See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493101004051

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 06-01-2009 and ending 05-31-2010

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
SWEDISHAMERICAN HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1401 E state STREET

City or town, state or country, and ZIP + 4
ROCKFORD, IL 611042298

D Employer identification number
36-2222696

E Telephone number
(815) 966-2087

G Gross receipts $ 486,123,554

F Name and address of principal officer
william gorski md
1313 east state st
ROCKFORD, IL 61104

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 swedishamerican org

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

L Year of formation 1911

M State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
through excellence in healthcare and compassionate service, we care for our community

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	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of employees (Part V, line 2a)	5	3,300
6	Total number of volunteers (estimate if necessary)	6	391
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	652,622
b	Net unrelated business taxable income from Form 990-T, line 34	7b	371,849

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,243,368	1,517,458
9	Program service revenue (Part VIII, line 2g)	369,806,718	407,756,569
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-185,274	4,763,472
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,470,012	6,179,586
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	378,334,824	420,217,085

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,241,833	997,867
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	179,940,973	193,172,438
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)	181,602,236	212,707,417
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	362,785,042	406,877,722
19	Revenue less expenses Subtract line 18 from line 12	15,549,782	13,339,363

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	386,835,307	414,750,554
21	Total liabilities (Part X, line 26)	187,818,441	196,678,144
22	Net assets or fund balances Subtract line 21 from line 20	199,016,866	218,072,410

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

****** | 2011-04-11
Signature of officer | Date

william gorski md ceo
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ zack fortsch	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ rsm mcgladrey inc one south wacker dr suite 800 chicago, IL 60606			EIN ▶ Phone no ▶ (312) 634-3400

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

through excellence in healthcare and compassionate service, we care for our 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 $ 249,362,958 including grants of $ 997,887) (Revenue $ 336,888,358)

SwedishAmerican Hospital operates two full service acute care hospitals with 386 licensed beds, and serves a 12 county area Our vision is to develop a fully integrated healthcare delivery network that will continuously set the standard for quality care and service, accept responsibility for building a healthier population, provide regional access, improve resource utilization through collaboration with key stakeholders, and manage patient care and our resources in such a way that we create value for our patients and benefit for our community During 2010 we cared for 17,167 inpatients and performed 633,022 outpatient procedures This includes 69,651 emergency room visits and 2,502 deliveries We sponsor the University of Illinois College of Medicine program and provided $4 5 million in education for primary care residents We participate in the Illinois Excellence in Academic Medicine program and the National Surgical Adjuvant Breast and Bowel Project, which are government sponsored research Our employees and volunteers provided over 31,000 hours in unpaid community services SwedishAmerican recognizes its responsibility to all the people of our community, regardless of their ability to pay for care

4b (Code) (Expenses $ 66,448,323 including grants of $) (Revenue $ 67,638,761)

SwedishAmerican Hospital employs primary care and specialty physicians who practice at 17 locations throughout our service area We employ specialists in orthopedics, cardiology, neurology, pulmonology/critical care, oncology, obstetrics and gynecology, rheumatology, psychiatry, podiatry, otolaryngology, as well as internal medicine, family practice and pediatric physicians During 2010 our physician encounters were 323,523

4c (Code) (Expenses $ 8,812,685 including grants of $) (Revenue $ 8,538,131)

SwedishAmerican delivers home health care services to patients in our service area During 2010 we performed 9,467 episodes of care

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 324,623,966

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		No
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	Yes	
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**	Yes	
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**		No
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**		No
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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	365		
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	3,300		
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	25		
b	Enter the number of voting members that are independent	1b	18		
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 Yes	
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 Yes	
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 ▶ IL

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 ▶

DONALD HARING CFO
1313 east state st
ROCKFORD, IL 61104
(815) 966-2087

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 . . . . . ▶	5,939,603	0	671,575

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 ▶ 160

			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
arup laboratories inc po box 27964 salt lake city, UT 84127	lab testing	1,996,002
rockford anesthesiologists association 202 harlem rd suite 200 loves park, IL 61111	physicians	1,429,079
hls wheeling llc 3723 reliable parkway chicago, IL 60686	laundry services	1,057,316
holmstrom & KENNEDY pc po box 589 ROCKFORD, IL 61103	ATTORNEYS	755,328
infinity healthcare physicians sc 111 east wisconsin ave milwaukee, WI 53202	physicians	670,225
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 ▶ 42		

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				
	e	Government grants (contributions)	1e	1,517,458			
	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		1,517,458			
Program Service Revenue			Business Code				
	2a	patient services	621,990	217,619,968	217,619,968		
	b	medicare/medicaid	621,990	186,111,489	186,111,489		
	c	N IL imaging JV	621,990	2,702,702	2,702,702		
	d	other programs	900,099	1,326,271	1,326,271		
	e	N IL scanning JV	621,990	-3,861	-3,861		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		407,756,569			
	3	Investment income (including dividends, interest and other similar amounts)		4,763,753			4,763,753
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	293,555				
	b	Less rental expenses	75,272				
	c	Rental income or (loss)	218,283				
	d	Net rental income or (loss)		218,283			218,283
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	62,525,666	2,621,959			
	b	Less cost or other basis and sales expenses	62,495,062	2,652,844			
	c	Gain or (loss)	30,604	-30,885			
	d	Net gain or (loss)		-281			-281
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	524,915			
	b	Less cost of goods sold	b	683,291			
	c	Net income or (loss) from sales of inventory		-158,376	-158,376		
		Miscellaneous Revenue	Business Code				
	11a	interdept billing	561,000	3,268,856	3,088,838	180,018	
	b	cafeteria & vending	561,000	1,207,575	1,183,846	23,729	
	c	day care center	624,410	1,194,373	1,194,373		
	d	All other revenue		448,875		448,875	
	e	**Total.** Add lines 11a–11d		6,119,679			
	12	**Total revenue.** See Instructions		420,217,085	413,065,250	652,622	4,981,755

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	948,867	948,867		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	49,000	49,000		
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	4,242,222	1,534,582	2,707,640	
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	146,457,460	109,311,377	37,146,083	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,787,187	5,500,339	1,286,848	
9 Other employee benefits	25,649,525	23,561,033	2,088,492	
10 Payroll taxes	10,036,044	7,430,082	2,605,962	
11 Fees for services (non-employees)				
a Management				
b Legal	1,054,313		1,054,313	
c Accounting	112,704		112,704	
d Lobbying	158,957		158,957	
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	588,405		588,405	
g Other	17,823,180	16,767,003	1,056,177	
12 Advertising and promotion	2,559,589	340,736	2,218,853	
13 Office expenses	9,651,749	4,951,243	4,700,506	
14 Information technology	3,389,047	2,739,434	649,613	
15 Royalties				
16 Occupancy	11,950,822	5,528,734	6,422,088	
17 Travel	223,250	170,783	52,467	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	332,832	141,910	190,922	
20 Interest	4,815,885	3,942,765	873,120	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,676,508	14,637,778	3,038,730	
23 Insurance	8,706,836	7,954,792	752,044	
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 patient supplies	62,125,769	61,411,113	714,656	
b BAD DEBTS	35,610,846	35,610,846		
c purchased services	15,330,856	9,319,421	6,011,435	
d IPA Provider tax	7,842,390	7,842,390		
e repairs & maintenence	5,782,330	3,746,133	2,036,197	
f All other expenses	6,971,149	1,183,605	5,787,544	
25 **Total functional expenses.** Add lines 1 through 24f	406,877,722	324,623,966	82,253,756	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	
	2	Savings and temporary cash investments		22,747,179	2	19,654,577
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		65,952,975	4	61,907,167
	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		223,162	7	298,583
	8	Inventories for sale or use		4,138,543	8	4,511,834
	9	Prepaid expenses and deferred charges		4,554,836	9	5,471,495
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 337,103,361			
	b	Less accumulated depreciation	10b 180,293,887	158,536,703	10c	156,809,474
	11	Investments—publicly traded securities		102,917,177	11	138,899,842
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		6,263,628	13	5,082,146
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		21,501,104	15	22,115,436
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		386,835,307	16	414,750,554
Liabilities	17	Accounts payable and accrued expenses		31,246,574	17	38,489,895
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		96,116,950	20	114,603,545
	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		25,000,000	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		35,454,917	25	43,584,704
	26	**Total liabilities.** Add lines 17 through 25		187,818,441	26	196,678,144
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		191,991,446	27	210,736,438
	28	Temporarily restricted net assets		2,264,487	28	2,254,696
	29	Permanently restricted net assets		4,760,933	29	5,081,276
		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		199,016,866	33	218,072,410
	34	Total liabilities and net assets/fund balances		386,835,307	34	414,750,554

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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493101004051

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
SWEDISHAMERICAN HOSPITAL

Employer identification number
36-2222696

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493101004051

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
SWEDISHAMERICAN HOSPITAL	36-2222696

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		158,957
j	Total lines 1c through 1i			158,957
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	Portions of the 2009/2010 Illinois Hospital and american hospital ASsociation dues used for lobbying $38,718 a law firm was engaged to assist with residency program funding $105,239 a lobby firm was engaged to conduct inquiries re legislation affecting hospitals $15,000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493101004051

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
SWEDISHAMERICAN HOSPITAL

Employer identification number
36-2222696

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	5,098,504	6,059,940			
b Contributions	13,425	14,405			
c Investment earnings or losses	437,938	-958,754			
d Grants or scholarships					
e Other expenditures for facilities and programs	16,185	17,087			
f Administrative expenses					
g End of year balance	5,553,681	5,098,504			

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 93 000 %
- c Term endowment ▶ 7 000 %

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

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

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		2,449,693		2,449,693
b Buildings		183,726,992	77,734,331	105,992,661
c Leasehold improvements		7,782,353	3,216,782	4,565,571
d Equipment		136,825,294	95,152,858	41,672,436
e Other		6,319,029	4,189,916	2,129,113
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				156,809,474

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
DEFERRED BOND ISSUANCE COSTS	3,462,897
ADVANCE TO american restaurant assoc (ARA)	183,790
interest in net assets of recipient organization	8,526,396
goodwill	9,942,353
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	22,115,436

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ESTIMATED DUE-3RD PARTY PAYORS	16,711,731
RESERVE FOr SELF INSURNACE	11,341,369
DEFERRED COMPENSATION	7,033,693
ASBESTOS RETIREMENT OBLIGATION	486,203
DUE TO AFFILIATED ORGANIZATION	4,073,176
current maturities of long term debt	3,938,532
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	43,584,704

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
Part X	Description of Uncertain Tax Positions Under FIN 48	there is no fin 48 liability and as such the organization's consolidated financial statements do not include a fin 48 footnote

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493101004051

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
SWEDISHAMERICAN HOSPITAL

Employer identification number
36-2222696

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 60000 0000000000 %	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)			8,435,183		8,435,183	1 910 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			76,889,507	65,097,541	11,791,966	2 670 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			1,402,841	1,283,345	119,496	0 020 %
d **Total** Charity Care and Means-Tested Government Programs			86,727,531	66,380,886	20,346,645	4 600 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)						
f Health professions education (from Worksheet 5)			6,807,825	457,425	6,350,400	1 440 %
g Subsidized health services (from Worksheet 6)			13,894,541	2,348,091	11,546,450	2 610 %
h Research (from Worksheet 7)			1,484,517	764,703	719,814	0 160 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			966,605	260,213	706,392	0 160 %
j **Total** Other Benefits			23,153,488	3,830,432	19,323,056	4 370 %
k **Total.** Add lines 7d and 7j			109,881,019	70,211,318	39,669,701	8 970 %

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						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

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			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	8,850,645		
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	1,327,597		
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	68,286,660		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	103,373,726		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-35,087,066		
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	featherstone partnership llc	ambulatory surgery center	33 300 %	0 %	67 000 %
2	northern illinois vein clinic llc	outpatirnt physician clinic	50 000 %	0 %	50 000 %
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)
SWEDISHAMERICAN HOSPITAL 1401 E STATE STREET ROCKFORD,IL 61104	X	X		X			X		
swedishamerican medical ctr belvidere 1625 s state street belvidere,IL 61008	X	X					X		

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

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)

See additional data

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

See additional data

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

IL

Additional Data

Software ID:
Software Version:
EIN: 36-2222696
Name: SWEDISHAMERICAN HOSPITAL

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7g the following subsidized health services are for physicians These physicians are necessary to serve the community, are difficult to recruit, and the reimbursement does not cover the cost of the services hospital based physicians specialty clinics and emergency coverage payments $8,147,224emergency department physicians $1,099,762affiliate emergency department physicians $384,496affiliate primary care clinic $166,651total $9,798,133

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f the bad debt expense in part IX column a was subtracted for the purpose of calculating the percentage of expense is $35,610,846 part 1 lines 7 - lines 7a and 7f costs were calculated using the 2010 medicare cost report cost to charge ratio lines 7b and 7c costs were calculated using the cost accounting system the cost accounting system addresses all patient segments all other amounts in line 7 were calculated using direct costs

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 It is our practice to identify, to the extent possible, charity cases at the time of service If a patient provides documentation they meet our charity care policy, they are not sent to collection Those patients who fail to apply or provide documentation are sent to collection after 90 days The organization and its agents follow the Fair Patient Billing Act If during the collection process we or our agents become aware of a patient qualifying for charity care or financial assistance and the patient cooperates with the requirements of the charity care policy, collection efforts are ceased, and the account is written off to charity From the audited Financial Statements Patient accounts receivable and due from/to third-party payers The collection of receivables from third-party payers and patients is the Hospital's primary source of cash for operations and is critical to its operating performance The primary collection risks relate to uninsured patient accounts and patient accounts for which the primary insurance payer has paid, but patient responsibility amounts (deductibles and co-payments) remain outstanding Patient receivables, where a third-party payer is responsible for paying the amount, are carried at a net amount determined by the original charge for the service provided, less an estimate made for contractual adjustments or discounts provided to third-party payers Patient receivables due directly from patients are carried at the original charge for the service provided, less amounts covered by third-party payers and less an estimated allowance for doubtful receivables Management determines the allowance for doubtful accounts by identifying troubled accounts and by historical experience applied to an aging of accounts Patient receivables are written off when deemed uncollectible Recoveries of receivables previously written off are recorded when received The past due status of receivables is determined on a case-by-case basis depending on the payer responsible The Hospital generally does not charge interest on past due accounts Receivables or payables related to estimated settlements on various contracts that the Hospital participates in are reported as third-party payer receivables or payables Part III line 2 costs were calculated using the 2010 Medicare cost report cost to charge ratio Part III line 3 swedishamerican hospital's charity policy allows a 100% charity write-off for those with household income of 200% or less of the federal poverty level and partial charity write-off for those up to 600% of the poverty level the latest data from the u s census bureau indicates 13 8% of the population in winnebago county is below the poverty level and the median household income was $47,646 with a household size was 2 53 for a household size of 3 an income $36,620 is 200% of the poverty level and $109,860 is 600% of the poverty level approximately 90% of our charity write-offs are for patients without insurance while 65% of our bad debt write-offs are for patients without insurance in 2010 only 10% of all accounts written off to bad debt were recovered based on this demographic and internal data we believe that a minimum of 15% of the amounts written off as bad debt would qualify for charity

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 If SwedishAmerican Hospital did not provide services to Medicare beneficiaries there would not be adequate access within the community The services provided to Medicare beneficiaries are critical to the health of the community we serve The reimbursement from Medicare has not kept pace with the rising cost of providing those services The cost of care has increased due to wages and benefits necessary to keep high demand skilled practitioners, medical supplies in particular cardiovascular and orthopedic implants and pharmaceuticals, malpractice insurance costs, and capital equipment Due to the lack of alternatives in the community and the inability of Medicare reimbursement to keep pace with the cost of providing services, we feel the loss from services provided to Medicare beneficiaries is a part of our mission and is a benefit to our community

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b The organization and its agents follow the Fair Patient Billing Act If during the collection process we or our agents become aware of a patient qualifying for charity care or financial assistance and the patient cooperates with the requirements of the charity care policy, collection efforts are ceased

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I line 6a and Part VI Line 8 - SwedishAmerican Hospital files a community benefit report with the Illinois Attorney General the amounts and activities reported in the community benefit report include activities of SwedishAmerican Hospital and its subsidiaries SwedishAmerican Foundation is a supporting organization to SwedishAmerican Hospital SwedishAmerican Foundation is not a hospital, but is a tax exempt entity All amounts on schedule H are for SwedishAmerican Hospital only, but the activities on part VI line 7 include the activities conducted through the Foundation

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 SwedishAmerican Hospital has provided a third of the monetary support for the Community Health Assessment, conducted by the Rockford Health Council The Council consists of the major health care providers in our metropolitan area such as the three hospitals, Crusader Clinic (a federally qualified healthcare clinic), the University of Illinois College of Medicine, Janet Wattles Mental Health Center, Rosecrance Substance Abuse Center as well as several representatives of not-for-profit agencies, and members of the corporate community Since 2001, an assessment has been completed every three years to identify and track trends as well as areas to address These stakeholders understand the need for a comprehensive community study that is focused on the overall needs of the community SwedishAmerican has used this data to launch innovative programs and collaborative partnerships such as cardiac screenings within minority communities

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 For services provided in the Hospital, our employees and our agents follow the Fair Patient Billing Act and provide information regarding the availability of charity and financial assistance at all points during the collection process We have posted signage disclosing the availability of charity care and financial assistance in emergency rooms and on our website Inpatients are provided various written communications regarding the availability of charity care and financial assistance, and any uninsured patients are screened for Medicaid and Illinois uninsured discount eligibility For services provided in physician offices, financial counselors are instructed to make the patients aware of the charity care and financial assistance policy during the collection process and educate them on the process of applying for Medicaid For services provided by home health, social workers assist patients by screening for Medicaid eligibility and completing the application, completing charity care application, assisting in applying for Medicare and social security disability benefits, and assisting with applications for food stamp, low income energy assistance, and circuit breaker/Illinois Cares prescription programs

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 For more than 100 years, Rockford, Illinois has been known as a major industrial manufacturing center of machine tools, industrial fasteners, automotive parts and aerospace components The Rockford metropolitan population has grown to more than 250,000 people and it serves as the regional trade center for more than 400,000 people in northern Illinois Major employers in our service area include Chrysler, Hamilton Sundstrand, Textron, City of Rockford, Rockford Public Schools, and three area hospitals Rockford boasts many great parks, shopping, dining, cultural activities, entertainment and educational opportunities But like many cities in the upper Midwest, it also continues to struggle to compete in what is now a global manufacturing economy In the 1980s, Rockford's unemployment rate reached 25 percent, the highest in the nation, and it became a symbol for the plight of a "rust belt" city Although the economy is more diversified now, Rockford remains heavily dependent on manufacturing Also in the 1980s, charges of discrimination were leveled at the public school district, culminating in a federal lawsuit and 12 years of federal supervision These two major developments have had their effect on the local economy, the stability of good paying jobs and the psyche and self-esteem of the community They also have affected Rockford's changing role and importance to the region, state, and to some degree the nation Unquestionably, these dynamics have impacted healthcare in the community Today, Rockford's unemployment rate of 14 5% is higher than the state and national averages Loss of manufacturing jobs and health insurance coverage has contributed to stress and strain on employers, employees and healthcare providers Two community surveys have identified heart disease, diabetes, cancer, pre-natal care and depression as major healthcare issues in our market SwedishAmerican helped fund the Rockford Healthy Community Study in partnership with the University of Illinois College of Medicine at Rockford and the Rockford Health Council The study revealed that more than 20 percent of the residents in our hospital's ZIP code live below the poverty level, and that the median household income of $25,527 is the lowest of all Rockford-area ZIP codes Out-of-pocket healthcare costs are a problem for more than 45 percent of this area's residents, which is the highest rate in the city of rockford Additionally, many residents in this vicinity-which is among the state's most depressed areas-are not able to receive needed physical or mental healthcare The United Way of Rock River Valley' Community Assessment further revealed that many local residents lack health insurance and access to primary healthcare, leading to premature morbidity The Rockford Healthy Community Study identified extremely low levels of home ownership in SwedishAmerican Hospital's immediate vicinity According to the study, more than 60 percent of residents rented, which was much higher than the overall sample (approximately 17 percent) The study also indicated that more than 12 percent of area residents could not afford to make basic home repairs The United Way's assessment further identified the need for more affordable permanent housing units, stating "Even though housing in Rockford is among the most affordable in the country, many families, especially renters, cannot afford shelter " By virtue of its mission, location in the central city and relationships with other providers, SwedishAmerican serves the needs of many of the community's underserved Finding ways to improve the health of all and to make Rockford a model community in which to live, work and worship are significant and strategic initiatives for SwedishAmerican

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 Although SwedishAmerican Hospital's community service efforts reach a broad segment of the population throughout northern Illinois, the hospital devotes a great deal of its energy and resources to serving the city's neediest people, many of whom live in the urban core where SwedishAmerican is located Our organization contributes millions of dollars to charity and Medicaid care each year Recognizing that healthy communities are characterized by strong interconnections between residents, infrastructure, organizations and services, we have worked in partnership with other community-based organizations as part of the non-profit Rockford Health Council Inc The council seeks to build and improve community health through education, action, dialogue and legislative activity and serve as a catalyst and coordinator for agency and individual action to ensure access, cost effectiveness and quality Beyond our work with the council, some of our initiatives take place in concert with other individual community organizations and healthcare providers, while others are carried out by SwedishAmerican Hospital teams For example, SwedishAmerican has worked with the City of Rockford and other area development groups-including ZION Development, Habitat for Humanity, Kids Around the World and AMCORE Bank-to serve as a catalyst for revitalizing the area surrounding our campus with homes, green space and commerce A large part of this movement was a $100 million campus expansion and renovation project Despite economic and strategic pressures to move eastward, as many businesses in our area have done, SwedishAmerican joined several other area organizations and made a commitment to remain in central Rockford One immediate benefit of our redevelopment effort was the expansion of the hospital's emergency department Among the state's busiest, this is where many of our community's underserved residents come for medical care SwedishAmerican Hospital's organization-led efforts to improve the quality of life in our community are not exclusively health-related One example is the partnership we formed with a nearby elementary school in 1991 and continue to this day, where many of the students come from underserved families The long-term and ongoing goal of our partnership with Jackson School has been to improve the academic and socio-emotional well being of the school environment and student body While SwedishAmerican has come forward with a number of ideas and proposals for additional ways in which it can impact the students and faculty at Jackson, it always has been sensitive to the wishes and desires of the Jackson community in implementing only those programs that correspond with the schools agenda and strategic goals Beyond large-scale, organization-led initiatives, our employees independently devote extensive amounts of time and resources to a large number of programs, services and activities throughout northern Illinois Our mission is "through excellence in healthcare and compassionate service we care for our community " In furtherance of its exempt purpose SwedishAmerican Hospital continually invests in the surrounding community with physician acquisitions and regional expansion to assure access to health care SwedishAmerican Hospital also established centers of excellence and alliances with other health care providers, including Crusader Clinic, a federally qualified health center, and University of Wisconsin This assures the community we serve receives the highest quality care We also invest in technology to assure cost effective care is delivered for which SwedishAmerican Hospital has won numerous awards for its quality of care In addition, SwedishAmerican Hospital maintains an open medical staff and community board as part of its exempt purpose

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 SwedishAmerican Hospital is a stand alone health care provider that includes two acute care hospitals, physician clinics, physician emergency services, and home health care SwedishAmerican Foundation is a subsidiary of SwedishAmerican Hospital and is organized for tax purposes as a supporting organization In order to improve the low rate of home ownership identified in the Rockford Healthy Community Study, SwedishAmerican Foundation (SAF) initiated a Neighborhood Revitalization Program in a six-block area directly south of our hospital campus SAF's neighborhood revitalization effort includes Habitat for Humanity Homes SAF entered into a formal agreement with the Rockford Habitat for Humanity Chapter in 2002 to construct new area homes By the end of 2009, a total of 30 Habitat for Humanity homes have now been completed and sold to low-income home owners New City-Built Homes SAF purchased and razed three, additional substandard homes in the neighborhood and provided the lots to the City of Rockford The City subsequently built three new homes on these sites for sale to moderate income families with purchase assistance Cruise Fundraiser Over the past 15 years, SAF's annual fundraising gala has raised more than $1,000,000, which has been reinvested into community impact initiatives, such as school physicals and immunizations for area children and cancer screenings for neighborhood residents Neighborhood Playground Because area children did not have a safe place to play, SAF purchased three contiguous pieces of property, removed existing commercial and residential structures and partnered with two local charities to construct a new neighborhood playground Paint-up/Fix-up Campaign To assist homeowners near SwedishAmerican Hospital to upgrade their homes, SAF organized and coordinated a massive "paint-up/fix-up" efforts Activities and programs included matching grants for homeowners in need of siding, roofing, porches and garages, as well as volunteers to paint homes with donated materials Driveway/Garage Renovation Project Following a neighborhood-wide survey, SAF coordinated and implemented a garage construction and driveway replacement program In addition to increasing existing home values, this program will help reduce on-street parking, thereby increasing traffic flow and making parked cars less visible/accessible to potential thieves and vandals Reverse Home Gift Annuity Program To help struggling elderly residents remain in their homes, SAF developed a program whereby homeowners deed physical ownership of their property to the Foundation in exchange for the right to live in their home until death or incapacity SAF assumes responsibilities for taxes, repairs, upkeep, lawn maintenance and snow removal Upon taking ultimate possession of a house, it will be sold to an employee or other owner occupant, to help increase [or at least maintain] a significant percentage of owner occupied homes Homeowner Grants to Employees Since 2004, SwedishAmerican Hospital has offered $5,000 down payment assistance to employees to help encourage home ownership in the six-block area surrounding the hospital This initiative includes a five-year forgivable grant to employees in good standing-with no income restrictions, and a second possible $5,000 grant for low-income employees Since inception, this program has assisted 17 employees purchase homes in the SwedishAmerican neighborhood Home Restoration Beginning in 2004, SAF has purchased a total of 27 homes in the neighborhood target area, rehabbed them and made them available to employees, firefighters, police officers and public school teachers, at discount (less than the cost of purchase and repairs) To date, 18 homes have been sold to employees and other eligible owner occupants In order to alleviate first-time home buyers' concerns about the rising costs of ownership, these homes have a solid roof, siding, plumbing, electrical, and a good working furnace This program will continue for at least four additional years In cooperation with Rockford East High School and De la Gardie High School/Gymnasiet (Lidcoping, Sweden), the SwedishAmerican Foundation constructed two new neighborhood houses available for sale to employees or other eligible owner-occupants In addition, The Foundation has purchased two, 12-unit apartment buildings adjacent to the hospital campus which were in a state of disrepair Approximately three-quarters of a million dollars were invested in these two buildings to bring them to "market rate" status Encouraged by our commitment to renovate our campus and revitalize the surrounding area, a number of commercial developments have occurred Among them is a new Walgreen's drug store, which returned retail pharmacy services to the area for the first time in years A three-story office building south of the new Walgreen's was completed followed by a 60,000-square-foot medical office building south of the hospital

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493101004051

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
SWEDISHAMERICAN HOSPITAL

Employer identification number
36-2222696

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
Illinois Hospital Research & Health Foundation700 South Second Springfield, IL 62704	237421930	501(c)(3)	278,867				quality healthcare for illinois
university of illinois college of medicine1601 parkview ave rockford, IL 61107	376000511	501(c)(3)	670,000				academic research

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

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
educational scholarship for children of non-management employees	49	49,000			
See Additional Data Table					

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	SWEDISHAMERICAN HOSPITAL ONLY MAKES DONATIONS TO OTHER TAX EXEMPT ORGANIZATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493101004051

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
SWEDISHAMERICAN HOSPITAL

Employer identification number
36-2222696

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**	Yes	
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**		No
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**		No
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				
danny l copeland	(i)	184,314	0	0	14,693	16,636	215,643	0
	(ii)	0	0	0	0	0	0	0
john c myers md	(i)	503,979	0	0	613	22,463	527,055	0
	(ii)	0	0	0	0	0	0	0
allen williams md	(i)	207,063	0	0	12,557	23,190	242,810	0
	(ii)	0	0	0	0	0	0	0
WILLIAM SCHULz md - ex officio	(i)	569,932	0	0	17,763	25,615	613,310	0
	(ii)	0	0	0	0	0	0	0
WILLIAM RGORSKI MD	(i)	514,531	15,178	10,513	193,407	17,627	751,256	0
	(ii)	0	0	0	0	0	0	0
richard walsh	(i)	334,366	16,513	6,288	96,103	19,252	472,522	0
	(ii)	0	0	0	0	0	0	0
donald haring	(i)	297,455	14,482	4,653	52,253	15,710	384,553	0
	(ii)	0	0	0	0	0	0	0
kathleen kelly md	(i)	325,011	4,805	0	44,546	8,522	382,884	0
	(ii)	0	0	0	0	0	0	0
harvey einhorn md	(i)	808,130	0	0	18,579	29,650	856,359	0
	(ii)	0	0	0	0	0	0	0
prakash pedapati md	(i)	610,082	0	0	19,600	14,872	644,554	0
	(ii)	0	0	0	0	0	0	0
howard kuafman do	(i)	523,484	0	0	0	12,344	535,828	0
	(ii)	0	0	0	0	0	0	0
merat esfahani md	(i)	504,788	0	0	5,886	8,604	519,278	0
	(ii)	0	0	0	0	0	0	0
sharon shipp md	(i)	481,136	0	0	14,823	28,342	524,301	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	The organization's other compensation for william gorski,m d , richard walsh, and donald haring included gross up for the tax implication of an early termination split dollar policy benefit that provided no cash compensation
	Part I, Line 4a	PART I LINE 4B-william gorski m d - 457(f)-$175,645, richard walsh - 457(f)-$78,340,donald haring-457(f)-$32,652, kathleen kelly m d -457(f)-$26,783

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493101004051

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
SWEDISHAMERICAN HOSPITAL

Employer identification number
36-2222696

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	illinois finance authority - 2004	86-1091967	45200bkq0	12-21-2004	105,360,720	construction & equipment cardiac pavilion, renovate operating rm & cath lab		X		X
B	illinois finance authority - 2010	86-1091967		04-19-2010	25,000,000	construction & equipment cardiac pavilion, renovate operating rm & cath lab		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	106,458,982	25,000,000			
2	Gross proceeds in reserve funds	12,819				
3	Proceeds in refunding or defeasance escrows	74,126,290				
4	Other unspent proceeds					
5	Issuance costs from proceeds	4,663,637				
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	27,656,236	25,000,000			
8	Year of substantial completion	2007	2010			

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

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	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						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		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						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		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							
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 ▶										
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 ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	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						
2	Is the bond issue a variable rate issue?		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						
b	Name of provider	na		na							
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider	na		na							
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?	X		X							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493101004051

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
SWEDISHAMERICAN HOSPITAL

Employer identification number
36-2222696

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	(c) Corrected? 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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	(e) No
riverside community bank	dan loescher director sa hospital and riverside community bank	112,000	loan commitment fee as purchaser of 2010 illinois finance authority $25,000,000 tax exempt bond		No

Additional Data

Software ID:
Software Version:
EIN: 36-2222696
Name: SWEDISHAMERICAN HOSPITAL

efile GRAPHIC print - DO NOT PROCESS | **As Filed Data -** | **DLN: 93493101004051**

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
SWEDISHAMERICAN HOSPITAL

Employer identification number
36-2222696

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		directors w illiam roop and james gingrich are board members of sw edishamerican hospital and have a business relationship directors dave rydell and james gingrich are board members of sw edishamerican hospital and have a business relationship

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		sw edishamerican health system (parent corporation) is the sole corporate member of sw edishamerican hospital (hospital) and as such appoints all trustees of and has the authority to approve certain decisions of the hospital

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		sw edishamerican health system (parent corporation) is the sole corporate member of sw edishamerican hospital (hospital) and as such appoints all trustees of and has the authority to approve certain decisions of the hospital

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		sw edishamerican health system (parent corporation) is the sole corporate member of sw edishamerican hospital (hospital) and as such appoints all trustees of and has the authority to approve certain decisions of the hospital

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		a draft version of the Form 990 w as review ed by legal counsel and the chief financial officer subsequently, the audit/compliance committee of the board of directors of sw edishamerican health system (parent corporation) review ed a final draft of the form 990 and w as provided w ith the opportunity to comment and ask questions the entire board of directors w as provided w ith a copy of the form 990 before it w as filed

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		the organization regularly and consistently monitors and enforces compliance w ith its conflict of interest policies, w hich apply to all members of the board of directors and to all employees procedures are in place to indentify conflicts of both directors and employees direct conflicts are handled by board deliberation and board vote from w hich the interested director is excluded employee conflicts are handled by the compliance department and in certain instances may require separate board action the board is provided w ith periodic compliance reports regarding conflicts of interest

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		all compensation decisions are made by independent persons w ith respect to the president, ceo, and officers, the organization follow s a compensation approval procedure annually that involves approval of proposed and final compensation arrangements by the organization's executive compensation committee using comparability data, as w ell as contemporaneous documentation of compensation decisions in the minutes all physician compensation arrangements are approved by the finance committee and full board of directors using comparability data, as w ell as contemporaneous documentation of compensation decisions in the minutes

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		the governing documents, conflict of interest policy, and financial statements have not been made available to the public the consolidated audited financial statements of sw edishamerican hospital are available from the illinois attorney general w ebsite and from the u s securities and exchange commission electronic municipal market access system

Identifier	Return Reference	Explanation
Schedule K Supplental Information		schedule k, part ii, line 5 bond insurance of $3,672,397 w as purchased from bond proceeds and is included as a cost of issuance

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493101004051

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
SWEDISHAMERICAN HOSPITAL

Employer identification number
36-2222696

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

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
SWEDISHAMERICAN HEALTH SYSTEM corporation 1401 e state street ROCKFORD, IL 61104 36-3241458	parent corp to manage & direct activities of entitites	IL	501(C)(3)	LINE 3	N/A
SWEDISHAMERICAN FOUNDATION 1415 e state street ROCKFORD, IL 61104 36-3097493	supporting org for swedishamerican hospital fund raising	IL	501(C)(3)	LINE 11a	swedishamerican hospital
SWEDISHAMERICAN REALTY CORPORATION 1313 e state street ROCKFORD, IL 611042298 36-3248013	title holding company	IL	501(C)(2)		swedishamerican health system corporation
SWEDISHAMERICAN HOSPITAL SELF INSURANCE TRUST 1401 e state street roCKFORD, IL 611042333 36-6652702	hospital malpractice trust	IL	501(C)(3)	line 11a	swedishamerican hospital

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
northern illinois scanning 1401 east state st rockford, IL61104 36-3868145	inpatient/outpatient ct diagnostics	IL	N/A	related	2,050,395	3,727,034		No		Yes	

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
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		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
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	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-2222696
Name: SWEDISHAMERICAN HOSPITAL

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	northern illinois scanning	D	969,002
(2)	swedishamerican realty corporation	J	6,348,859
(3)	northern illinois scanning	P	261,572
(4)	northern illinois scanning	Q	332,163
(5)	northern illinois scanning	R	1,325,000
(6)	swedishamerican foundation	C	677,444
(7)	swedishamerican hospital self insurance trust	Q	4,858,380
(8)	swedishamerican hospital self insurnace trust	P	1,000,910

Additional Data

Software ID:
Software Version:
EIN: 36-2222696
Name: SWEDISHAMERICAN HOSPITAL

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			
helen chung hill trustee	2 00	X						100	0	0
danny l copeland trustee	2 00	X						184,314	0	25,639
gordon h geddes trustee	2 00	X						100	0	0
james l gingrich trustee	2 00	X						100	0	0
robert l headphd trustee	2 00	X						100	0	0
dennis w johnson trustee	2 00	X						100	0	0
gregory jury trustee	2 00	X						100	0	0
marco t lenis trustee	2 00	X						100	0	0
sara fleming md - ex officio trustee	2 00	X						100	0	0
fran morrissey trustee	2 00	X						100	0	0
john c myers md trustee	2 00	X						503,979	0	14,081
JOHN SChEUB MD trustee	2 00	X						100	0	0
steven c sjogren trustee	2 00	X						100	0	0
james waddell trustee	2 00	X						100	0	0
thomas r walsh trustee	2 00	X						100	0	0
amy wilcox trustee	2 00	X						100	0	0
allen williams md trustee	2 00	X						207,063	0	33,331
WILLIAM SCHULz md - ex officio trustee	40 00	X						569,932	0	38,017
patrick derry trustee	2 00	X						100	0	0
WILLIAM RGORSKI MD chief executive officer	40 00	X		X				540,222	0	208,409
richard walsh chief operating officer	40 00	X		X				357,167	0	113,055
dan loescher second v chairman/treas	2 00	X		X				100	0	0
william roop first v chairman/secretary	2 00	X		X				100	0	0
david r rydell immediate past chairman	2 00	X		X				1,100	0	0
frank walter chairman	2 00	X		X				100	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
donald haring vp finance/treasurer	40 00			X				316,590	0	65,695
kathleen kelly md vp medical affairs	40 00				X			329,816	0	50,006
harvey einhorn md physician	40 00					X		808,130	0	38,131
prakash pedapati md physician	40 00					X		610,082	0	30,546
howard kuafman do physician	40 00					X		523,484	0	8,320
merat esfahani md physician	40 00					X		504,788	0	9,786
sharon shipp md physician	40 00					X		481,136	0	36,559

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
patient services	621,990	217,619,968	217,619,968		
medicare/medicaid	621,990	186,111,489	186,111,489		
N IL imaging JV	621,990	2,702,702	2,702,702		
other programs	900,099	1,326,271	1,326,271		
N IL scanning JV	621,990	-3,861	-3,861		

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
patient supplies	62,125,769	61,411,113	714,656	
BAD DEBTS	35,610,846	35,610,846		
purchased services	15,330,856	9,319,421	6,011,435	
IPA Provider tax	7,842,390	7,842,390		
repairs & maintenence	5,782,330	3,746,133	2,036,197	