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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Swedish Health Services

Doing Business As

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

City or town, state or country, and ZIP + 4
Seattle, WA 981224307

D Employer identification number
91-0433740

E Telephone number
(206) 215-2112

G Gross receipts $ 1,713,249,139

F Name and address of principal officer
Rodney Hochman MD
747 Broadway
Seattle, WA 981224307

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www swedish org

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

L Year of formation 1908

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To improve the health and well-being of each person we serve

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	7,917
6	Total number of volunteers (estimate if necessary)	6	1,027
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	2,658,302
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-448,804

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	10,716,647	14,801,456
9	Program service revenue (Part VIII, line 2g)	1,197,072,226	1,290,802,336
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,983,645	10,340,638
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,942,890	45,919,083
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,252,715,408	1,361,863,513
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,897,562	7,601,227
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)	670,348,706	732,092,869
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	549,923,947	566,540,065
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,226,170,215	1,306,234,161
19	Revenue less expenses Subtract line 18 from line 12	26,545,193	55,629,352

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	1,273,386,558	1,505,851,855
21	Total liabilities (Part X, line 26)	911,218,885	920,424,780
22	Net assets or fund balances Subtract line 21 from line 20	362,167,673	585,427,075

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2010-11-12

▶ Jeffrey Veilleux CFO / Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Clark Nuber PS 10900 NE 4th Street Suite 1700 Bellevue, WA 98004			EIN ▶ Phone no ▶ (425) 454-4919

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Swedish is a regional, community governed health-care system committed to meeting the health-care needs of the community

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,104,840,738 including grants of $ 7,601,227) (Revenue $ 1,337,426,451)

As the largest, most comprehensive provider in the Greater Seattle area, the Swedish network includes the following - Swedish Medical Center/Ballard Campus, Swedish Medical Center/First Hill Campus, and Swedish Medical Center/Cherry Hill Campus - An emergency room and specialty center in East King CountyImproving the health and well-being of the community is central to the Swedish mission In 2009, Swedish provided $68,401,000 in community benefits to improve health in the broader community, including - $21,139,000 in charity care- $29,639,000 in Medicaid subsidies - $5,808,000 in health research - $8,001,000 in medical education - $3,814,000 in community health activities and non-billed services This work is part of our commitment to provide the best health care available to all members of our communities, regardless of their ability to pay During 2009, Swedish - Delivered 7,334 babies- Served 107,492 patients in our emergency departments- Admitted 40,734 patients to our three hospital campuses- Performed 35,746 surgeries- Had 78,941 visits to our medical oncology and treatment centersSwedish Medical Center has a combined medical staff of more than 2,000 providers, representing nearly every medical and surgical specialty and subspecialty In all, Swedish has roughly 8,000 employees Community OutreachSince 1910, Swedish has been dedicated to providing high-quality health care to all members of the community regardless of their ability to pay As a charitable, nonprofit 501(c)(3) organization, Swedish invests its resources in programs and services that improve the health of the community and region, from building partnerships with community clinics that serve the underprivileged to providing free and low-cost health-education classes to the public Community PartnershipsBy collaborating with others, the medical center has reached out to those who might not otherwise get the health-care services they need, from newly arrived immigrants and homeless teenagers to low-income senior citizens and pregnant women with addictions Residency Programs for the Economically DisadvantagedSwedish works with six community clinics that provide health care to underserved populations, including ethnic and low-income communities Many of the patients are refugees, homeless or without the means to get the clinical and pharmaceutical attention they need Our residency programs provide these services at the SeaMar Clinic, the Seattle Indian Health Board Clinic, Downtown Family Medicine and the Family Medicine Clinics at Swedish/Cherry Hill and Swedish/First Hill Services for Low-income Mothers and NewbornsMothers and infants in need receive assistance through the three Women, Infant and Children's (WIC) satellites at Swedish/First Hill, Swedish Family Medicine/Cherry Hill and the Ballard Maternity Health Clinic We also provide subsidized childbirth and parenting classes Swedish Pregnant Women ServicesThis inpatient program assists expectant mothers with drug and alcohol addictions and works with Swedish Perinatal Medicine to make sure these women get the extra medical attention they need to reduce the risk for complications with their pregnancy and health problems in their newborn Clinical Services for Low-Income SeniorsThrough the Swedish/Ballard Community Nursing Clinic, we offer free vaccinations, blood-pressure checks, foot care and other basic services Through the Family Medicine Clinic at Swedish/Cherry Hill, low-income seniors can participate in water aerobics, jazzercise and nutrition classes, all at no cost Health-Care Services for YouthIn collaboration with the Seattle Public Schools and Public Health-Seattle/King County, Swedish manages a teen clinic at Ballard High School that helps with chronic-disease management, health education, support groups, counseling and other issues Support for Patients and FamiliesThrough Swedish's Patient Assistance Fund, families receive financial assistance with rent, bills, medication, etc Food banks, clothing banks, patient transportation and comfort therapies for hospice patients are also part of this program In addition, Swedish donates space for St Joseph's Baby Corner, a program that provides basic baby necessities to families with newborns Community Health EducationSwedish offers a variety of free and low-cost health classes that are open to the public The Swedish Health Education Center has taken an innovative approach to health education by providing community residents with Internet access, printed materials and research assistance - all at no charge Ballard Health Improvement ProjectThis collaborative project of Swedish Medical Center, Ballard Family Medicine, Ballard Rotary and the Ballard community aims to reduce the risk of cardiovascular disease in the Ballard community The project includes blood-pressure screenings, risk assessment consultations, educational programs and a walking event Women's Health Services The Washington Breast and Cervical Health Program is a joint effort between Swedish and Public Health-Seattle & King County, that provides no-cost mammograms to women who are uninsured or underinsured The Swedish Breast-Care Express, a 64-foot self-contained coach, was developed to increase access to modern breast-health services - including the most advanced medical technology and telecommunications - for women in hard-to-reach areas of Western Washington Swedish assumes the cost of transportation in order to bring personalized medical services and health education to underserved populations Mother Joseph & Glaser ClinicsSwedish funds and operates several community clinics that provide services to those in need - the Mother Joseph Clinic, Glaser Clinic and Gynecology Clinic - which provide follow-up specialty medical care to the homeless, uninsured and underinsured who have been treated in Swedish emergency rooms or family medicine residency clinics Patients receive care free of charge by physicians who volunteer their time to ensure patients receive the specialty care they deserve The Mother Joseph Clinic at the Swedish/Cherry Hill Campus partners with King County Project Access to provide uninsured and underinsured patients with vital specialty medical care including orthopedics, cardiology and neurology In 2009, Mother Joseph recorded over 1575 visits and 130 surgeries Ten physicians donated their talents, including orthopedic surgeons, a cardiologist, a hand surgeon, a neurologist, a naturopath and a dermatologist The Glaser Clinic is staffed by physician residents who volunteer their time to provide surgical care to men and women from across Washington state Physicians at the GYN Clinic perform GYN procedures and in 2009 had more than 200 patient visits Although primarily a charity-care clinic, this clinic also receives funding from the Washington Breast and Cervical Health Program The GYN Clinic partners with several organizations around the area to provide women with vital services These organizations include Seattle King County Public Health, Kitsap County Public Health, Planned Parenthood of Washington, First Hill Family Medicine and 45th Street Clinic Mobile mammographyThe Mobile Mammography Program is dedicated to bringing high-quality mammography services to women throughout Western Washington, primarily those in underserved and hard-to-reach areas The program includes two Breast Care Express coaches which deliver experienced technologists and mammography equipment to locations convenient for women - places in their community or at their workplace In 2009, the Swedish Mobile Mammography Program provided mammograms to 7,829 women To reach women who need these vital - and often life-saving - breast-health services, Swedish joins with important community partners such as the YWCA, Center for Multicultural Health, Senior Services of Seattle/King County, the Rainier Park Community Clinic and North Seattle Public Health Center Swedish also works closely with the South Puget Inter-Tribal Planning Agency, Family Planning of Clallam County and the Tulalip and Muckleshoot tribal clinics

4b (Code) (Expenses $ including grants of $) (Revenue $)

Patient EducationThe Patient/Family Education and Community Health Program is committed to helping patients, families and the community make informed choices about their health The program offers classes on topics such as cancer, childbirth, diabetes, orthopedics, nutrition, safety and injury prevention, stress management and more These community health education classes are available to patients, families, community members, physicians, nurses and clinical staff Arming patients with health information they need allows them to make informed decisions and be advocates in their care One way Swedish provides access to health information is through education and resource centers at our three main campuses Community Health Medical HomeThis newly established family-medicine clinic in Ballard is Swedish's first clinic to utilize the medical home model of care Serving as a family medicine residency training site, the clinic practices a team approach to care that focuses on preventive care, chronic disease management and wellness What is also unique is the utilization of a different payer model Patients enroll or their insurance pays for services on a monthly basis, allowing the doctors to focus on patient care - not on productivity -and schedule longer appointments This and the ability to communicate by e-mail allows patients to have unlimited access to their physician team The clinic sees a mix of Medicare, Medicaid, self-pay patients, and a limited number of patients who are subsidized by Swedish Developmentally Disabled StudentsA special program at Swedish provides job training for students with disabilities Spiritual-Care EventsThe Spiritual Care Department at Swedish offers several community-based educational events, including a workshop for pastoral caregivers that focuses on hospital visitation, as well as other workshops open to the public on such topics as end-of-life issues and access to health care Charity CareThis program offers free or discounted hospital services for people who cannot afford care We are able to provide financial assistance in cases where the yearly family income is between 0 percent and 400 percent of the federal poverty level

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

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

4e **Total program service expenses** ▶ $ 1,104,840,738

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	917		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	7,917		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 14		
b	Enter the number of voting members that are independent . .	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ WA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Liz Shirley - Corp Controller
747 Broadway
Seattle, WA 981224307
(206) 215-2112

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

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 Use Schedule J-2 if additional space is needed

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	11,542,516	0	1,293,593

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1,079

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Physicians Anesthesia Service 1229 Madison 1440 Seattle, WA 98104	Physicians	3,481,741
Cellnetix Pathology Pllc 1124 Columbia St 200 Seattle, WA 98104	Laboratory	1,970,434
The Polyclinic 1145 Broadway Seattle, WA 98122	Physicians	1,494,435
Pop Multimedia 1326 5th Ave 800 Seattle, WA 98101	Marketing	1,026,278
Tumor Institute Radiation 1221 Madison St 1st Floor Seattle, WA 98104	Radiation oncology	895,009
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 86		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	7,649,934			
	e	Government grants (contributions)	1e	7,151,522			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		14,801,456			
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	900,099	901,624,083	901,624,083		
	b	Medicare/Medicaid Pmts	900,099	385,433,463	385,433,463		
	c	JV Investment Income	900,099	3,744,790	3,744,790		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,290,802,336			
	3	Investment income (including dividends, interest and other similar amounts)		10,989,686			10,989,686
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	347,319,584	3,416,994			
	b	Less cost or other basis and sales expenses	351,385,626				
	c	Gain or (loss)	-4,066,042	3,416,994			
	d	Net gain or (loss)		-649,048			-649,048
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Other Operating	541,900	18,030,094	16,835,711	1,194,383	
	b	Retail Pharmacy	446,110	13,053,441	12,809,317	244,124	
	c	Outside Service	541,900	7,205,515	6,561,164	644,351	
	d	All other revenue		7,630,033	7,054,589	575,444	
	e	**Total.** Add lines 11a–11d		45,919,083			
	12	**Total revenue.** See Instructions		1,361,863,513	1,334,063,117	2,658,302	10,340,638

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	7,601,227	7,601,227		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,797,518	2,520,200	4,277,318	
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	534,884,601	459,302,362	75,582,239	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	70,439,645	60,054,811	10,384,834	
9 Other employee benefits	83,606,068	71,280,124	12,325,944	
10 Payroll taxes	36,365,037	31,003,782	5,361,255	
11 Fees for services (non-employees)				
a Management				
b Legal	1,901,324	438,068	1,463,256	
c Accounting	311,707	7,000	304,707	
d Lobbying	287,218	287,218		
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	650,653	650,653		
g Other	49,153,471	28,171,321	20,982,150	
12 Advertising and promotion	3,070,758	139,536	2,931,222	
13 Office expenses	7,628,912	4,434,647	3,194,265	
14 Information technology				
15 Royalties				
16 Occupancy	39,737,760	36,527,848	3,209,912	
17 Travel	2,816,145	2,229,391	586,754	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	583,095	477,803	105,292	
20 Interest	20,237,878	12,684,716	7,553,162	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	89,193,503	57,513,196	31,680,307	
23 Insurance	6,995,588	4,621,819	2,373,769	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SUPPLIES	200,537,320	200,442,615	94,705	
b PURCHASED SERVICES	75,208,302	60,309,721	14,898,581	
c BAD DEBT	43,512,658	43,512,658		
d TAXES	18,087,691	17,736,199	351,492	
e OTHER	6,626,082	2,893,823	3,732,259	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,306,234,161	1,104,840,738	201,393,423	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	9,312,795
	2	Savings and temporary cash investments		66,775,325	2	44,913,582
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		186,239,322	4	190,434,207
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		11,551,609	8	12,262,156
	9	Prepaid expenses and deferred charges		6,546,080	9	6,712,114
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,587,067,088			
	b	Less accumulated depreciation	10b 878,855,148	730,340,324	10c	708,211,940
	11	Investments—publicly traded securities		228,447,494	11	490,652,394
	12	Investments—other securities See Part IV, line 11		26,931,603	12	13,583,470
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		16,554,801	15	29,769,197
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,273,386,558	16	1,505,851,855
Liabilities	17	Accounts payable and accrued expenses		185,207,399	17	102,424,531
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		406,541,796	20	547,774,846
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		319,469,690	25	270,225,403
	26	**Total liabilities.** Add lines 17 through 25		911,218,885	26	920,424,780
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		355,410,116	27	578,918,084
	28	Temporarily restricted net assets		6,757,557	28	6,483,991
	29	Permanently restricted net assets			29	25,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		362,167,673	33	585,427,075
	34	Total liabilities and net assets/fund balances		1,273,386,558	34	1,505,851,855

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
Swedish Health Services	91-0433740

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
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		
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-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		287,218
j	Total lines 1c through 1i			287,218
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 carryover lobbying and political expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	We retain a lobbyist for Washington State to monitor health care activities in our state capitol of Olympia and to work to support the health care activities of the Washington State Hospital Association We retain a lobbyist in Washington DC to monitor health care matters and to provide counsel regarding federal health matters The only contact employees have had with state or federal legislators has been informational in nature, describing the current state of health care delivery in our hospital system as well as a summary of our community benefits No letters, publications or advertising were used

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		61,177,500		61,177,500
b Buildings		669,301,543	284,227,625	385,073,918
c Leasehold improvements		40,746,125	22,920,856	17,825,269
d Equipment		797,282,116	571,706,667	225,575,449
e Other		18,559,804		18,559,804
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				708,211,940

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Employee Retirement Payable	200,964,522
Third Party Settlements	5,736,273
Accrued Interest	2,100,814
Other Liabilities	61,423,794
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	270,225,403

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
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 XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
		Swedish takes various tax positions in preparing tax returns Only uncertain tax positions that meet a more-likely-than-not designation are recognized in the financial statements As of December 31, 2009 and 2008, no uncertain tax positions have been recognized The Internal Revenue Service has determined that Swedish is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code There was no significant taxable unrelated business income during 2009 and 2008 In 2009, Swedish MJM Holdings, PS, became a majority owner in Minor & James Medical, PLLC (see note 5) Swedish is also a majority owner in Radia Issaquah Imaging Center, LLC and has consolidated the financial results of that entity However, these relationships are consistent with the tax exempt status of Swedish Therefore, no provision for income taxes has been made in the combined financial statements

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			21,386,702	1,540,341	19,846,361	1 520 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			132,964,520	86,998,902	45,965,618	3 520 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			154,351,222	88,539,243	65,811,979	5 040 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	34	43,485	7,478,772	4,520,142	2,958,630	0 230 %
f Health professions education (from Worksheet 5)	13	638	14,889,727	6,889,156	8,000,571	0 610 %
g Subsidized health services (from Worksheet 6)	4	38,145	25,800,455	20,179,006	5,621,449	0 430 %
h Research (from Worksheet 7)	13	5,818	11,261,156	5,452,772	5,808,384	0 440 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	14	15,526	7,601,227		7,601,227	0 580 %
j **Total** Other Benefits	78	103,612	67,031,337	37,041,076	29,990,261	2 290 %
k **Total.** Add lines 7d and 7j	78	103,612	221,382,559	125,580,319	95,802,240	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support	2	1,500	47,200		47,200	0 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	2	8,500	339,000		339,000	0 030 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**	4	10,000	386,200		386,200	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	25,547,373		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	2,056,564		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	200,249,879		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	255,579,854		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-55,329,975		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	Swedish First Hill Diagnostic Imaging LLC	Medical imaging	70 000 %		30 000 %
2	Issaquah Surgery Center LLC	Medical - surgery	76 500 %		23 500 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)

See Additional Data Table

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 7f Bad debt expense subtracted for purposes of calculating percentage of total expense (from PART IX) $43,512,658

Part I, Line 7 Costs for table 7, lines a through d were calculated using a cost to charges ratio Costs for table 7, lines e, f, h, and i are from actual expenses incurred Costs for table 7, line g are from a cost accounting system, which addresses all patient segments including Medicare, Medicaid, uninsured, and self pay

Part III, Line 4 The total amount of bad debt expense reported are bad debt write-offs not including any recoveries Bad debt expense attributable to patients likely qualifying for charity care is an estimate It is based on the percentage of bad debt reclassified as charity care in prior years after the close of the financials Swedish Health Service's audited financial statements do not include a footnote on bad debt expense

Part III, Line 8 Costing methodology is based upon Medicare Cost Report and Medicare PS&R report Swedish believes that all of the $55 million shortfall should be conidered as community benefit The hospital provides care regardless of the shortfall and thereby relieves the federal government of the burden of paying the full cost for Medicare beneficiaries

Part III, Line 9b Swedish Health Services follows standard collection practices and complies with governing laws, regulations, and authorities including WAC Title 246 Chapter 453, Hospital Charity Care Charity is re-screened throughout the revenue cycle when account events, such as patient initiated contact requesting alternative payment options, trigger review A guarantor may submit a charity care discount application at any point in the revenue cycle, from pre-admission to final payment of the bill The patient application process is not a requirement for charity eligibility review of accounts with characteristics identified for charity approval

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 Working with a Community Advisory Committee made up of key community partners, Swedish developed a Community Needs Assessment Tool This instrument defined, among other things, underserved patient access to care and access for specialty health care needs The methodology was derived from the Leading Health Indicators for King County and was cross referenced with research done by the Washington Health Foundation, United Way of King County and Healthy People 2010 Based on this information, Swedish has developed partnerships with community agencies where we have combined our resources to impact the negative health trends in the community To date we have developed partnerships with The American Diabetes Association, the American Heart Association, Senior Services of King County, March of Dimes, United Way, Lifelong AIDS Alliance and the Washington Health Foundation Some current trends affecting the community include poverty and access to affordable healthcare Negative local trends affecting the community assessment include prevalence of low birth weight babies, breast cancer, diabetes, HIV / AIDS, hypertension, high blood cholesterol, heavy drinking, and multiple sclerosis Areas seeing improvement in King County but still needing improvement include incidence of stroke, colorectal cancer death, lung cancer death, suicide, smoking cessation, vaccinations, AIDS incidence, and seatbelt use

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

Part VI, Line 3 Swedish Medical Center is committed to the provision of healthcare services to all persons in need of medical attention regardless of their ability to pay Employees are responsible for processing applications in a respectful and courteous manner Processing should in no way discourage patients from receiving healthcare, or result in the delayed provision of essential healthcare services Charity care/financial assistance is available to any eligible patient without regard to race, color, sex, religion, age or national origin All interactions with patients must respect the inherent worth of all persons and their individual dignity Public Notices Our Financial Assistance (Charity Care) policy is made available via wall posters that are located in registration areas and emergency departments Letter size posters are also available in departments and Health Resource Centers Brochures are available for dissemination or upon request and are available in several languages including but not limited to English, Spanish, Chinese, Vietnamese, and Korean Brochures, applications and the sliding scale are available to any person requesting the information whether in person, by mail or by telephone Timing of Application Patients may apply for charity care prior to service, at the time of service or at any point in the billing process up to the resolution of the account Identification of Charity Care Candidates Every effort is made to identify patients who would benefit from charity care at the earliest point possible Care for a patient's well being is as important as care for their medical needs It is our goal to diminish a patient's worry over health care bills Employees must be alert to indications that the patient or family has concerns about their ability to pay health care bills even if the patient does not specifically ask about charity care or financial assistance General Application Process Once a patient is identified as a charity care candidate a further interview will occur Interpreters will be offered and arranged as appropriate Registrars or Financial Counselors may assist patients in completion of applications

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

Part VI, Line 4 Swedish is a nonprofit health provider serving the Greater Seattle area We have three hospital locations in Seattle, an emergency room and specialty center in Issaquah (East King County) and more Swedish Medical Center/BallardSwedish Medical Center/First HillSwedish Medical Center/Cherry Hill (formerly Providence)Swedish Medical Center/IssaquahSwedish Visiting Nurse ServicesSwedish Physicians network of 14 primary care clinicsMultiple specialty clinicsAffiliations with suburban hospitals and physician groupsThe estimated total King County population in 2009 was 1,909,300 Since 1990, the population has increased by 26 7% King County's largest city, Seattle, had an estimated 2009 population of 602,000, a 6 9% increase from 2000 The next three biggest cities and their estimated 2009 populations were Kent (88,380, 11 1% growth), Bellevue (120,600, 9 8% growth since 2000), and Federal Way (88,580, 6 4% growth) Population characteristics and trends help describe King County's many communities and provide a context for trends in health outcomes King County's fastest-growing age groups are those aged 75 and older and 45 to 64 The county is increasing in racial diversity, especially in South King County Social determinants of health, such as poverty and educational attainment, have a substantial impact on a broad range of behavioral risks and health outcomes Educational attainment increased from 1990 to 2000, but disparities remain in the percent of those who finish high school and who have a college education Over 10 hospitals serve King County There are federally designated medically underserved areas present in our region

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 Coalition Building - The Global to Local Initiative Includes Swedish Medical Center, King County Public Health, the University of Washington, the Bill and Melinda Gates Foundation, the Washington Global Health Alliance, and Health Point care providers This partnership's goal is to demonstrate that global health strategies tailored to a local context can yield measurable health improvements The program will institute a number of health care strategies taken from around the world Some of the strategies include - Easily accessible primary care delivery site (based on medical home model)- Utilizing and deploying community health workers- Linking health with economic development- Mobilizing and empowering community based organizations- Generating focused education campaigns around priority health issuesCoalition Building - Social Justice Program This program is a partnership between Seattle University Law School and Swedish Medical Center The main task of this medical legal partnersip and public benefits assistance project is to identify and enroll eligible Swedish family medicine patients age 60 and over into the COPES program (a public benefit program designed to support elders and disabled adults in their home) Coalition Building - Symposium Innovation in the Age of Reform / Redesigning Health-Care DeliveryPresented by Swedish to the CommunityTo effectively address the nation's health-care crisis, it will take more than insurance reform It will require completely redesigning the way healthcare is delivered The challenge is to increase access and improve quality while simultaneously reducing costs In communities throughout the United States, providers and institutions are pioneering innovative new models of delivery, and they're seeing success in their individual areas The purpose of this symposium is to bring these pioneers and innovative minds together, to learn what works in health-care delivery, to determine how to disseminate these best practices thereby initiating an effort to redesign the American health-care system Community Support - Medical Home Development More than 178,000 adults between the ages of 18-64 in King County are uninsured People who are under-insured tend to either delay receiving care until they have serious symptoms or to use the emergency room for primary care At Swedish's First Hill emergency department, 14% of all visits by uninsured patients in 2007 were primary-care treatable We believe the planned expansion of one of our family-medicine residency program sites on the Swedish/Ballard campus provides a unique opportunity to build a patient-centered medical home primary-care clinic from the ground up that is focused on an innovative primary-care model for all patients, including the underserved The focus groups for this pilot are the un- and under-insured, Medicaid and Medicare beneficiaries, and a select group of insured customers Objectives - To improve the effectiveness and efficiency of primary-care delivery by - Increasing access to primary care- Redesigning care processes- Improving management of patient health- Redesigning payment-Giving patients an alternative to the emergency room Community Support - Swedish Community Specialty ClinicThis proposal seeks to combine the Glaser Clinic at First Hill with the Cherry Hill Mother Joseph Clinic and relocate these clinics to one site on First Hill The development of this clinic in partnership with King County Project Access and specialty care clinics will be a testament to Swedish Medical Center's commitment to serve the uninsured and underinsured patients in our community King County Project Access provides a workable solution to one of the most pressing health care problems facing low-income and uninsured people in our community - access to specialty care services This program builds on the safety net of primary care provided by the community health and public health clinics in King County Through KCPA, low-income uninsured patients have access to needed specialty health care and donated ancillary, in- and out-patient hospital services Our goal is to set a new standard in community health and to highlight that Charity care is a core part of our nonprofit mission which will continue even in a down economy Glaser Clinic and Mother Joseph Clinic were in effect for 2009 This specialty clinic was designed to build on the primary care available in our medical home model Arrangements with specialists, including those providing dentistry care, were finalized during 2010 and the new clinic as described above will open in 2011

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

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

WA

Additional Data

Software ID:
Software Version:
EIN: 91-0433740
Name: Swedish Health Services

Form 990 Schedule H, Part V - Facility Informaiton

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Swedish First Hill 747 Broadway Seattle, WA 98122	X			X		X	X		
Swedish Cherry Hill 500 17th Ave Seattle, WA 98122	X			X		X	X		
Swedish Ballard 5300 Tallman Ave NW Seattle, WA 98107	X			X			X		
Swedish Issaquah 2005 NW Sammammish Rd Issaquah, WA 98027							X		
Swedish Community Health Medical Home 5300 Tallman Ave NW Seattle, WA 98107									Outpatient physician clinic
Swedish Family Medicine - Cherry Hill 550 16th Ave Ste 100 Seattle, WA 98122									Outpatient physician clinic
Swedish Family Medicine - First Hill 1401 Madison St Ste 100 Seattle, WA 98104									Outpatient physician clinic
Swedish Premier Health 600 Broadway Suite 340 Seattle, WA 98122									Outpatient physician clinic
Swedish Cancer Institute at Highline 16251 Sylvester Rd SW Seattle, WA 98166									Cancer treatment facility
Swedish Cancer Institute at Northwest 1560 N 115th Ste G-16 Seattle, WA 98133									Cancer treatment facility
Swedish Cancer Institute at Stevens 21605 76th Ave W Edmonds, WA 98026									Cancer treatment facility
SPD - Ballard 2208 NW Market St Ste 410 Seattle, WA 98107									Outpatient physician clinic
SPD - Central Seattle Clinic 1600 E Jefferson Ste 510 Seattle, WA 98122									Outpatient physician clinic
SPD - Children's Clinic 3400 California Ave SW Ste 200 Seattle, WA 98116									Outpatient physician clinic
SPD - Downtown Seattle 1001 Fourth Ave Plaza Ste 420 Seattle, WA 98154									Outpatient physician clinic
SPD - Factoria 12917 SE 38th Street Ste 100 Bellevue, WA 98006									Outpatient physician clinic
SPD - Greenlake 7210 Roosevelt Way NE Seattle, WA 98115									Outpatient physician clinic
SPD - Healthcare for Women 1229 Madison St Ste 1450 Seattle, WA 98104									Outpatient physician clinic
SPD - Issaquah 2005 NW Sammammish Rd Issaquah, WA 98027									Outpatient physician clinic
SPD - Magnolia 24350 33rd Ave W Ste 100 Seattle, WA 98199									Outpatient physician clinic
SPD - Pine Lake 22707 SE 29th St Bldg C Sammammish, WA 98075									Outpatient physician clinic
SPD - Queen Anne 2211 Queen Anne Ave N Seattle, WA 98109									Outpatient physician clinic
SPD - Redmond 15670 Redmond Way Redmond, WA 98052									Outpatient physician clinic
SPD - Snoqualmie 37624 SE Fury St Snoqualmie, WA 98065									Outpatient physician clinic
SPD - West Seattle 3400 California Ave SW Ste 300 Seattle, WA 98116									Outpatient physician clinic

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 14

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Other Information	Part IV	The Swedish Community Needs Assessment is a living document that was developed as a tool to manage and allocate the resources of Swedish Medical Center in accordance with our mission, while meeting the specific health needs of our community Community grants and sponsorships are determined via this data driven methodology In addition, a Community Advisory Council monitors and confirms our ongoing assessment of these health care needs Swedish Health Services makes an annual contribution to Providence Health Services of Washington Providence is a nonprofit 501(c)(3) charitable healthcare organization Contributions are invested in improving the quality of the local region's healthcare They are also used to raise funds in support of new and improved technology to enhance medical excellence in heart care, pediatrics, cancer, vascular, and emergency medicine Swedish Health Services makes an annual contribution to the Swedish Medical Center Foundation to assist with the Foundation's operating expenses

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 91-0433740
Name: Swedish Health Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
City Club1904 Third Avenue Ste 622 Seattle, WA 98101	91-1148262	501(c)3	7,500				Cover the Uninsured Week program & gala auction
Enterprise Seattle1301 Fifth Ave Ste 2500 Seattle, WA 98101	91-1938117	501(c)3	15,000				General support
King County Children's Health Initiative401 Fifth Avenue Ste 800 Seattle, WA 98104	91-6001327	King County Children	25,000				Children's Health Initiative
King County Project Access 1111 Harvard Ave Seattle, WA 98122	20-4377921	501(c)3	35,000				King County Health Access contribution
National Bureau of Asian Research1215 4th Ave Ste 1600 Seattle, WA 98161	91-1444105	501(c)3	10,000				Pacific Health Summit sponsorship
Providence Health System 2201 Lind Ave SW 200 Renton, WA 98055	51-0216586	501(c)3	3,941,362				General support
Seattle Center Foundation 305 Harrison St Seattle, WA 98102	91-1003385	501(c)3	10,000				Mentor program sponsorship
Seattle University Athletics 901 12th Ave Seattle, WA 98122	91-0565006	501(c)3	10,000				Basketball program sponsorship
Stevens Hospital Foundation 21601 76th Ave W Edmonds, WA 98026	20-5803835	501(c)3	10,000				Golf tournament dinner and Auction - supports patient care
Swedish Medical Center Foundation747 Broadway Seattle, WA 98122	91-0983214	501(c)3	3,329,978				Support for operating expenses

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Foundation of the National Students Nurses 450 Main Street Ste 606 Brooklyn, NY 11201	13-3123125	501(c)3	7,500				Johnson & Johnson Campaign for Nursing Event
United Way of King County 720 Second Ave Seattle, WA 98104	91-0565555	501(c)3	15,000				General support
University of Washington School of NursingUW School of Nursing Development Office Box 357260 Seattle, WA 98195	91-6001527	501(c)3	10,000				Sponsorship Nurses Recognition Banquet
Washington Health Foundation600 Stewart St Ste 601 Seattle, WA 98101	91-6033679	501(c)3	20,000				Partnership - Healthiest State in the Nation Campaign for Washington

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Rodney Hochman MD	(i)	801,436	159,893	281,102	11,250	57,075	1,310,756	159,893
	(ii)	0	0	0	0	0	0	0
Cynthia Strauss	(i)	299,042	36,750	40,577	97,514	23,134	497,017	36,750
	(ii)	0	0	0	0	0	0	0
Jeffrey Veilleux	(i)	412,613	43,007	75,174	99,228	18,901	648,923	43,007
	(ii)	0	0	0	0	0	0	0
Kevin Brown	(i)	371,000	17,162	2,055	73,272	24,384	487,873	17,162
	(ii)	0	0	0	0	0	0	0
Traci Hoiting	(i)	62,838	19,615	232,072	36,189	8,795	359,509	19,615
	(ii)	0	0	0	0	0	0	0
Calvin Knight	(i)	498,617	481,366	101,398	82,025	23,352	1,186,758	481,366
	(ii)	0	0	0	0	0	0	0
Brian Kuske	(i)	70,252	12,195	434,067	60,650	11,765	588,929	57,390
	(ii)	0	0	0	0	0	0	0
Marcel Loh	(i)	330,348	5,319	51,317	69,198	20,804	476,986	5,319
	(ii)	0	0	0	0	0	0	0
Janice Newell	(i)	311,538	14,659	46,326	85,906	13,378	471,807	14,659
	(ii)	0	0	0	0	0	0	0
Darren Redick	(i)	45,715	0	181,907	67,983	17,553	313,158	0
	(ii)	0	0	0	0	0	0	0
Joanne Suffis	(i)	300,242	27,744	57,556	59,766	10,494	455,802	27,744
	(ii)	0	0	0	0	0	0	0
Henry Kaplan	(i)	1,404,314	155,660	11,484	88,767	19,194	1,679,419	0
	(ii)	0	0	0	0	0	0	0
Marc Mayberg	(i)	1,031,056	0	9,647	21,928	21,346	1,083,977	0
	(ii)	0	0	0	0	0	0	0
David Newell	(i)	1,210,174	0	9,426	42,676	21,126	1,283,402	0
	(ii)	0	0	0	0	0	0	0
Rod Oskoui an	(i)	965,418	0	2,366	17,150	19,557	1,004,491	0
	(ii)	0	0	0	0	0	0	0
Joseph Teply	(i)	913,646	0	4,423	56,068	13,165	987,302	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Persons who received taxable tax gross-up payments Kevin Brown, Rodney Hochman, Calvin Knight, Mark Mayberg, David Newell, Rod Oskouian, Joseph Teply Persons who received taxable discretionary spending amount Rodney Hochman, Calvin Knight Persons who received taxable housing allowance Rodney Hochman
	Part I, Line 1b	The Board of Trustees approves all benefits provided to executives in accordance with its policy on approving executive compensation
	Part I, Line 4a	Severance paid Traci Hoiting $201,058, Brian Kuske $228,654, Darren Redick $157,692 Part I, Line 4b Supplemental nonqualified retirement plan Swedish Health Services provides a 457F nonqualified retirement plan to executives and highly compensated employees The purpose of the 457F plan is to attract and retain certain capable individuals in accordance with the compensation policy described in Schedule O under Part VI, Line 15a & 15b The plan allows compensation to be deferred and then placed into a number of investment funds Participant deferrals are credited to the participant's account after the end of the payroll period in which the deferred amount otherwise would have been paid Investment gains and losses are credited to each account based on each participant's investment election Each participant has a right to his or her account upon the earlier of the a) expiration of the latest deferral period b) involuntary termination of employment c) death before voluntary termination of employment d) disability before voluntary or involuntary termination of employment e) retirement, or f) plan termination In the event of a participant's voluntary termination of employment before his or her benefits have vested, his or her nonvested benefits are permanently forfeited The plan was closed to new participants in 2008 Participated in 457F plan Rodney Hochman, Calvin Knight, Brian Kuske, Marc Mayberg, David Newell Received distributions from 457F plan Brian Kuske $161,032 Reportable compensation is based on the total amount paid during the fiscal year, including current year payments of amounts reported in prior years as contributions to employee benefit plans and deferred compensation, together with investment earnings from those prior year contributions As a result, certain amounts have been reported twice, both in prior years when earned or accrued, and again in the current year when paid
	Part I, Line 6	The Board, its Compensation and HR Committee and Human Resource Leadership develop and approve annual goals and performance criteria that are used to determine variable compensation opportunities for management This is consistent with the Compensation Philosophy of Swedish Health Services SHS leadership assesses performance against these goals and performance criteria, which include furthering clinical performance, operating principles, patient satisfaction, and the needs of the underserved For 2009, the initial threshold that must be achieved was a three and one-half percent (3 5%) operating margin for the organization as a whole If the threshold is met, the margin above it is available for payout based on achieving additional criteria This provision preserves sufficient funds that are critical for future growth, while allowing Swedish to compete with other organizations, including for-profit corporations, for talented leaders SHS places a high priority on the need to recruit and retain a strong leadership team and to create a highly motivated and engaged workforce to drive superior organizational performance in order to achieve top tier integrated care delivery system status The additional performance criteria that must be met include organizational growth and expansion of services to support the needs of the community, achievement of quality standards (i e , continued Joint Commission on Accreditation of Healthcare Organizations accreditation, regulatory issue resolution and hand hygiene), service (as measured by inpatient and outpatient satisfaction scores), and employee and physician satisfaction ratings The criteria and measures are objective and measurable, rather than subjective in nature Managers and Executives receiving this variable compensation devote an average of 60 hours per week to perform their responsibilities

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 91-0433740
Name: Swedish Health Services

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Rodney Hochman MD	(I)	801,436	159,893	281,102	11,250	57,075	1,310,756	159,893
	(II)	0	0	0	0	0	0	0
Cynthia Strauss	(I)	299,042	36,750	40,577	97,514	23,134	497,017	36,750
	(II)	0	0	0	0	0	0	0
Jeffrey Veilleux	(I)	412,613	43,007	75,174	99,228	18,901	648,923	43,007
	(II)	0	0	0	0	0	0	0
Kevin Brown	(I)	371,000	17,162	2,055	73,272	24,384	487,873	17,162
	(II)	0	0	0	0	0	0	0
Traci Holting	(I)	62,838	19,615	232,072	36,189	8,795	359,509	19,615
	(II)	0	0	0	0	0	0	0
Calvin Knight	(I)	498,617	481,366	101,398	82,025	23,352	1,186,758	481,366
	(II)	0	0	0	0	0	0	0
Brian Kuske	(I)	70,252	12,195	434,067	60,650	11,765	588,929	57,390
	(II)	0	0	0	0	0	0	0
Marcel Loh	(I)	330,348	5,319	51,317	69,198	20,804	476,986	5,319
	(II)	0	0	0	0	0	0	0
Janice Newell	(I)	311,538	14,659	46,326	85,906	13,378	471,807	14,659
	(II)	0	0	0	0	0	0	0
Darren Redick	(I)	45,715	0	181,907	67,983	17,553	313,158	0
	(II)	0	0	0	0	0	0	0
Joanne Suffis	(I)	300,242	27,744	57,556	59,766	10,494	455,802	27,744
	(II)	0	0	0	0	0	0	0
Henry Kaplan	(I)	1,404,314	155,660	11,484	88,767	19,194	1,679,419	0
	(II)	0	0	0	0	0	0	0
Marc Mayberg	(I)	1,031,056	0	9,647	21,928	21,346	1,083,977	0
	(II)	0	0	0	0	0	0	0
David Newell	(I)	1,210,174	0	9,426	42,676	21,126	1,283,402	0
	(II)	0	0	0	0	0	0	0
Rod Oskoui an	(I)	965,418	0	2,366	17,150	19,557	1,004,491	0
	(II)	0	0	0	0	0	0	0
Joseph Teply	(I)	913,646	0	4,423	56,068	13,165	987,302	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Washington Health Care Facilities Authority	91-1108929	93978E3K6	03-19-2009	36,270,000	Healthcare equipment and facilities		X		X
B	Washington Health Care Facilities Authority	91-1108929	93978E3L4	03-19-2009	63,730,000	Healthcare equipment and facilities		X		X
C	Washington Health Care Facilities Authority	91-1108929	93978E3M2	03-19-2009	75,000,000	Healthcare equipment and facilities		X		X
D	Washington Health Care Facilities Authority	91-1108929	93978E3N0	03-19-2009	75,000,000	Healthcare equipment and facilities		X		X
E	Washington Health Care Facilities Authority	91-1108929	93978EE32	12-21-2006	200,000,000	Healthcare equipment and facilities		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	35,074,112	61,628,705	74,392,753	74,392,753	200,000,000
2	Gross proceeds in reserve funds	3,550,972	6,239,411			
3	Proceeds in refunding or defeasance escrows	50,000,000		50,000,000	50,000,000	
4	Other unspent proceeds					
5	Issuance costs from proceeds	189,725	333,366	730,193	730,193	1,064,000
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	31,333,415	55,055,928	23,662,560	23,662,560	198,936,000
8	Year of substantial completion	2008	2008	2008	2008	2007

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X		X		X		X		X
10	Were the bonds issued as part of an advance refunding issue?		X		X	X		X			X
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X	X	

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %		0 160 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %		0 320 %
6	Total of lines 4 and 5		0 %		0 %		0 %		0 %		0 480 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X	X		X		X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X		X
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Warren Fein	Warren Fein is a family member of Cynthia Strauss	297,497	Employment		No
First Choice Health Administrators	Health Plan Administrator	3,386,726	First Choice is the health plan administrator of Swedish Health Services Rod Hochman, CEO of Swedish Health Services, is a board member of First Choice Health Administrators		No

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Swedish Health Services has no members other than a "Special Member" of the Corporation, Providence Health System - Washington, a Washington not-for-profit corporation As Special Member, PHSW has the right to nominate candidates for election by the Board of Trustees of the Corporation to fill not less than two voting Active Trustee membership positions on the Corporation's Board of Trustees
Form 990, Part VI, Section A, line 7b		Providence Health Services - Washington (PHSW) has the authority to exercise approval with respect to the following actions that may be taken by the board of trustees of the corporation A Any amendment of the Articles of Incorporation or Bylaws of the Corporation that may adversely affect the specifically enumerated rights of PHSW B Any reorganization of the Corporation or change in control of the Corporation, or any sale, long term lease, donation (or similar type of transaction) involving all or substantially all of the assets of the Corporation in a manner that does not provide for the assumption of the obligations of the Corporation C Any fundamental change in the mission and philosophy of the Corporation
Form 990, Part VI, Section B, line 11		Preparation and review of the Form 990 involves the compilation of information from all areas of the organization, including Human Resources, Finance and the Board of Directors The initial draft return is prepared by Finance and reviewed by Management All schedules and forms are then reviewed by the financial manager(s), the Corporate Controller, and the CFO Next, an external independent review is performed by an independent tax advisor Before the return is filed, a copy of the return is made available to all members of the board The return is then filed with the IRS by the deadline
Form 990, Part VI, Section B, line 12c		Swedish Health Services (SHS) publishes its written Board of Trustees Conflict of Interest Policy and the Conflict of Interest Policy for Management and Other Persons (Covered Persons) with Significant Administrative Responsibility on the corporation's internet site Covered Persons are defined as the Chief Executive Officer (CEO), Management, Medical Directors, members of the Pharmacy and Therapeutics Committee, Value Analysis Teams including voting stakeholders and the Institutional Review Board (IRB), all new employee applicants for the position of Medical Director (or similar position with significant administrative responsibilities), and all recruits for employed provider positions Board Members and Covered Persons are required to complete a Conflict of Interest Questionnaire annually and disclose any affiliations, interest or relationships, and/or any transactions the individual and/or his/her family members have engaged in that might give rise to an actual, apparent, or potential conflict of interest The policies define family members and describe what constitutes conflicts of interest They require individuals to report any further financial interest, situation, activity or conduct that may develop before completion of the next questionnaire Potential conflicts of interest with physician board members with financial interests in businesses that compete with SHS are addressed, as well as appropriate disclosures, evaluation and resolution of said conflicts The Conflict of Interest Questionnaires include an annual statement that Board Members and Covered Persons (a) have received a copy, read and understand the Policy, (b) agree to comply, (c) understand that the Policy applies to committees and subcommittees, (d) understand that SHS is a charitable organization that must engage primarily in exempt activities, (e) agree to report any change to matters previously disclosed on the Conflict of Interest Questionnaire, (f) state that the information provided in the Questionnaire is true to the best of his/her knowledge and belief, and (g) affirm that neither they nor family members have violated the policy The purpose of the policies are to ensure that Board Members and Covered Persons are independent and able to perform their duties in an impartial manner free from any bias created by personal interests, to protect the interests of SHS when it is contemplating entering into an arrangement that might benefit the private interest of Board Members or Covered Persons, to clarify the duties of Board Members and Covered Persons in the context of a potential conflict (and to provide with a method for disclosing and resolving said conflict), and to supplement (not replace) any applicable state laws governing conflicts of interest applicable to charitable, not for profit corporations SHS will not engage in any contract, transaction, or arrangement involving a potential conflict of interest unless it is determined that appropriate safeguards to protect the charitable mission of SHS have been implemented The Board's Governance Committee, working with the organization's Compliance Officer, will review all Conflict of Interest Questionnaires for Board Members The Governance Committee will make a finding as to whether an actual, apparent or potential conflict of interest exists and will forward that finding, along with recommendations for resolution, to the Board of Trustees for discussion and vote For Covered Persons the organization's Conflict of Interest Committee works with the Compliance Officer and follows a similar process It reviews all questionnaires submitted by Covered Persons and communicates its findings and recommendations to be implemented by the appropriate committees Meeting minutes will identify any person attending any meeting who has a conflict of interest with respect to any matter before the Board or committee and the action taken to address the conflict
Form 990, Part VI, Section B, line 15		The Board of Trustees has delegated authority to the Compensation and HR Committee to review and approve compensation arrangements for senior managers Senior managers are those individuals in the following positions President/Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Medical Officer, Chief Nursing Officer, Vice President, Executive Director of Swedish Medical Center Foundation, and Other Executive Directors of major programs (as identified by the President/CEO) Compensation for executives is consistent with the Executive Total Compensation Philosophy approved by the Board of Trustees Potential conflicts of interest are addressed in accordance with the corporation's conflict of interest policy (as described in SHS's response to Line 12C) The Board of Trustees selects and retains an independent consultant to conduct an annual review of the compensation package, including salaries, incentives and benefits, and recommend appropriate adjustments to ensure that each remains competitive and responsive to changing laws and in keeping with the organization's mission The Board, as part of its analysis, obtains from the independent consultant appropriate comparability data, including total compensation paid by similarly situated for profit and not for profit health care organizations for positions that are functionally comparable The consultant provides documentation that total compensation is at fair market value The consultants' recommendations are reviewed and approved (or not approved) by the Compensation and HR Committees, which document the basis for their decision Following approval of the annual review by the Compensation and HR Committee the Board will be responsible for approving any changes in the compensation of the President/CEO The Compensation and HR Committee will approve changes in the compensation package for key employees (as defined by the 990) The President/CEO will be responsible for approving any changes in the compensation package of the other senior managers For 2009 there was not an annual review of the compensation package due to a salary freeze
Form 990, Part VI, Section C, line 19		Swedish Health Services' Code of Conduct and Conflict of Interest Policy are available at www swedish org Governing documents and financial statements are available upon request
Form 990, Part I, Line 6	Volunteers Estimate	On average volunteers provide 15,000 hours of uncompensated labor each month for the benefit of Swedish Health Services Volunteers do not replace employees, however, they do supplement the paid workforce in nearly every department and every division at Swedish, whether it is an ongoing placement or a one-time special project These tasks can be clerical in nature, allowing clinical staff to spend more time at the bedside or providing other direct patient care Some of the departments supported by clerical volunteer help include Clinical Trials, Linguistic Services, Employee Health, Intensive Care nursing units, and Private Pay Patient Services Volunteers also serve in a myriad of clinical departments, which involve direct-patient contact assisting with non-clinical tasks Non-clinical tasks include providing reading material to patients, offering warm blankets, running errands for the nursing staff, answering incoming telephone calls and conversation with patients A few of the areas benefiting from volunteers included our Art with Heart program for Pediatric patients, volunteer visitors with our Advance Bloodless Surgery program, our many volunteers in the out-patient Cancer Treatment Infusion Center, in-patient Orthopedics nursing units, and our in-patient Short Stay nursing unit Our Information Desk, serving patients, staff, visitors and guests alike is completely staffed by volunteers In a typical 4-hour volunteer shift each volunteer will interact, in some manner, with approximately 150 individuals Contacts include face-to-face assistance, inquiries by telephone, and forwarding postal mail to in-patients Individuals also volunteer their time to learn new skills, refresh skills and accumulate hours to be eligible to sit for certification exams Some of the departments with this type of volunteer include, but are not limited to Spiritual Care, Diagnostic Ultrasound, Clinical Engineering/Biomedical, Pharmacy, Nuclear Medicine, Sterile Processing and Social Work

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Swedish Physicians LLC 600 University St Ste 1200 Seattle, WA 98101 91-1942315	Physician Clinic	WA	43,982,581	5,606,812	N/A
Arnold Condominium LLC 747 Broadway Seattle, WA 98122 42-1679118	Owner Association	WA	81,182	24,936,053	N/A
Swedish Heart Institute Medical Grp LLC 747 Broadway Seattle, WA 98122 91-1911869	Physician Clinic	WA	22,255,333	12,096,350	N/A
Swedish Neuroscience Inst Med Grp LLC 747 Broadway Seattle, WA 98122 42-1676551	Physician Clinic	WA	17,795,657	6,062,602	N/A
Radiation Therapy Innovations LLC 1221 Madison St Ste 1110 Seattle, WA 98104 30-0553035	Radiation therapy	WA	606,289	4,276,265	N/A

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
Marsha Rivkin Center for Ovarian Cancer Research 747 Broadway Seattle, WA 98122 91-2054035	Ovarian cancer research	WA	501(c)3	Line 7	N/A
Swedish Community Services 747 Broadway Seattle, WA 98122 91-0729017	Healthcare	WA	501(c)3	Line 7	N/A
Swedish Medical Center Foundation 747 Broadway Seattle, WA 98122 91-0983214	Primary fundraising arm of Swedish Health Services	WA	501(c)3	Line 7	N/A
Seattle Heart Alliance Foundation 747 Broadway Seattle, WA 98122 20-0884590	Heart and vascular health	WA	501(c)3	Line 11a, I	N/A
Swedish MJM Holdings PS 747 Broadway Seattle, WA 98122 27-3139262	Holding company	WA	501(c)3	Line 11a, I	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
SMC - Radia Issaquah Imaging Ctr LLC 2005 NW Sammamish Rd Issaquah, WA98027 20-2048959	Medical imaging	WA	N/A	Related	156,847	2,256,609		No		Yes	
PETCT Imaging at Swedish Cancer Institute LLC 1221 Madison St Seattle, WA98104 20-3132044	Medical imaging	WA	N/A	Related	2,096,823	1,480,440		No		Yes	
Swedish First Hill Diagnostic Imaging LLC 1001 Boylston Ave Seattle, WA98104 20-8378242	Medical imaging	WA	N/A	Related	1,109,664	1,100,100		No		Yes	
Issaquah Surgery Center LLC 6505 226th Pl SE Ste 102 Issaquah, WA98027 26-1205223	Medical - surgery	WA	N/A	Related		1,300,000		No		Yes	
Minor and James Medical PLLC 515 Minor Ave Ste 200 Seattle, WA98104 91-1340223	Physician clinic	WA	Swedish MJM Holdings PS	Related				No			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
1221 Madison Street Owners Association 747 Broadway Seattle, WA98122 20-1954319	Owners association	WA	Arnold Condominium LLC	C	859,266	292,925	58 440 %

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	Swedish Medical Center - Radia Issaquah Imaging Center LLC	I	171,411
(2)	Swedish Medical Center - Radia Issaquah Imaging Center LLC	P	2,877,964
(3)	PETCT Imaging at Swedish Cancer Institute LLC	I	65,592
(4)	PETCT Imaging at Swedish Cancer Institute LLC	P	3,406,479
(5)	Swedish First Hill Diagnostic Imaging LLC	P	1,715,920
(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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Software ID:
Software Version:
EIN: 91-0433740
Name: Swedish Health Services

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Don Brennan Trustee	5 00	X						0	0	0
Teresa Bigelow Trustee	5 00	X						0	0	0
John Connors Trustee	5 00	X						0	0	0
Ned Flohr Trustee	5 00	X						0	0	0
Cheryl Gossman Trustee	5 00	X						0	0	0
Michael Kelly MD Trustee	5 00	X						0	0	0
Bill Krippaehne Jr Trustee	5 00	X						0	0	0
Charles Lytle Jr Trustee	5 00	X						0	0	0
Kirby McDonald Trustee	5 00	X						0	0	0
John Nordstrom Trustee	5 00	X						0	0	0
Stuart Sloan Trustee	5 00	X						0	0	0
Janet True Trustee	5 00	X						0	0	0
Henry Ned Turner Trustee	5 00	X						0	0	0
Jonathan Chinn MD Vice Chair	5 00	X		X				0	0	0
Rodman Hooker Jr Vice Chair	5 00	X		X				0	0	0
Martin Siegel MD Chair	5 00	X		X				0	0	0
Rodney Hochman MD President & CEO	60 00			X				1,242,431	0	68,325
Cynthia Strauss Corp Secretary	60 00			X				376,369	0	120,648
Jeffrey Veilleux CFO / Treasurer	60 00			X				530,794	0	118,129
Kevin Brown CAO	60 00				X			390,217	0	97,656
Traci Holting Chief Nursing Officer	60 00				X			314,525	0	44,984
Calvin Knight COO	60 00				X			1,081,381	0	105,377
Brian Kuske CAO	60 00				X			516,514	0	72,415
Marcel Loh CAO	60 00				X			386,984	0	90,002
Janice Newell Chief Information Offcr	60 00				X			372,523	0	99,284

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Darren Redick VP - Facilities	60 00				X			227,622	0	85,536
Joanne Suffis VP - HR	60 00				X			385,542	0	70,260
Henry Kaplan Physician	50 00					X		1,571,458	0	107,961
Marc Mayberg Physician	50 00					X		1,040,703	0	43,274
David Newell Physician	50 00					X		1,219,600	0	63,802
Rod Oskouian Physician	50 00					X		967,784	0	36,707
Joseph Teply Physician	50 00					X		918,069	0	69,233

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	200,537,320	200,442,615	94,705	
PURCHASED SERVICES	75,208,302	60,309,721	14,898,581	
BAD DEBT	43,512,658	43,512,658		
TAXES	18,087,691	17,736,199	351,492	
OTHER	6,626,082	2,893,823	3,732,259	