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: 93493315013051

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization
Swedish Health Services

Doing Business As

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

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

D Employer identification number
91-0433740

E Telephone number
(206) 215-5967

G Gross receipts $ 1,656,546,647

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www swedish org

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

L Year of formation 1908

M State of legal domicile WA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	9,213
6	Total number of volunteers (estimate if necessary)	**6**	1,459
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	594,708
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-488,979

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	14,801,456	14,735,201
	9 Program service revenue (Part VIII, line 2g)	1,290,802,336	1,380,461,703
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,340,638	30,003,940
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,919,083	37,918,047
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,361,863,513	1,463,118,891
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,601,227	7,309,160
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	732,092,869	791,010,733
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	566,540,065	593,575,873
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,306,234,161	1,391,895,766
	19 Revenue less expenses Subtract line 18 from line 12	55,629,352	71,223,125

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,505,851,855	1,828,054,723
	21 Total liabilities (Part X, line 26)	920,424,780	1,220,666,916
	22 Net assets or fund balances Subtract line 21 from line 20	585,427,075	607,387,807

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-11-10

Jeffrey Veilleux CFO / Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Sara Elizabeth J Hyre	Sara Elizabeth J Hyre		☐	

Firm's name ▶ Clark Nuber PS — Firm's EIN ▶

Firm's address ▶ 10900 NE 4th Street Suite 1700
Bellevue, WA 98004 — Phone no ▶ (425) 454-4919

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,181,384,195 including grants of $ 7,309,160) (Revenue $ 1,417,785,042)

Since 1910, Swedish has been the region's hallmark for excellence in health care In fact, in an independent research study conducted by the National Research Corp , Swedish is consistently named the area's best hospital, with the best doctors, nurses and overall care in a variety of specialty areas Swedish is the largest, most comprehensive, nonprofit health provider in the Greater Seattle area We have - Three hospital locations in Seattle- An emergency room and specialty center in Issaquah- An emergency room and specialty center in Redmond- Swedish Visiting Nurse Services- Swedish Medical Group network of primary-care clinics- Multiple specialty clinics- Affiliations with suburban hospitals and physician groupsBut Swedish is not just about facilities, research and new techniques It's about people coming together to provide the most compassionate care possible From nurses and physicians to social workers and dieticians, the dedicated teams at Swedish are defining on a personal level what excellence really means Improving the health and well-being of the community is central to the Swedish mission In 2010, Swedish provided $112,243,000 in community benefits to improve health in the broader community, including - $25,418,000 in charity care- $66,515,000 in Medicaid subsidies - $7,911,000 in health research - $8,045,000 in medical education - $4,354,000 in community health activities and non-billed services This work is part of our commitment to provide the best health care available to all members of our communities, regardless of their ability to pay During 2010, Swedish - Delivered 7,570 babies- Served 91,457 patients in our emergency departments- Admitted 42,848 patients to our three hospital campuses- Performed 33,795 surgeries- Had 76,434 visits to our medical oncology and treatment centersSwedish Medical Center has a combined medical staff of more than 2,000 providers, representing nearly every medical and surgical specialty and subspecialty In all, Swedish has roughly 8,000 employees Community OutreachAs a charitable, nonprofit 501(c)(3) organization, Swedish invests its resources in programs and services that improve the health of the community and region, from building partnerships with community clinics that serve the underprivileged to providing free and low-cost health-education classes to the public From newly arrived immigrants and at-risk teenagers to low-income seniors and families, Swedish compassionately reaches out to those who might not otherwise get the health-care services they need Here you'll find the many invaluable community programs and services available through Swedish Global to LocalIn support of Swedish's mission to improve the health and well-being of each person we serve and continuing Swedish's long-standing commitment to improve the health of our region, Swedish has partnered with Washington Global Health Alliance, Public Health - Seattle & King County, and HealthPoint to address disparities in local healthcare through a groundbreaking initiative Global to Local In 2010, partnerships have expanded to include a number of corporate sponsors that will further support community building including GE Healthcare, T-Mobile, and Chase Bank The Global to Local initiative is a new approach in applying global solutions to local healthcare challenges in underserved populations Charity CareSwedish offers free or discounted hospital services for people who cannot afford care At Swedish, a patient making two times the federal poverty level will qualify for a full uncompensated-care write-off We provide financial assistance on a sliding scale for uninsured patients whose yearly family income is between 0 percent and 400 percent of the federal poverty level, and we ensure that financial constraints are not a barrier to the provision of care Swedish Community Specialty ClinicIn September 2010 the SCSC clinic opened on First Hill The former Mother Joseph and Glaser specialty clinics combined and expanded specialty care services to the uninsured in our community The clinic is partnered with Project Access Northwest and is a testament to Swedish Medical Center's commitment to serve the uninsured and underinsured patients in our community SCSC provides a workable solution to one of the most pressing health care problems facing low-income and uninsured people in our community - access to specialty care services This program builds on the safety net of primary care provided by the community health and public health clinics in King County Through PAN and a volunteer staff of over 180 Swedish specialty physicians, low-income uninsured patients have access to needed specialty health care and donated ancillary, in- and out-patient hospital services Our goal is to set a new standard in community health and to highlight that Charity care is a core part of our nonprofit mission which will continue even in a down economy In 2010 Swedish partnered with the dental care community to support the opening of a community specialty dental clinic This partnership will include the Washington Dental Service Foundation, Seattle-King County Dental Foundation, Burkhart Dental Supply and The Pacific Hospital Preservation & Development Authority The resulting collaboration will provide adult specialty dental services to the underserved in King County It will also include a dental residency program supported by Dr Bart Johnson and Dr Amy Winston Residency programs for the economically disadvantagedSwedish Family Medicine Residency clinics select residents from the nation's top medical schools to provide the best care to people of all ethnic backgrounds and financial situations Physician residents treat patients regardless of their ability to pay, logging more than 41,000 patient visits each year In addition to seeing patients at our First Hill and Cherry Hill campuses, the Family Medicine Residency also provides care through partnerships with the SeaMar, Indian Health Board and Downtown Family Medicine Clinics Services for low-income mothers and newbornsEvery year, Swedish delivers more babies than any other hospital in the state And 2010 was no exception Nearly 7,500 babies were born at Swedish last year From the moment a mother finds out she's expecting to when the baby leaves the hospital, Swedish is dedicated to making sure mom and baby are as healthy as possible With such a strong and comprehensive Women and Infants program, we're here to care for moms of all backgrounds - and to ensure each baby delivered at Swedish gets a healthy shot at life Swedish SafeRide provides car seats for families whose infants are born or receive care at Swedish The SafeRide program was created to help families with limited incomes buy car seats However, families of any income level can buy car seats through SafeRide at wholesale prices The program has grown to include education, training on proper car seat use and installation not only for patients, but for all community members In addition, Swedish also partners with community programs such as St Joseph's Baby Corner and the Women, Infants and Children's (WIC) Supplemental Feeding and Nutrition With these programs, Swedish is able to provide fundamental needs like shelter, food and clothing to mothers and their young ones In addition to partnering with St Joseph's Baby Corner, Swedish donates space on its First Hill campus to this organization which provides basic baby necessities to families with newborns Swedish Pregnant Women ServicesThis program assists expectant mothers with drug and alcohol addictions and works with Swedish Perinatal Medicine to make sure these women get the extra medical attention they need to reduce the risk for complications with their pregnancy and health problems in their newborn Clinical services for low-income seniorsThe Swedish Ballard Community Nursing Clinic offers free vaccinations, blood pressure checks, foot care and other basic services to low-income seniors Each Tuesday, the clinic sees patients at the Ballard campus And on each Monday and Wednesday, the clinic sees patients at various locations throughout the community, including 16 different senior apartment complexes, Ballard Northwest Senior Center and Ballard Manor Each year, the clinic logs more than 8,000 visits both onsite and in the community Other activities include water aerobics, jazzercise and nutrition classes at no cost to the elderly and those members of the community who are poor in health

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

Health-care services at Ballard High SchoolThe Ballard Teen Health Center is a partnership between Swedish and Ballard High School to provide students at the school with physical and mental-health services Teens visit the center for treatments ranging from illnesses and injuries to confidential family-planning services, STD testing and mental-health counseling The center, which was started by Swedish in 2002, also provides smoking-cessation programs, nutrition and exercise counseling, general health information and school-wide health promotion and classroom presentations The center targets adolescents who are uninsured or underinsured and those who have no other options for medical care and counseling Support for patients and familiesThe Swedish Patient Assistance Fund provides patients and their families with financial support for a range of items and services, including utility bills, wheelchairs and walkers, rent and mortgage assistance, skilled nursing and home care, and more Food banks, clothing banks, patient transportation and comfort therapies for hospice patients are also part of this program Family violence programMany of our staff members are specially trained to identify patients who may be victims of family violence and connect them with community agencies that can provide the help they need In addition, Swedish provides financial support and donates space to organizations, such as New Beginnings and the YWCA, that support battered women and their families The Social and Health Justice ProgramThis program is a partnership between Seattle University Law School and Swedish Medical Center, known as the Public Benefits Assistance Project - Medical Legal Partnership Modeled after the preeminent national model of medical legal partnerships - National Center for Medical Legal Partnership -the program started in spring of 2010 The main task of the Public Benefits Assistance Project - Medical Legal Partnership is to identify and enroll eligible Swedish Family Medicine First Hill Clinic patients age 50 and above into a public benefit program known as the COPES program Both Swedish Medical and Seattle University Law School have a strong commitment to financial justice, believing it to be a direct contributor to health and wellness SMC patients live in the greater Seattle urban area, including many in the urban core The immediate impact of community members' enrollment is to build a social safety and wellness net First, specific patient needs are systematically addressed in the formal assessment tool Medical transport, hygiene, nutrition, medication reminders, medical appointment reminders, and concrete medical devices are just some examples of the customized care plan Second, the patient perceives a stronger sense of social connection Third, a coordinated care team enhances provider collaboration and communication Finally, unmet needs due to financial paucity are eliminated Community health educationThe Patient/Family Education and Community Health Program is committed to helping patients, families and the community make informed choices about their health The program offers classes on topics such as cancer, childbirth, diabetes, orthopedics, nutrition, safety and injury prevention, stress management and more These community health educations classes are available to patients, families, community members, physicians, nurses and clinical staff Arming patients with health information they need allows them to make informed decisions and be advocates of their care One way Swedish provides access to health information is through education and resource centers at our three main campuses The largest and most comprehensive resource center is the James B Douglas Health Education Center, located at the First Hill campus Here, patients, family and community members can find information about support groups and health resources, register for classes, access online health information, pick up free education brochures, and purchase car seats In addition to hosting hundreds of health education classes each year, Swedish offers the community many supports groups on a range of topics from cancer to bereavement to childbirth Swedish Mobile Mammography ProgramThe Mobile Mammography Program is dedicated to bringing high-quality mammography services to women throughout Western Washington, primarily those in underserved and hard-to-reach areas The program includes two Breast Care Express coaches which deliver experienced technologists and mammography equipment to locations convenient for women - places in their community or at their workplace In 2010, the Swedish Mobile Mammography Program provided mammograms to 4,141 women To reach women who need these vital - and often life-saving - breast-health services, Swedish joins with important community partners such as the YWCA, Center for Multicultural Health, Senior Services of Seattle/King County, the Rainier Park Community Clinic and North Seattle Public Health Center Swedish also works closely with the South Puget Inter-Tribal Planning Agency, Family Planning of Clallam County and the Tulalip and Muckleshoot tribal clinics Job training for developmentally disabled studentsA special program at Swedish provides job training for students with disabilities Bereavement support groupsSwedish provides a number of support groups for people who have lost loved ones Spiritual care eventsThe Spiritual Care Department at Swedish offers several community-based educational events, including a workshop for pastoral caregivers that focuses on hospital visitation, as well as other workshops open to the public on such topics as end-of-life issues and access to health care Other community programsSwedish also made donations to nearly 50 local organizations and groups to support the vital work each is doing in the Puget Sound area These organizations include the American Heart Association, Big Brothers Big Sisters, Gilda's Club, Eastside Fire and Rescue, King County Sexual Assault Resource Center, Seattle University, United Way of King County and the YWCA of Seattle/King County

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

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

4e **Total program service expenses** ▶ $ 1,181,384,195

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 (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	955		
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	9,213		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 instructions for 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?			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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

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

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

Pam Palagi - Corp Controller
747 Broadway
Seattle, WA 981224307
(206) 215-5967

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								15,046,203	0	1,949,494

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 ▶ 913

			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 or individual 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
MA Mortenson Company 14719 NE 29Th Pl Bellevue, WA 98007	Construction	8,301,481
Physicians Anesthesia Service 1229 Madison 1440 Seattle, WA 98104	Physicians	2,494,747
Cellnetix Pathology PLLC 1124 Columbia St 200 Seattle, WA 98104	Laboratory	2,075,640
Tumor Institute Radiation Oncology Group 1101 Madison St 1101 Seattle, WA 98104	Radiation oncology	1,855,520
The Polyclinic - WCCA 1145 Broadway Seattle, WA 98122	Physicians	1,571,123

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 ▶ 95

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d	7,689,260				
	e Government grants (contributions) 1e	7,045,941				
	f All other contributions, gifts, grants, and similar amounts not included above 1f					
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		14,735,201			
Program Service Revenue		Business Code				
	2a Net Patient Revenue	900099	983,993,397	983,993,397		
	b Medicare/Medicaid Pmts	900099	397,088,024	397,088,024		
	c JV Investment Income	900099	-619,718	-619,718		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		1,380,461,703			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		9,268,382			9,268,382
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	3,740,831				
	b Less rental expenses	2,496,294				
	c Rental income or (loss)	1,244,537				
	d Net rental income or (loss) . . . . . ▶		1,244,537	1,244,537		
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	209,391,324	2,275,696			
	b Less cost or other basis and sales expenses	190,931,462				
	c Gain or (loss)	18,459,862	2,275,696			
	d Net gain or (loss) . . . . . ▶		20,735,558			20,735,558
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a Retail Pharmacy	446110	13,483,715	13,237,078	246,637	
	b Outside Service	541900	8,865,141	8,550,838	314,303	
	c Other Operating	541900	5,651,014	5,617,246	33,768	
	d All other revenue		8,673,640	8,673,640		
	e **Total.** Add lines 11a–11d . . . . . ▶		36,673,510			
	12 **Total revenue.** See Instructions . . . ▶		1,463,118,891	1,417,785,042	594,708	30,003,940

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	7,309,160	7,309,160		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,962,777	2,944,699	5,018,078	
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	592,823,866	517,665,178	75,158,688	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	62,336,239	54,017,282	8,318,957	
9 Other employee benefits	87,544,613	75,861,524	11,683,089	
10 Payroll taxes	40,343,238	34,959,313	5,383,925	
a Fees for services (non-employees) Management				
b Legal	2,344,437	429,014	1,915,423	
c Accounting	480,066	17,340	462,726	
d Lobbying	309,945	309,945		
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	976,137	976,137		
g Other	44,068,702	21,207,201	22,861,501	
12 Advertising and promotion	7,245,285	76,780	7,168,505	
13 Office expenses	10,150,924	6,424,934	3,725,990	
14 Information technology				
15 Royalties				
16 Occupancy	45,338,955	41,118,486	4,220,469	
17 Travel	3,683,086	2,578,831	1,104,255	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	830,300	279,414	550,886	
20 Interest	23,029,017	14,439,625	8,589,392	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	85,075,421	54,384,189	30,691,232	
23 Insurance	5,729,102	5,180,423	548,679	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Supplies	206,714,613	206,354,011	360,602	
b Purchased Services	79,225,235	62,161,358	17,063,877	
c Bad Debt	43,193,859	43,193,859		
d Taxes	19,597,240	19,295,476	301,764	
e Other	15,583,549	10,200,016	5,383,533	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,391,895,766	1,181,384,195	210,511,571	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		9,312,795	1	10,289,844
	2	Savings and temporary cash investments		44,913,582	2	44,562,422
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		190,434,207	4	207,978,717
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		12,262,156	8	14,094,572
	9	Prepaid expenses and deferred charges		6,712,114	9	6,547,674
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,898,170,554			
	b	Less accumulated depreciation	10b 961,202,537	708,211,940	10c	936,968,017
	11	Investments—publicly traded securities		490,652,394	11	542,486,098
	12	Investments—other securities See Part IV, line 11		13,583,470	12	23,088,290
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		29,769,197	15	42,039,089
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,505,851,855	16	1,828,054,723
Liabilities	17	Accounts payable and accrued expenses		102,424,531	17	253,904,124
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		547,774,846	20	628,525,126
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		270,225,403	25	338,237,666
	26	**Total liabilities.** Add lines 17 through 25		920,424,780	26	1,220,666,916
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		578,918,084	27	601,164,935
	28	Temporarily restricted net assets		6,483,991	28	6,197,872
	29	Permanently restricted net assets		25,000	29	25,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		585,427,075	33	607,387,807
	34	Total liabilities and net assets/fund balances		1,505,851,855	34	1,828,054,723

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,463,118,891
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,391,895,766
3	Revenue less expenses Subtract line 2 from line 1	3	71,223,125
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	585,427,075
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-49,262,393
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	607,387,807

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315013051

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

2010

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

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

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

1 ☐ A church, convention of churches, or association of churches described in **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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Don Brennan Trustee	5 00	X						0	0	0
Teresa Bigelow Trustee	5 00	X						0	0	0
John Connors Trustee	5 00	X						0	0	0
Isiaah Crawford PHD Trustee	5 00	X						0	0	0
Ned Flohr Trustee	5 00	X						0	0	0
Cheryl Gossman Trustee	5 00	X						0	0	0
Michael Kelly MD Trustee	5 00	X						0	0	0
Bill Krippaehne Jr Trustee	5 00	X						0	0	0
Louise Liang MD Trustee	5 00	X						0	0	0
Charles Lytle Jr Trustee	5 00	X						0	0	0
Kirby McDonald Trustee	5 00	X						0	0	0
John Nordstrom Trustee	5 00	X						0	0	0
David Olsen Trustee	5 00	X						0	0	0
Janet True Trustee	5 00	X						0	0	0
Henry Ned Turner Trustee	5 00	X						0	0	0
Jonathan Chinn MD Vice Chair	5 00	X		X				0	0	0
Nancy Auer MD Chair	5 00	X		X				0	0	0
Martin Siegel MD Chair	5 00	X		X				0	0	0
Rodney Hochman MD President & CEO	60 00			X				2,481,514	0	195,975
Cynthia Strauss Corp Secretary	60 00			X				402,051	0	198,978
Jeffrey Veilleux CFO / Treasurer	60 00			X				618,272	0	282,988
Kevin Brown Chief Admin Offcr	60 00				X			498,187	0	165,681
Calvin Knight Chief Operating Offcr	60 00				X			1,256,553	0	143,126
Marcel Loh Chief Admin Offcr	60 00				X			425,988	0	180,779
Janice Newell Chief Information Offcr	60 00				X			443,344	0	140,484

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			
Joanne Suffis VP - Human Resources	60 00				X			417,305	0	111,552
Marc Mayberg Physician	50 00					X		2,072,441	0	214,550
David Newell Physician	50 00					X		1,874,410	0	115,246
Rod Oskouian Physician	50 00					X		1,819,940	0	38,677
Henry Kaplan Physician	50 00					X		1,651,083	0	126,612
Robert Bersin Physician	50 00					X		1,085,115	0	34,846

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315013051

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

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," 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, Part V, line 35a (Proxy Tax), then

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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

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

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) 2007	(b) 2008	(c) 2009	(d) 2010	(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		309,945
j	Total lines 1c through 1i			309,945
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
Explanation of Other Lobbying Activities	Part II-B, Line 1i	We retain a lobbyist for Washington State to monitor health care activities in our state capitol of Olympia and to work to support the health care activities of the Washington State Hospital Association We retain a lobbyist in Washington DC to monitor health care matters and to provide counsel regarding federal health matters The only contact employees have had with state or federal legislators has been informational in nature, describing the current state of health care delivery in our hospital system as well as a summary of our community benefits No letters, publications or advertising were used

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315013051

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

2010

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		62,938,072		62,938,072
b Buildings		725,347,982	309,248,791	416,099,191
c Leasehold improvements		54,761,774	23,402,747	31,359,027
d Equipment		845,849,731	628,550,999	217,298,732
e Other		209,272,995		209,272,995
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				936,968,017

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

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Employee Retirement Payable	281,555,583
Third Party Settlements	2,735,790
Accrued Interest	2,131,502
Other Liabilities	51,814,791
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	338,237,666

2. Fin 48 (ASC 740) 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 (ASC740)

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
		Swedish takes various tax positions in preparing tax returns Only uncertain positions that meet a more-likely than-not designation are recognized in the combined financial statements As of December 31, 2010 and 2009, no uncertain tax positions have been recognized The Internal Revenue Service has determined that Swedish is exempt from federal income taxes under Section 501(c)(3) of Internal Revenue Code There was no significant taxable unrelated business income during 2010 and 2009 Swedish is also a majority owner in various joint ventures and has consolidated the financial results of those entities However, these relationships are consistent with the tax-exempt status of Swedish Therefore, no provision for income taxes has been made in the combined financial statements

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315013051

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

2010

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	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 financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
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 FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other ____ %			
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	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %			
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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			20,469,123	1,056,509	19,412,614	1 440 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			118,224,852	84,015,501	34,209,351	2 540 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			138,693,975	85,072,010	53,621,965	3 980 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	28	59,591	5,261,982	2,927,025	2,334,957	0 170 %
f Health professions education (from Worksheet 5)	11	455	13,796,443	6,193,082	7,603,361	0 560 %
g Subsidized health services (from Worksheet 6)	7	34,323	18,980,358	15,058,534	3,921,824	0 290 %
h Research (from Worksheet 7)	12	17,142	12,124,309	4,217,936	7,906,373	0 590 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	37	39,115	7,309,160		7,309,160	0 540 %
j **Total** Other Benefits	95	150,626	57,472,252	28,396,577	29,075,675	2 150 %
k **Total.** Add lines 7d and 7j	95	150,626	196,166,227	113,468,587	82,697,640	6 130 %

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support	2		8,408		8,408	0 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	1	2,600	781,760	51,538	730,222	0 050 %
7	Community health improvement advocacy	1	1,600	38,945		38,945	0 %
8	Workforce development						
9	Other	1		600		600	0 %
10	**Total**	5	4,200	829,713	51,538	778,175	0 050 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	20,793,470		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	2,599,184		
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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	218,848,264
6	Enter Medicare allowable costs of care relating to payments on line 5	6	321,235,239
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-102,386,975
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
b	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	1 Swedish First Hill Diagnostic Imaging LLC	Medical imaging	70 000 %		30 000 %
2	2 Issaquah Surgery Center LLC	Medical - surgery	76 500 %		23 500 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? **5**

	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)
1	Swedish First Hill 747 Broadway Seattle, WA 98122	X			X		X	X		
2	Swedish Cherry Hill 500 17th Ave Seattle, WA 98122	X			X		X	X		
3	Swedish Ballard 5300 Tallman Ave NW Seattle, WA 98107	X			X			X		
4	Swedish Lake Sammamish 2005 NW Sammamish Rd Issaquah, WA 98027	X						X		Outpatient ER operating under hospital license
5	Swedish Redmond 18100 Union Hill Rd Redmond, WA 98052	X						X		Outpatient ER operating under hospital license

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **21**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		Part I, Line 7 Costs for table 7, lines a through d were calculated using a cost to charges ratio Costs for table 7, lines e, f, h, and i are from actual expenses incurred Costs for table 7, line g are from a cost accounting system, which addresses all patient segments including Medicare, Medicaid, uninsured, and self pay
		Part I, L7 Col(f) Bad debt expense subtracted for purposes of calculating percentage of total expense (from PART IX) $43,193,859
		Part II Coalition Building - The Global to Local Initiative In support of Swedish's mission to improve the health and well-being of each person we serve and continuing Swedish's long-standing commitment to improve the health of our region, Swedish has partnered with Washington Global Health Alliance, Public Health - Seattle & King County, and HealthPoint to address disparities in local healthcare through a groundbreaking initiative Global to Local In 2010, partnerships have expanded to include a number of corporate sponsors that will further support community building including GE Healthcare, T-Mobile, and Chase Bank Some of the strategies include - Easily accessible primary care delivery site (based on medical home model)- Utilizing and deploying community health workers- Linking health with economic development- Mobilizing and empowering community based organizations- Generating focused education campaigns around priority health issuesCoalition Building - Social Justice Program This program is a partnership between Seattle University Law School and Swedish Medical Center The main task of this medical legal partnership and public benefits assistance project is to identify and enroll eligible Swedish family medicine patients age 60 and over into the COPES program (a public benefit program designed to support elders and disabled adults in their home) Coalition Building - Symposium Innovation in the Age of Reform / Redesigning Health-Care DeliveryPresented by Swedish to the CommunityTo effectively address the nation's health-care crisis, it will take more than insurance reform It will require completely redesigning the way healthcare is delivered The challenge is to increase access and improve quality while simultaneously reducing costs In communities throughout the United States, providers and institutions are pioneering innovative new models of delivery, and they're seeing success in their individual areas The purpose of this symposium is to bring these pioneers and innovative minds together, to learn what works in health-care delivery, to determine how to disseminate these best practices thereby initiating an effort to redesign the American health-care system Community Support - Medical Home Development More than 178,000 adults between the ages of 18-64 in King County are uninsured People who are under-insured tend to either delay receiving care until they have serious symptoms or to use the emergency room for primary care We believe the planned expansion of one of our family-medicine residency program sites on the Swedish/Ballard campus provides a unique opportunity to build a patient-centered medical home primary-care clinic from the ground up that is focused on an innovative primary-care model for all patients, including the underserved The focus groups for this pilot are the un- and under-insured, Medicaid and Medicare beneficiaries, and a select group of insured customers Objectives - To improve the effectiveness and efficiency of primary-care delivery by - Increasing access to primary care- Redesigning care processes- Improving management of patient health- Redesigning payment- Giving patients an alternative to the emergency room Community Support - Swedish Community Specialty Clinic This proposal seeks to combine the Glaser Clinic at First Hill with the Cherry Hill Mother Joseph Clinic and relocate these clinics to one site on First Hill The development of this clinic in partnership with Project Access Northwest and specialty care clinics will be a testament to Swedish Medical Center's commitment to serve the uninsured and underinsured patients in our community King County Project Access provides a workable solution to one of the most pressing health care problems facing low-income and uninsured people in our community - access to specialty care services This program builds on the safety net of primary care provided by the community health and public health clinics in King County Through PAN, low-income uninsured patients have access to needed specialty health care and donated ancillary, in- and out-patient hospital services Our goal is to set a new standard in community health and to highlight that Charity care is a core part of our nonprofit mission which will continue even in a down economy Glaser Clinic and Mother Joseph Clinic were in effect for 2009 This specialty clinic was designed to build on the primary care available in our medical home model Arrangements with specialists, including those providing dentistry care, were finalized during 2010 and the new clinic as described above will open in 2011 In 2010 Swedish partnered with the dental care community to support the opening of a community specialty dental clinic This partnership will include the Washington Dental Service Foundation, Seattle-King County Dental Foundation, Burkhart Dental Supply and The Pacific Hospital Preservation & Development Authority The resulting collaboration will provide adult specialty dental services to the underserved in King County It will also include a dental residency program supported by Dr Bart Johnson and Dr Amy Winston
		Part III, Line 4 The total amount of bad debt expense reported are bad debt write-offs not including any recoveries Bad debt expense attributable to patients likely qualifying for charity care is an estimate It is based on the percentage of bad debt reclassified as charity care in prior years after the close of the financials Swedish Health Service's audited financial statements do not include a footnote on bad debt expense
		Part III, Line 8 Costing methodology is based upon Medicare Cost Report and Medicare PS&R report Swedish believes that all of the $102 million shortfall should be conidered as community benefit The hospital provides care regardless of the shortfall and thereby relieves the federal government of the burden of paying the full cost for Medicare beneficiaries
		Part III, Line 9b Swedish Health Services follows standard collection practices and complies with governing laws, regulations, and authorities including WAC Title 246 Chapter 453, Hospital Charity Care Charity is re-screened throughout the revenue cycle when account events, such as patient initiated contact requesting alternative payment options, trigger review A guarantor may submit a charity care discount application at any point in the revenue cycle, from pre-admission to final payment of the bill The patient application process is not a requirement for charity eligibility review of accounts with characteristics identified for charity approval
		Part VI, Line 2 Working with a Community Advisory Committee made up of key community partners, Swedish developed a Community Needs Assessment Tool This instrument defined, among other things, underserved patient access to care and access for specialty health care needs The methodology was derived from the Leading Health Indicators for King County and was cross referenced with research done by the Washington Health Foundation, United Way of King County and Healthy People 2010 Based on this information, Swedish has developed partnerships with community agencies where we have combined our resources to impact the negative health trends in the community To date we have developed partnerships with The American Diabetes Association, the American Heart Association, Senior Services of King County, March of Dimes, United Way, Lifelong AIDS Alliance and the Washington Health Foundation Some current trends affecting the community include poverty and access to affordable healthcare Negative local trends affecting the community assessment include prevalence of low birth weight babies, breast cancer, diabetes, HIV / AIDS, hypertension, high blood cholesterol, heavy drinking, and multiple sclerosis Areas seeing improvement in King County but still needing improvement include incidence of stroke, colorectal cancer death, lung cancer death, suicide, smoking cessation, vaccinations, AIDS incidence, and seatbelt use Swedish is customizing and expanding its Community Needs Assessment to each hospital within Swedish Health Services By January of 2012 each hospital will have an individualized assessment geared to the specific community it serves
		Part VI, Line 3 Swedish Medical Center is committed to the provision of healthcare services to all persons in need of medical attention regardless of their ability to pay Employees are responsible for processing applications in a respectful and courteous manner Processing should in no way discourage patients from receiving healthcare, or result in the delayed provision of essential healthcare services Charity care/financial assistance is available to any eligible patient without regard to race, color, sex, religion, age or national origin All interactions with patients must respect the inherent worth of all persons and their individual dignity Public Notices Our Financial Assistance (Charity Care) policy is made available via wall posters that are located in registration areas and emergency departments Letter size posters are also available in departments and Health Resource Centers Brochures are available for dissemination or upon request and are available in several languages including but not limited to English, Spanish, Chinese, Vietnamese, and Korean Brochures, applications and the sliding scale are available to any person requesting the information whether in person, by mail or by telephone Timing of Application Patients may apply for charity care prior to service, at the time of service or at any point in the billing process up to the resolution of the account Identification of Charity Care Candidates Every effort is made to identify patients who would benefit from charity care at the earliest point possible Care for a patient's well being is as important as care for their medical needs It is our goal to diminish a patient's worry over health care bills Employees must be alert to indications that the patient or family has concerns about their ability to pay health care bills even if the patient does not specifically ask about charity care or financial assistance General Application Process Once a patient is identified as a charity care candidate a further interview will occur Interpreters will be offered and arranged as appropriate Registrars or Financial Counselors may assist patients in completion of applications
		Part VI, Line 4 Swedish is a nonprofit health provider serving the Greater Seattle area We have three hospital locations in Seattle, an emergency room and specialty center in Issaquah (East King County) and more Swedish Medical Center/BallardSwedish Medical Center/First HillSwedish Medical Center/Cherry Hill (formerly Providence)Swedish Medical Center/IssaquahSwedish Medical Center/RedmondSwedish Visiting Nurse ServicesSwedish Physicians network of primary care clinicsMultiple specialty clinicsAffiliations with suburban hospitals and physician groupsThe estimated total King County population in 2010 was 1,931,249 Since 2000, the population has increased by 11 2% King County's largest city, Seattle, had a 2010 population of 608,660, an 8 0% increase from 2000 The next three biggest cities and their 2010 populations were Bellevue (122,363, 11 7% growth since 2000), Kent (92,411 16 2% growth), and Federal Way (89,306, 7 3% growth) Population characteristics and trends help describe King County's many communities and provide a context for trends in health outcomes King County's fastest-growing age groups are those aged 75 and older and 45 to 64 The county is increasing in racial diversity, especially in South King County Social determinants of health, such as poverty and educational attainment, have a substantial impact on a broad range of behavioral risks and health outcomes Educational attainment increased from 2000 to 2010, but disparities remain in the percent of those who finish high school and who have a college education Over 10 hospitals serve King County There are federally designated medically underserved areas present in our region
Reports Filed With States	Part VI, Line 7	WA

Additional Data

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

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **21** Name and address	Type of Facility (Describe)
Swedish Community Health Medical Home 5300 Tallman Ave NW Seattle, WA 98107	Outpatient physician clinic
Swedish Family Medicine - Cherry Hill 550 16th Ave Ste 100 Seattle, WA 98122	Outpatient physician clinic
Swedish Family Medicine - First Hill 1401 Madison St Ste 100 Seattle, WA 98104	Outpatient physician clinic
Swedish Cancer Institute at Highline 16251 Sylvester Rd SW Seattle, WA 98166	Cancer treatment center
Swedish Cancer Institute at Northwest 1560 N 115th Ste G-16 Seattle, WA 98133	Cancer treatment center
Swedish Cancer Institute at Stevens 21605 76th Ave W Edmonds, WA 98026	Cancer treatment center
SMG - Ballard 5350 Tallman Ave NW Ste 301 Seattle, WA 98107	Outpatient physician clinic
SMG - Central Seattle Clinic 1600 E Jefferson Ste 510 Seattle, WA 98122	Outpatient physician clinic
SMG - Children's Clinic 3400 California Ave SW Ste 200 Seattle, WA 98116	Outpatient physician clinic
SMG - Cle Elum 214 W First St Cle Elum, WA 98922	Outpatient physician clinic
SMG - Downtown Seattle 1001 Fourth Ave Plaza Ste 420 Seattle, WA 98154	Outpatient physician clinic
SMG - Factoria 12917 SE 38th Street Ste 100 Bellevue, WA 98006	Outpatient physician clinic
SMG - Greenlake 7210 Roosevelt Way NE Seattle, WA 98115	Outpatient physician clinic
SMG - Healthcare for Women 1229 Madison St Ste 1450 Seattle, WA 98104	Outpatient physician clinic
SMG - Issaquah 2005 NW Sammammish Rd Issaquah, WA 98027	Outpatient physician clinic
SMG - Magnolia 24350 33rd Ave W Ste 100 Seattle, WA 98199	Outpatient physician clinic
SMG - Pine Lake 22707 SE 29th St Bldg C Sammammish, WA 98075	Outpatient physician clinic
SMG - Queen Anne 2211 Queen Anne Ave N Seattle, WA 98109	Outpatient physician clinic
SMG - Redmond 15670 Redmond Way Redmond, WA 98052	Outpatient physician clinic
SMG - Snoqualmie 37624 SE Fury St Snoqualmie, WA 98065	Outpatient physician clinic
SMG - West Seattle 3400 California Ave SW Ste 300 Seattle, WA 98116	Outpatient physician clinic

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315013051

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

2010

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 37

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

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

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

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

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

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Diabetes Association1730 Minor Ave Ste 920 Seattle, WA 98101	13-1623888	501c(3)	30,000				Strategic Partnership Sponsor
American Heart Association 710 Second Ave 900 Seattle, WA 98104	13-5613797	501c(3)	50,000				Heart Walk Sponsor
American Liver Foundation 1311 Republican St Seattle, WA 98109	36-2883000	501c(3)	6,000				General Support
City Club1904 Third Avenue Ste 622 Seattle, WA 98101	91-1148262	501c(3)	5,000				Global Health Local Impact event Sponsor
College Success Foundation 1605 NW Sammamish Road Ste 200 Issaquah, WA 98027	91-2036088	501c(3)	7,500				Governor's Cup Sponsor
Country Doctor Community Clinic2101 East Yesler Way Seattle, WA 98122	23-7100868	501c(3)	7,500				Dinner Sponsor & Furniture Support
Eastside Baby Corner1510 NW Maple Street Issaquah, WA 98017	91-1617032	501c(3)	5,000				Benefit Lunch Sponsor
Girls On The Run of Puget Sound8757 15th Ave NW Seattle, WA 98117	84-1618574	501c(3)	5,400				Tukwila/SeaTac Schools Sponsor
Guiding Lights WeekendSeattle Center Foundation3518 Fremont Ave N Seattle, WA 98103	91-1003385	501c(3)	75,000				Weekend Mentor Program Sponsor
Harmony Hill7362 E State Route 106 Union, WA 98592	94-3050703	501c(3)	5,000				Cancer program Sponsor
Healthpoint955 Powell Ave SW Renton, WA 98057	91-0884412	501c(3)	5,000				Event Sponsor
Hope Heart Institute1380 112 Ave NE Ste 100 Bellevue, WA 98004	91-1138000	501c(3)	5,000				Golf Classic Sponsor

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Kindering Center16120 NE 8th Street Bellevue, WA 98008	91-0816827	501c(3)	5,000				Luncheon Sponsor
Lifelong Aids Alliance1002 East Seneca St Seattle, WA 98122	91-1215715	501c(3)	15,000				Strategic Partnership - AIDS walk
March of Dimes1904 Third Avenue Ste 230 Seattle, WA 98119	13-1846366	501c(3)	30,000				Strategic Partnership
Medical Teams International (Haiti)c/o Oregon Hospital Assoc 4000 Kruse Way Place 2-100 Lake Oswego, OR 97025	93-0878944	501c(3)	10,000				Haiti disaster response
MS Society192 Nickerson St Ste 1000 Seattle, WA 98109	91-0742424	501c(3)	5,000				Event Sponsor
Neighborcare Health1537 Western Ave Seattle, WA 98101	91-0893287	501c(3)	10,000				General Support
Northwest African American Museum2300 South Massachusetts Seattle, WA 98144	76-0835379	501c(3)	150,000				Checking our Pulse Exhibit
Northwest Kidney CentersPO Box 3035 Seattle, WA 98114	91-6057438	501c(3)	15,000				Breakfast of Hopesponsor
Pacific Health Summit1215 4th Ave Ste 1600 Seattle, WA 98161	91-1444105	501c(3)	50,000				Pacific Health Summit Sponsor
PATHPO Box 19210 Seattle, WA 98122	91-1157127	501c(3)	17,500				Breakfast for Global Health Sponsor
PNDRI720 Broadway Seattle, WA 98122	91-0667886	501c(3)	5,000				Event Sponsor
Prov O'Trees4831 35th Ave SW Seattle, WA 98126	51-0216586	501c(3)	5,000				Event Sponsor

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Providence Health System 2201 Lind Ave SW 200 Renton, WA 98055	51-0216586	501c(3)	3,840,474				General Support
Rotary Club of Edmonds Daybreakers FoundPO Box 1584 Edmonds, WA 98020	91-1913548	501c(3)	5,000				Jazz Connection Sponsor
Safe Crossings815 First Ave 312 Seattle, WA 98104	75-2992774	501c(3)	5,000				Pediatric Luncheon Sponsor
Seattle University Gala901 12th Ave Seattle, WA 98122	91-0565006	501c(3)	5,000				Event Sponsor
Senior Services2208 Second Ave Ste 100 Seattle, WA 98121	91-0823767	501c(3)	30,000				Strategic Partnership Seniors
Seniors Making Art16040 Christensen Rd Ste 316 Seattle, WA 98188	91-1597068	501c(3)	6,000				General Support
St Joseph's Baby Corner701 5th Ave Ste 3500 Seattle, WA 98104	91-1932287	501c(3)	5,000				Gala Sponsor
Stevens Hospital Foundation 21601 76th Ave West Edmonds, WA 98020	20-5803835	501c(3)	10,000				Dinner Event Sponsor
Swedish Medical Center Foundation747 Broadway Seattle, WA 98122	91-0983214	501c(3)	2,823,786				Support for Operating Expenses
United Negro College Fund 701 5th Avenue Ste 3599 Seattle, WA 98104	13-1624241	501c(3)	5,000				Event Sponsor
University of Washington School of NursingBox 357260 Seattle, WA 98195	91-6001527	501c(3)	10,000				Nurses Recognition Banquet Sponsor
Washington Health Foundation600 Stewart Street Ste 601 Seattle, WA 98101	91-6033679	501c(3)	30,000				Partnership in Healthiest State in the Nation Campaign for Washington

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA of Sea King & Snohomish1118 Fifth Ave Seattle, WA 98104	91-0482890	501c(3)	10,000				Seattle Luncheon Sponsor

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315013051

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

2010

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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				
(1) Rodney Hochman MD	(i)	883,096	1,539,977	58,441	151,140	44,835	2,677,489	714,477
	(ii)	0	0	0	0	0	0	0
(2) Cynthia Strauss	(i)	324,318	75,177	2,556	177,588	21,390	601,029	0
	(ii)	0	0	0	0	0	0	0
(3) Jeffrey Veilleux	(i)	470,511	144,000	3,761	266,119	16,869	901,260	0
	(ii)	0	0	0	0	0	0	0
(4) Kevin Brown	(i)	373,403	123,470	1,314	139,973	25,708	663,868	0
	(ii)	0	0	0	0	0	0	0
(5) Calvin Knight	(i)	489,798	754,002	12,753	108,442	34,684	1,399,679	578,322
	(ii)	0	0	0	0	0	0	0
(6) Marcel Loh	(i)	323,580	97,500	4,908	160,570	20,209	606,767	0
	(ii)	0	0	0	0	0	0	0
(7) Janice Newell	(i)	358,461	72,000	12,883	128,008	12,476	583,828	0
	(ii)	0	0	0	0	0	0	0
(8) Joanne Suffis	(i)	332,802	75,177	9,326	98,606	12,946	528,857	0
	(ii)	0	0	0	0	0	0	0
(9) Marc Mayberg	(i)	719,336	1,343,827	9,278	191,454	23,096	2,286,991	0
	(ii)	0	0	0	0	0	0	0
(10) David Newell	(i)	718,125	1,147,007	9,278	92,150	23,096	1,989,656	0
	(ii)	0	0	0	0	0	0	0
(11) Rod Oskouian	(i)	545,228	1,273,386	1,326	17,150	21,527	1,858,617	0
	(ii)	0	0	0	0	0	0	0
(12) Henry Kaplan	(i)	1,343,307	296,292	11,484	107,820	18,792	1,777,695	0
	(ii)	0	0	0	0	0	0	0
(13) Robert Bersin	(i)	787,446	288,391	9,278	17,150	17,696	1,119,961	0
	(ii)	0	0	0	0	0	0	0
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Persons who received taxable tax gross-up payments Rodney Hochman, Calvin Knight, Mark Mayberg, David Newell, Rod Oskouian, Robert Bersin Persons who received taxable discretionary spending amount Rodney Hochman, Calvin Knight Persons who received taxable housing allowance Rodney Hochman
	Part I, Line 1b	The Board of Trustees approves all benefits provided to executives in accordance with its policy on approving executive compensation
	Part I, Line 6	The Board, its Compensation and HR Committee and Human Resource Leadership develop and approve annual goals and performance criteria that are used to determine variable compensation opportunities for management This is consistent with the Compensation Philosophy of Swedish Health Services SHS leadership assesses performance against these goals and performance criteria, which include furthering clinical performance, operating principles, patient satisfaction, and the needs of the underserved For 2010, the initial threshold that must be achieved was a three and one-half percent (3 5%) operating margin for the organization as a whole If the threshold is met, the margin above it is available for payout based on achieving additional criteria This provision preserves sufficient funds that are critical for future growth, while allowing Swedish to compete with other organizations, including for-profit corporations, for talented leaders SHS places a high priority on the need to recruit and retain a strong leadership team and to create a highly motivated and engaged workforce to drive superior organizational performance in order to achieve top tier integrated care delivery system status The additional performance criteria that must be met include organizational growth and expansion of services to support the needs of the community, achievement of quality standards (i e , continued Joint Commission on Accreditation of Healthcare Organizations accreditation, regulatory issue resolution and hand hygiene), service (as measured by inpatient and outpatient satisfaction scores), and employee and physician satisfaction ratings The criteria and measures are objective and measurable, rather than subjective in nature Managers and Executives receiving this variable compensation devote an average of 60 hours per week to perform their responsibilities
Supplemental Information	Part III	Reportable compensation is based on the total amount paid during the fiscal year, including current year payments of amounts reported in prior years as contributions to employee benefit plans and deferred compensation, together with investment earnings from those prior year contributions As a result, certain amounts have been reported twice, both in prior years when earned or accrued, and again in the current year when paid

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315013051

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

2010

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	35,074,112	61,628,705	74,392,753	74,392,753
4	Gross proceeds in reserve funds	3,550,972	6,239,411		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	50,000,000		50,000,000	50,000,000
7	Issuance costs from proceeds	189,725	333,366	730,193	730,193
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	31,333,415	55,055,928	23,662,560	23,662,560
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008	2008	2008	2008
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	/ X	/ X	/ X	/ X
15	Were the bonds issued as part of an advance refunding issue?	/ X	/ X	X /	X /
16	Has the final allocation of proceeds been made?	X /	X /	X /	X /
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X /	X /	X /	X /

Part III Private Business Use

		A		B		C		D	
		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		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
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		X		X	

Part IV Arbitrage

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315013051

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

2010

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Washington Health Care Facilities Authority	91-1108929	93978EE32	12-21-2006	200,000,000	Healthcare equipment and facilities		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	200,000,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	1,064,000			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	198,936,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2007			

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

Part III Private Business Use

		A		B		C		D	
		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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

		A		B		C		D	
		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						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?								
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315013051

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

2010

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

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

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Warren Fein	Warren Fein is a family member of Cynthia Strauss	420,494	Employment		No
(2) First Choice Health Administrators	Health Plan Administrator	2,796,440	First Choice is the health plan administrator of Swedish Health Services Rod Hochman and Calvin Knight were board members of First Choice Health Administrators in 2010 Rod Hochman is the CEO of Swedish Health Services Calvin Knight is a Chief Administrative Officer and Key Employee of Swedish Health Services		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315013051

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

Identifier	Return Reference	Explanation
Volunteers Estimate	Form 990, Part I, Line 6	On average volunteers provide 15,000 hours of uncompensated labor each month for the benefit of Swedish Health Services Volunteers do not replace employees, however, they do supplement the paid workforce in nearly every department and every division at Swedish, whether it is an ongoing placement or a one-time special project These tasks can be clerical in nature, allowing clinical staff to spend more time at the bedside or providing other direct patient care Some of the departments supported by clerical volunteer help include Clinical Trials, Linguistic Services, Employee Health, Intensive Care nursing units, and Private Pay Patient Services Volunteers also serve in a myriad of clinical departments, which involve direct-patient contact assisting with non-clinical tasks Non-clinical tasks include providing reading material to patients, offering warm blankets, running errands for the nursing staff, answering in-coming telephone calls and conversation with patients A few of the areas benefiting from volunteers included our Art with Heart program for Pediatric patients, volunteer visitors with our Advance Bloodless Surgery program, our many volunteers in the out-patient Cancer Treatment Infusion Center, in-patient Orthopedics nursing units, and our in-patient Short Stay nursing unit Our Information Desk, serving patients, staff, visitors and guests alike is completely staffed by volunteers In a typical 4-hour volunteer shift each volunteer will interact, in some manner, with approximately 150 individuals Contacts include face-to-face assistance, inquiries by telephone, and forwarding postal mail to in-patients Individuals also volunteer their time to learn new skills, refresh skills and accumulate hours to be eligible to sit for certification exams Some of the departments with this type of volunteer include, but are not limited to Spiritual Care, Diagnostic Ultrasound, Clinical Engineering/Biomedical, Pharmacy, Nuclear Medicine, Sterile Processing and Social Work

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Swedish Health Services has no members other than a "Special Member" of the Corporation, Providence Health System - Washington, a Washington not-for-profit corporation As Special Member, PHSW has the right to nominate candidates for election by the Board of Trustees of the Corporation to fill not less than two voting Active Trustee membership positions on the Corporation's Board of Trustees

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Providence Health Services - Washington (PHSW) has the authority to exercise approval with respect to the following actions that may be taken by the board of trustees of the corporation A Any amendment of the Articles of Incorporation or Bylaws of the Corporation that may adversely affect the specifically enumerated rights of PHSW B Any reorganization of the Corporation or change in control of the Corporation, or any sale, long term lease, donation (or similar type of transaction) involving all or substantially all of the assets of the Corporation in a manner that does not provide for the assumption of the obligations of the Corporation C Any fundamental change in the mission and philosophy of the Corporation

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Preparation and review of the Form 990 involves the compilation of information from all areas of the organization, including Human Resources, Finance and the Board of Directors The initial draft return is prepared by Finance and reviewed by Management An external independent review is performed by an independent tax advisor All schedules and forms are then reviewed by the financial manager(s), the Corporate Controller, the Vice President of Finance, and the CFO Before the return is filed, a copy of the return is made available to all members of the board The return is then filed with the IRS by the deadline

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	Swedish Health Services (SHS) publishes its written Board of Trustees Conflict of Interest Policy and the Conflict of Interest Policy for Management and Other Persons (Covered Persons) with Significant Administrative Responsibility on the corporation's internet site Covered Persons are defined as the Chief Executive Officer (CEO), Management, Medical Directors, members of the Pharmacy and Therapeutics Committee, Value Analysis Teams including voting stakeholders and the Institutional Review Board (IRB), all new employee applicants for the position of Medical Director (or similar position with significant administrative responsibilities), and all recruits for employed provider positions Board Members and Covered Persons are required to complete a Conflict of Interest Questionnaire annually and disclose any affiliations, interest or relationships, and/or any transactions the individual and/or his/her family members have engaged in that might give rise to an actual, apparent, or potential conflict of interest The policies define family members and describe what constitutes conflicts of interest They require individuals to report any further financial interest, situation, activity or conduct that may develop before completion of the next questionnaire Potential conflicts of interest with physician board members with financial interests in businesses that compete with SHS are addressed, as well as appropriate disclosures, evaluation and resolution of said conflicts The Conflict of Interest Questionnaires include an annual statement that Board Members and Covered Persons (a) have received a copy, read and understand the Policy, (b) agree to comply, (c) understand that the Policy applies to committees and subcommittees, (d) understand that SHS is a charitable organization that must engage primarily in exempt activities, (e) agree to report any change to matters previously disclosed on the Conflict of Interest Questionnaire, (f) state that the information provided in the Questionnaire is true to the best of his/her knowledge and belief, and (g) affirm that neither they nor family members have violated the policy The purposes of the policies are to ensure that Board Members and Covered Persons are independent and able to perform their duties in an impartial manner free from any bias created by personal interests, to protect the interests of SHS when it is contemplating entering into an arrangement that might benefit the private interest of Board Members or Covered Persons, to clarify the duties of Board Members and Covered Persons in the context of a potential conflict (and to provide with a method for disclosing and resolving said conflict), and to supplement (not replace) any applicable state laws governing conflicts of interest applicable to charitable, not for profit corporations SHS will not engage in any contract, transaction, or arrangement involving a potential conflict of interest unless it is determined that appropriate safeguards to protect the charitable mission of SHS have been implemented The Board's Governance Committee, working with the organization's Compliance Officer, will review all Conflict of Interest Questionnaires for Board Members The Governance Committee will make a finding as to whether an actual, apparent or potential conflict of interest exists and will forward that finding, along with recommendations for resolution, to the Board of Trustees for discussion and vote For Covered Persons the organization's Conflict of Interest Committee works with the Compliance Officer and follows a similar process It reviews all questionnaires submitted by Covered Persons and communicates its findings and recommendations to be implemented by the appropriate committees Meeting minutes will identify any person attending any meeting who has a conflict of interest with respect to any matter before the Board or committee and the action taken to address the conflict

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	The Board of Trustees has delegated authority to the Compensation and HR Committee to review and approve compensation arrangements for senior managers Senior managers are those individuals in the following positions President/Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Medical Officer, Chief Nursing Officer, Vice President, Executive Director of Swedish Medical Center Foundation, and Other Executive Directors of major programs (as identified by the President/CEO) Compensation for executives is consistent with the Executive Total Compensation Philosophy approved by the Board of Trustees Potential conflicts of interest are addressed in accordance with the corporation's conflict of interest policy (as described in SHS's response to Line 12C) The Board of Trustees selects and retains an independent consultant to conduct an annual review of the compensation package, including salaries, incentives and benefits, and recommend appropriate adjustments to ensure that each remains competitive and responsive to changing laws and in keeping with the organization's mission The Board, as part of its analysis, obtains from the independent consultant appropriate comparability data, including total compensation paid by similarly situated for profit and not for profit health care organizations for positions that are functionally comparable The consultant provides documentation that total compensation is at fair market value The consultants' recommendations are reviewed and approved (or not approved) by the Compensation and HR Committees, which document the basis for their decision Following approval of the annual review by the Compensation and HR Committee the Board will be responsible for approving any changes in the compensation of the President/CEO The Compensation and HR Committee will approve changes in the compensation package for key employees (as defined by the 990) The President/CEO will be responsible for approving any changes in the compensation package of the other senior managers

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	Swedish Health Services' Code of Conduct and Conflict of Interest Policy are available at www swedish org Governing documents and financial statements are available upon request

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 25,305,675 Decrease (increase) in accrued pension liability -74,730,949 Temporarily restricted assets released from restriction -286,119 Net asset transfers 449,000 Total to Form 990, Part XI, Line 5 -49,262,393

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315013051

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

2010

Open to Public Inspection

Name of the organization
Swedish Health Services

Employer identification number
91-0433740

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Swedish Physicians LLC 600 University St Ste 1200 Seattle, WA 98101 91-1942315	Physician Clinic	WA	47,052,930	11,716,895	N/A
(2) Arnold Condominium LLC 747 Broadway Seattle, WA 98122 42-1679118	Owner Association	WA	82,806	23,690,840	N/A
(3) Swedish Heart Institute Medical Grp LLC 747 Broadway Seattle, WA 98122 91-1911869	Physician Clinic	WA	31,094,585	10,815,997	N/A
(4) Swedish Neuroscience Inst Med Grp LLC 747 Broadway Seattle, WA 98122 42-1676551	Physician Clinic	WA	19,132,895	7,690,794	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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	(k) Percentage ownership
(1) SMC - Radia Issaquah Imaging Ctr LLC 2005 NW Sammamish Rd Issaquah, WA98027 20-2048959	Medical imaging	WA	N/A	Related	540,226	2,220,806		No		Yes		70 000 %
(2) PETCT Imaging at Swedish Cancer Institute LLC 1221 Madison St Seattle, WA98104 20-3132044	Medical imaging	WA	N/A	Related	1,813,450	994,058		No		Yes		63 000 %
(3) Swedish First Hill Diagnostic Imaging LLC 1001 Boylston Ave Seattle, WA98104 20-8378242	Medical imaging	WA	N/A	Related	748,543	1,770,146		No		Yes		70 000 %
(4) Issaquah Surgery Center LLC 6505 226th Pl SE Ste 102 Issaquah, WA98027 26-1205223	Medical - surgery	WA	N/A	Related	-621,567	3,422,721		No		Yes		76 500 %
(5) Minor and James Medical PLLC 515 Minor Ave Ste 200 Seattle, WA98104 91-1340223	Physician clinic	WA	N/A									0 %

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
(1) 1221 Madison Street Owners Association 747 Broadway Seattle, WA98122 20-1954319	Owners association	WA	Arnold Condominium LLC	C	-12	134,863	58 440 %
(2) Washington Cancer Centers PC 1560 N 115th G-16 Seattle, WA98133 91-1792791	Cancer treatment	WA	N/A	C	-3,368,294	3,219,483	100 000 %

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining 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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Marsha Rivkin Center for Ovarian Cancer Research 747 Broadway Seattle, WA 98122 91-2054035	Ovarian cancer research	WA	501(c)3	Line 7	Swedish Health Services	Yes	
Swedish Community Services 747 Broadway Seattle, WA 98122 91-0729017	Healthcare	WA	501(c)3	Line 7	Swedish Health Services	Yes	
Swedish Medical Center Foundation 747 Broadway Seattle, WA 98122 91-0983214	Primary fundraising arm of Swedish Health Services	WA	501(c)3	Line 7	Swedish Health Services	Yes	
Seattle Heart Alliance Foundation 747 Broadway Seattle, WA 98122 20-0884590	Heart and vascular health	WA	501(c)3	Line 11a, I	Swedish Health Services	Yes	
Swedish MJM Holdings PS 747 Broadway Seattle, WA 98122 27-3139262	Holding company	WA	501(c)3	Line 11a, I	Swedish Health Services	Yes	
Global to Local Health Initiative 747 Broadway Seattle, WA 98122 27-3133200	Healthcare	WA	501(c)3	Line 7	Swedish Health Services	Yes	
Swedish Edmonds 21601 76th Ave W Edmonds, WA 98206 27-2305304	Hospital	WA	501(c)3	Line 3	Swedish Health Services	Yes	
Stevens Foundation 21601 76th Ave W Edmonds, WA 98206 20-5803835	Primary fundraising arm of Snohomish PHD #2	WA	501(c)3	Line 11a, I	Swedish Edmonds		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	Issaquah Surgery Center LLC	D	1,071,953	Cash
(2)	Minor and James Medical PLLC	I	120,612	Cash
(3)	Minor and James Medical PLLC	G	93,926	Cash
(4)	Minor and James Medical PLLC	N	89,633	Cash
(5)	Minor and James Medical PLLC	P	29,760,431	Cash
(6)	PETCT Imaging at Swedish Cancer Institute LLC	I	66,591	Cash
(7)	PETCT Imaging at Swedish Cancer Institute LLC	P	2,745,129	Cash
(8)	Swedish Edmonds	J	145,679	Cash
(9)	Swedish Edmonds	D	64,072,902	Cash
(10)	Swedish First Hill Diagnostic Imaging LLC	P	2,128,559	Cash
(11)	Swedish Medical Center - Radia Issaquah Imaging Center LLC	I	175,256	Cash
(12)	Swedish Medical Center - Radia Issaquah Imaging Center LLC	P	3,019,981	Cash
(13)	Swedish Medical Center Foundation	B	2,823,786	Cash
(14)	Swedish Medical Center Foundation	C	7,689,260	Cash
(15)	Washington Cancer Centers PC	B	5,673,742	Cash