSONNEL ASKING QUESTIONS AND THE SPECIFIC FACTS OF QUESTIONS SHALL BE
KEPT PRIVATE TO THE EXTENT ALLOWED BY LAW);
- TO REVIEW DISCLOSURES OF CONFLICT OF INTEREST;

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- TO DEVELOP AND APPROVE ANY PLANS TO MANAGE, REDUCE OR ELIMINATE
CONFLICTS;

- TO RECOMMEND TO THE HHRI EXECUTIVE COMMITTEE OF THE BOARD ANY
DISCIPLINARY ACTION TO BE TAKEN UNDER THIS POLICY; DISCIPLINARY ACTIONS
TO BE APPROVED BY THE HHRI BOARD OF DIRECTORS;

- UPON THE REQUEST OF AFFECTED PERSONNEL, TO REVIEW A DECISION BY AN
ADMINISTRATION OFFICIAL THAT A DISCLOSED SITUATION CONSTITUTES AN
ACTUAL CONFLICT OF INTEREST;

- TO PERIODICALLY REVIEW THIS POLICY, INCLUDING THE SET FINANCIAL
THRESHOLDS; AND

- TO WORK IN COOPERATION WITH CAMPUS COMPLIANCE OFFICERS.

THIS COMMITTEE SHALL BE COMPRISED OF: THE HHRI EXECUTIVE COMMITTEE OF
THE BOARD (COMPOSED OF AT LEAST FOUR DIRECTORS INCLUDING THE THREE
OFFICERS OF THE BOARD), HCMC'S CHIEF OF CLINICAL OPERATIONS, THE CHAIR
OF INSTITUTIONAL REVIEW BOARD (IRB) AND THE CHAIR OF THE INSTITUTIONAL
ANIMAL CARE AND USE COMMITTEE (IACUC) AND A COMMUNITY MEMBER TO BE
APPOINTED BY THE PRESIDENT OF THE HHRI. SHOULD THE COMMITTEE REQUIRE
ADDITIONAL EXPERTISE, INCLUDING LEGAL COUNSEL, AD HOC MEMBERS MAY BE
ASKED TO PARTICIPATE AS NON-VOTING MEMBERS. UNDER CERTAIN
CIRCUMSTANCES, THE COI COMMITTEE MAY DELEGATE THE REVIEW OF A CONFLICT
OF INTEREST DISCLOSURE TO AT LEAST TWO MEMBERS OF THE FULL COI
COMMITTEE (THE PRESIDENT AND/OR THE VICE PRESIDENT OF OPERATIONS OR
ANOTHER MEMBER). THIS EXECUTIVE REVIEW MAY BE USED WHEN ONE OR MORE OF
THE FOLLOWING CRITERIA ARE MET: THE FINANCIAL DISCLOSURE IS LESS THAN
\$5K; THE DISCLOSURE INVOLVES AN ANTICIPATED CONFLICT; THE PROPOSED
PROJECT INVOLVES MINIMAL RISK TO HUMANS; THE PROPOSED PROJECT REQUIRES
MINIMAL INVOLVEMENT OF THE CONFLICTED PERSON; THE DISCLOSED CONFLICT

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INVOLVES MINIMAL RISK TO STUDY INTEGRITY (STUDY DESIGN, GENERATION OF DATA, ANALYSIS OF DATA, OR PRESENTATION OF RESULTS). DETAILS OF THE CONFLICT AND ANY NECESSARY MITIGATION WILL BE DOCUMENTED AND A SUMMARY OR THE REVIEW AND ANY ACTIONS TAKEN WILL BE PRESENTED AS PART OF A CONSENT AGENDA AT THE NEXT MEETING OF THE FULL COI COMMITTEE.

DETERMINING WHETHER A CONFLICT OF INTEREST REQUIRES MANAGEMENT OR ELIMINATION

THE COI COMMITTEE'S CRITERIA FOR EVALUATING DISCLOSURES WILL INCLUDE BUT NOT LIMITED TO 1) RISKS TO RESEARCH SUBJECTS; 2) RISKS TO THE SCIENTIFIC INTEGRITY OF STUDY DESIGN, DATA COLLECTION, ANALYSIS AND REPORTING; AND 3) EXPECTED BENEFITS OF ACTIVITY. WHENEVER A COVERED INDIVIDUAL'S ACTIVITIES OR RELATIONSHIPS ARE UNDER REVIEW BY THE COI COMMITTEE, THE COVERED INDIVIDUAL WILL HAVE AN OPPORTUNITY TO PROVIDE INFORMATION TO THE COMMITTEE EITHER IN PERSON OR BY SUBMISSION OF A WRITTEN STATEMENT AND/OR THE PROVISION OF OTHER WRITTEN INFORMATION.

MANAGING CONFLICT OF INTEREST

WHEN THE COI COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE COMMITTEE WILL EVALUATE THE CONFLICT SITUATION CONSIDERING FACTORS INCLUDING: THE NATURE OF THE ACTIVITY; THE NATURE OF THE FINANCIAL INTEREST; AND THE POTENTIAL FOR THE CONFLICT TO INFLUENCE THE ACTIVITY IN QUESTION. WHERE RESEARCH IS INVOLVED, THE COMMITTEE WILL EVALUATE THE RISK THE RESEARCH POSES TO RESEARCH SUBJECTS AND THE DEGREE TO WHICH THE OUTCOME OF THE RESEARCH MAY BE AFFECTED BY ANY FINANCIAL INTEREST.

FORM 990, PART VI, SECTION B, LINE 12C (CONTINUED):

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THE COMMITTEE WILL DETERMINE WHETHER THE CONFLICT SITUATION 1) CAN BE EFFECTIVELY MANAGED THROUGH DEVELOPMENT AND IMPLEMENTATION OF A CONFLICT MITIGATION PLAN; 2) CAN BE MANAGED BY CHANGING THE COVERED INDIVIDUAL'S TERMS OF PARTICIPATION IN AN INSTITUTIONAL ACTIVITY; OR 3) NEEDS TO BE ELIMINATED. POSSIBLE RECOMMENDATIONS INCLUDE APPROVAL OF THE ACTIVITY AS PROPOSED IF IT IS CONCLUDED THAT THE POTENTIAL FOR CONFLICT IS SO REMOTE OR INCONSEQUENTIAL THAT THERE IS MINIMAL PROBABILITY FOR BIASING THE OBJECTIVITY OF THE ACTIVITY. OTHER POSSIBLE RECOMMENDATIONS ARE TO REQUIRE PERIODIC PEER REVIEW OF THE ACTIVITY (OVERSIGHT) BY INDIVIDUALS INDEPENDENT OF THE EMPLOYEE, OUTSIDE MONITORS FOR THE ACTIVITY, DIVESTITURE OF THE FINANCIAL OR BUSINESS INTEREST, MODIFICATION OF THE PLAN OF WORK, OR ASSIGNMENT OF DIFFERENT EMPLOYEES WITHOUT A FINANCIAL OR BUSINESS INTEREST TO CONTROL THE ACTIVITY, OR LIMITING THE INDIVIDUAL'S ROLE AND RESPONSIBILITIES IN THE PROJECT. TO THE EXTENT POSSIBLE AND REASONABLE UNDER THE CIRCUMSTANCE, AND IN LIGHT OF THE IMPORTANCE OF THE ACTIVITY, THE REVIEW COMMITTEES AND RESPONSIBLE ADMINISTRATORS WILL WORK WITH EMPLOYEES TO DEVELOP MEANS FOR THE ACTIVITY TO TAKE PLACE WHILE PROTECTING THE INTEGRITY AND REPUTATION OF THE EMPLOYEES AND THE HHRI. IF THE COI COMMITTEE DETERMINES THAT A CONFLICT MITIGATION PLAN CAN EFFECTIVELY MANAGE THE CONFLICT SITUATION, THE COMMITTEE WILL WORK WITH THE COVERED INDIVIDUAL TO DEVELOP A CONFLICT MITIGATION PLAN THAT WILL:

- DESCRIBE THE CIRCUMSTANCES THAT GIVE RISE TO THE CONFLICT OF INTEREST UNDER THE INSTITUTIONAL POLICY;
- SET FORTH SPECIFIC MANDATORY MITIGATION MECHANISMS;
- SET FORTH A PLAN FOR MONITORING AND FOLLOW-UP;
- ADDRESS ANY DISCLOSURES REQUIRED;
- REQUIRE A WRITTEN CONFIRMATION OF CONSENT FROM THE COVERED

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INDIVIDUAL TO ALL REQUIREMENTS OF THE MANAGEMENT PLAN;

- COMPLY WITH THE REQUIREMENTS OF ANY APPLICABLE SPONSOR REGULATIONS.

WHEN PERSONNEL PARTICIPATE IN SPONSORED RESEARCH INVOLVING

SUB-GRANTEES, CONTRACTORS OR COLLABORATORS OUTSIDE THE HHRI, REASONABLE

STEPS WILL BE TAKEN TO ENSURE THAT INVESTIGATORS WORKING FOR THESE

OUTSIDE ENTITIES COMPLY WITH APPROPRIATE CONFLICT OF INTEREST

DISCLOSURE, REVIEW, AND MANAGEMENT REQUIREMENTS. THESE STEPS MAY

INCLUDE REQUIRING THE INVESTIGATORS TO COMPLY WITH HHRI'S POLICY OR

OBTAINING WRITTEN ASSURANCES FROM THE OUTSIDE ENTITY THAT IT COMPLIES

WITH APPLICABLE FEDERAL REGULATIONS OR SPONSOR POLICIES ON COI. THE

OUTCOME OF THE COI COMMITTEE DELIBERATIONS AND ANY MITIGATION PLAN(S)

WILL BE SHARED WITH THE COVERED INDIVIDUAL'S SUPERVISOR/DEPARTMENT

HEAD.

DISCLOSURE OUTSIDE THE INSTITUTION

COVERED INDIVIDUALS MUST DISCLOSE THEIR CONFLICTS OF INTEREST WHEN

SUBMITTING RESEARCH REPORTS, REVIEWS, OPINION PIECES, AND LETTERS TO

THE EDITOR OR OTHER TYPES OF COMMUNICATIONS FOR PUBLICATION. SUCH

DISCLOSURES MUST BE MADE TO THE AUDIENCE FOR EDUCATIONAL PRESENTATIONS,

AND TO THE RESPONSIBLE REPORTER OR EDITOR FOR NEWS ARTICLES, INTERVIEWS

OR PRESS RELEASES. JOURNAL ARTICLES AND RESEARCH REPORTS MAY FOLLOW

INDIVIDUAL JOURNAL OR FUNDING AGENCY REPORTING FORMATS.

INSTITUTIONAL CONFLICT OF INTEREST

INSTITUTIONS SUCH AS THE HHRI MAY HAVE FINANCIAL CONFLICTS OF INTEREST

INDEPENDENT OF THOSE OF SPECIFIC INDIVIDUALS. EXAMPLES INCLUDE GIFTS OR

ROYALTIES ACCRUING TO THE INSTITUTION RATHER THAN TO AN INDIVIDUAL OR

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SPECIFIC LABOR DEPARTMENT, OR SUPPORT OF INSTITUTIONAL EDUCATIONAL CONFERENCES. INSTITUTIONAL COI RAISES ISSUES SIMILAR TO THOSE RAISED BY INDIVIDUAL COI, AND SHOULD BE SUBJECT TO THE SAME SCRUTINY, DISCLOSURE AND MANAGEMENT PROCEDURES.

EDUCATIONAL ACTIVITIES - WHEN AN EDUCATIONAL ACTIVITY IS CONDUCTED BY HHRI AS THE SOLE ORGANIZER, THESE ACTIVITIES MAY NOT BE SUPPORTED BY FUNDS FROM VENDORS DOING BUSINESS WITH HHRI. WHEN EDUCATIONAL ACTIVITIES ARE CO-SPONSORED BY HHRI AND OTHER INSTITUTIONS (E.G. HENNEPIN HEALTH SYSTEM) WHICH DO NOT HAVE A SIMILAR PROHIBITION, THE CRITERIA OF THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) FOR COI IN CONTINUING MEDICAL EDUCATION MUST BE ADHERED TO BY ALL ORGANIZATIONS INVOLVED.

GIFTS - THE HHRI MAY NOT ACCEPT GIFTS OR CONTRIBUTIONS FROM VENDORS WITH WHICH IT CONDUCTS BUSINESS OR WHEN THE DONOR HAS AN INTEREST IN THE RESEARCH BEING SUPPORTED, SUCH AS PURCHASING OF COMMON EQUIPMENT, ON AN INSTITUTIONAL LEVEL. THIS POLICY WOULD NOT APPLY TO VENDORS PROVIDING GOODS OR SERVICES TO INDIVIDUAL FACULTY OR STAFF OR LABORATORIES (IN WHICH HHRI AS AN INSTITUTION DOES NOT INFLUENCE THE CHOICE OF VENDOR OTHER THAN BY GUARANTEEING COMPETITIVE BIDDING WHEN REQUIRED) BUT WOULD APPLY TO VENDORS IN THE CASE THAT THE HHRI MAKES PURCHASING DECISIONS AS AN INSTITUTION, E.G. COMMON EQUIPMENT, BIOHAZARD DISPOSAL SERVICES.

AN INSTITUTIONAL CONFLICT COMMITTEE CONSISTING OF THE HHRI CONFLICT OF INTEREST COMMITTEE PLUS A NON-HHS/HHRI EMPLOYED HHRI BOARD MEMBER WILL REVIEW ALL INSTITUTIONAL CONFLICTS OF INTEREST. THE HHRI COO WILL

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REPORT ALL INSTITUTIONAL FINANCIAL CONFLICTS ANY AMOUNT TO THE COMMITTEE FOR REVIEW.

FORM 990, PART IX, LINE 11G, OTHER FEES:

SUBCONTRACT PAYMENTS:

PROGRAM SERVICE EXPENSES	21,491,548.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21,491,548.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	2,003,715.
MANAGEMENT AND GENERAL EXPENSES	175,827.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,179,542.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	23,671,090.

**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

2022

**Open to Public
Inspection**

Name of the organization **HENNEPIN HEALTHCARE RESEARCH INSTITUTE** Employer identification number **41-1677920**

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 SYSTEM - 42-1707837 701 PARK AVENUE MINNEAPOLIS, MN 55415	HOSPITAL	MINNESOTA	501(C)(3)	LINE 3	N/A		X
HENNEPIN HEALTH FOUNDATION - 41-0845733 701 PARK AVENUE MINNEAPOLIS, MN 55415	PHILANTHROPIC SUPPORT	MINNESOTA	501(C)(3)	LINE 7	N/A		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) 2022

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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j	X	
1k	X	
1l		X
1m	X	
1n	X	
1o	X	
1p	X	
1q	X	
1r		X
1s		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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

232164 09-14-22

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. HENNEPIN HEALTHCARE RESEARCH INSTITUTE	Taxpayer identification number (TIN) 41-1677920
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 701 PARK AVE PP7.700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55415	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

MARK WILLMERT

• The books are in the care of ▶ **701 PARK AVENUE - MINNEAPOLIS, MN 55415**

Telephone No. ▶ **612-873-3386** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.