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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
SWEDISH MEDICAL CENTER FOUNDATION

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 98122

D Employer identification number
91-0983214

E Telephone number
(206) 215-5967

G Gross receipts $ 29,141,422

F Name and address of principal officer
DONALD THEOPHILUS
747 BROADWAY
SEATTLE, WA 98122

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 1976

M State of legal domicile WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SWEDISH MEDICAL CENTER FOUNDATION IS THE FUNDRAISING ARM OF SWEDISH HEALTH SERVICES

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**	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	26
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	20,299,933	21,139,529
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,364,738	1,293,938
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-323,609	-844,327
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,341,062	21,589,140
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,208,574	23,748,588
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)	1,444,610	1,765,017
16a	Professional fundraising fees (Part IX, column (A), line 11e)	71,308	207,320
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,973,295		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,626,353	1,069,130
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,350,845	26,790,055
19	Revenue less expenses Subtract line 18 from line 12	9,990,217	-5,200,915
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	70,053,804	62,731,818
21	Total liabilities (Part X, line 26)	5,001,444	4,231,186
22	Net assets or fund balances Subtract line 21 from line 20	65,052,360	58,500,632

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

****** | 2012-11-15
Signature of officer | Date

JEFFREY VEILLEUX TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: SARA ELIZABETH J HYRE	Date 2012-11-15	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P00235495
Firm's name (or yours if self-employed), address, and ZIP + 4: CLARK NUBER PS, 10900 NE 4TH STREET SUITE 1700, BELLEVUE, WA 98004			EIN ▶ 91-1194016
			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

THE FOUNDATION IS COMMITTED TO SUPPORTING THE EFFORTS OF SWEDISH HEALTH SERVICES IN ADVANCING HEALTH CARE IN THE REGION AND 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 24,295,496 including grants of $ 23,748,588) (Revenue $)

THE FOUNDATION IS COMMITTED TO SUPPORTING THE EFFORTS OF SWEDISH HEALTH SERVICES TOWARD THAT END, THE FOUNDATION AWARDS GRANTS TO SWEDISH TO FUND VITAL PROGRAMS AND SERVICES, NEW MEDICAL TREATMENTS AND TECHNOLOGY, CHARITY CARE AND OTHER PROGRAMS THAT PROVIDE ACCESS TO THE UNDERSERVED, NURSING CLINICS, PATIENT TRANSPORTATION, NEEDED FACILITIES MAINTENANCE AND UPGRADES, AND A VARIETY OF RELATED COMMUNITY HEALTH PROGRAMS SWEDISH MEDICAL CENTER FOUNDATION ALSO GRANTS TO VARIOUS ORGANIZATIONS IN THE COMMUNITY FOR PROGRAM EXPENSES

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

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** ▶ $ 24,295,496

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 instructions)?	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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *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 temporarily restricted endowments, permanent endowments, 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		No
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	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II 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, Part 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*	17	Yes	
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	Yes	
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		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
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**	Yes	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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*	**35b**		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**	0		
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**		
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**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**		
	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**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		
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 or securities 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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate 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 aggregate 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	29		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26		
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		Yes	
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	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		No
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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		No
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

KARL FRITSCHEL CPA
1801 LIND AVE SW 9016
RENTON, WA 980579016
(425) 525-3339

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								465,832	3,829,354	1,121,052

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SWEDISH HEALTH SERVICES 747 BROADWAY SEATTLE, WA 98122	MANAGEMENT, HR, AND PAYROLL	316,296

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

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 2,017,921				
	d	Related organizations . . . 1d 2,678,964				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 16,442,644				
	g	Noncash contributions included in lines 1a-1f $ 912,572				
	h	**Total.** Add lines 1a-1f	21,139,529			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f				
	3	Investment income (including dividends, interest and other similar amounts)	831,917			831,917
	4	Income from investment of tax-exempt bond proceeds . .				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 6,914,616				
	b	Less cost or other basis and sales expenses: 6,452,595				
	c	Gain or (loss): 462,021				
	d	Net gain or (loss)	462,021			462,021
Other Revenue	8a	Gross income from fundraising events (not including $ 2,017,921 of contributions reported on line 1c) See Part IV, line 18 . . . a 255,360				
	b	Less direct expenses . . . b 1,099,687				
	c	Net income or (loss) from fundraising events . .	-844,327			-844,327
	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					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d				
	12	**Total revenue.** See Instructions . . .	21,589,140	0	0	449,611

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	23,744,012	23,744,012		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	4,576	4,576		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	466,435	93,286	46,644	326,505
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	852,052	170,409	85,205	596,438
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	446,530	89,305	44,652	312,573
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .	207,320			207,320
f	Investment management fees	247,807		247,807	
g	Other	36,958	24,639	12,319	
12	Advertising and promotion	384	77	38	269
13	Office expenses	196,366	39,273	19,637	137,456
14	Information technology	795	159	80	556
15	Royalties . .				
16	Occupancy				
17	Travel	17,408	3,482	1,741	12,185
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,260	652	326	2,282
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,390	6,678	3,339	23,373
23	Insurance				
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	CORPORATE SERVICES	316,296	63,259	31,630	221,407
b	MISCELLANEOUS	153,967	43,189	21,596	89,182
c	PURCHASED SERVICES	62,499	12,500	6,250	43,749
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	26,790,055	24,295,496	521,264	1,973,295
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		1	
	2	Savings and temporary cash investments	8,082,311	2	10,162,479
	3	Pledges and grants receivable, net	13,481,225	3	14,651,404
	4	Accounts receivable, net	30,201	4	29,901
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	45,562,891	11	33,908,146
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,897,176	15	3,979,888
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	70,053,804	16	62,731,818
Liabilities	17	Accounts payable and accrued expenses	15,220	17	19,559
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	4,986,224	25	4,211,627
	26	**Total liabilities.** Add lines 17 through 25	5,001,444	26	4,231,186
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	22,244,920	27	21,148,208
	28	Temporarily restricted net assets	36,850,496	28	31,385,636
	29	Permanently restricted net assets	5,956,944	29	5,966,788
		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	65,052,360	33	58,500,632
	34	Total liabilities and net assets/fund balances	70,053,804	34	62,731,818

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	21,589,140
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,790,055
3	Revenue less expenses Subtract line 2 from line 1	3	-5,200,915
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	65,052,360
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,350,813
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	58,500,632

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SWEDISH MEDICAL CENTER FOUNDATION

Employer identification number
91-0983214

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,737,581	15,463,375	19,116,401	20,299,923	21,139,529	87,756,809
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	11,737,581	15,463,375	19,116,401	20,299,923	21,139,529	87,756,809
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)						5,559,817
6 **Public Support.** Subtract line 5 from line 4						82,196,992

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	11,737,581	15,463,375	19,116,401	20,299,923	21,139,529	87,756,809
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,652,812	1,190,172	1,205,741	482,559	831,917	5,363,201
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,496	247,656				249,152
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,016	2,153				3,169
11 **Total support** (Add lines 7 through 10)						93,372,331

12	Gross receipts from related activities, etc (See instructions)	12	2,867,011

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 2011 (line 6 column (f) divided by line 11 column (f))	14	88 030 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	85 130 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 91-0983214
Name: SWEDISH MEDICAL CENTER FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

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			
LUCIUS AD ANDREW III TRUSTEE	1 00	X						0	0	0
PATRICIA ARNOLD TRUSTEE	1 00	X						0	0	0
NANCY J AUER MD VICE CHAIR	1 00	X		X				0	0	0
ANITA BRAKER TRUSTEE	1 00	X						0	0	0
BARBARA BUCHMAN TRUSTEE	1 00	X						0	0	0
LIDA BUCKNER TRUSTEE	1 00	X						0	0	0
SARAH EVERITT TRUSTEE	1 00	X						0	0	0
TOM GORES TRUSTEE	1 00	X						0	0	0
CHERYL GOSSMAN CHAIR	1 00	X		X				0	0	0
J SCOTT HARRISON TRUSTEE	1 00	X						0	0	0
RODNEY F HOCHMAN MD TRUSTEE	1 00	X						0	1,221,246	368,964
JESSICA JENSEN HUGHES TRUSTEE	1 00	X						0	0	0
GWENDOLYN GRIM JOHNSON TRUSTEE	1 00	X						0	0	0
LORNA KNEELAND TRUSTEE	1 00	X						0	0	0
WILLIAM KRIPPAEHNE JR TRUSTEE	1 00	X						0	0	0
TODD LEE TRUSTEE	1 00	X						0	0	0
RAE LEMBERSKY TRUSTEE	1 00	X						0	0	0
ERIC LIU TRUSTEE	1 00	X						0	0	0
CHARLES S LYTLE TRUSTEE	1 00	X						0	0	0
DAN MADSEN TRUSTEE	1 00	X						0	0	0
MARY MOLLYMCCULLOUGH TRUSTEE	1 00	X						0	0	0
KIRBY MCDONALD TRUSTEE	1 00	X						0	0	0
TRACY MORRIS TRUSTEE	1 00	X						0	0	0
MICHAEL PETERS MD TRUSTEE	1 00	X						0	0	0
DIANE SABEY TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANET TRUE TRUSTEE	1 00	X						0	0	0
JANE UHLIR MD TRUSTEE	1 00	X						0	252,031	24,588
JOHN VASSALL II MD TRUSTEE	1 00	X						0	423,013	40,269
JEAN BAUR VIERECK TRUSTEE	1 00	X						0	0	0
CYNTHIA STRAUSS SECRETARY	1 00			X				0	569,811	186,256
JEFFREY D VEILLEUX TREASURER	1 00			X				0	1,081,321	280,297
DONALD THEOPHILUS EXECUTIVE DIRECTOR	60 00			X				0	281,932	95,098
REBECCA KELLY SR DIRECTOR - MAJOR GIFTS	50 00				X			187,923	0	74,476
RANDALL MANN SR DIRECTOR - CAMPAIGN	50 00				X			170,805	0	33,231
KATE PURCELL DIRECTOR - CORP RELATIONS	50 00					X		107,104	0	17,873

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SWEDISH MEDICAL CENTER FOUNDATION

Employer identification number
91-0983214

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	5,956,945	5,887,753	5,711,506	5,258,351	
b	Contributions	9,844	164,554	198,490	612,310	
c	Investment earnings or losses		6,083			
d	Grants or scholarships					
e	Other expenditures for facilities and programs		101,445	22,443	159,155	
f	Administrative expenses					
g	End of year balance	5,966,789	5,956,945	5,887,553	5,711,506	

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- 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)		No
(ii) related organizations	3a(ii)		No
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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0

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
(1) CHARITABLE GIFT ANNUITY	1,484,040
(2) FOUNDATION TRUST ASSETS	1,695,848
(3) OTHER LONG TERM ASSETS	800,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	3,979,888

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
FOUNDATION ANNUITIES	1,057,332
DUE TO AFFILIATE	2,958,136
GIFT ANNUITY OBLIGATION	196,159
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,211,627

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	SWEDISH MEDICAL CENTER FOUNDATION'S ENDOWMENT FUNDS CONSIST OF INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING UNCOMPENSATED CARE, RESEARCH, PEDIATRICS, NEUROSCIENCES, CANCER, HEART AND VASCULAR AND WOMEN'S HEALTH AND CHILDBIRTH SERVICES THE MAJORITY OF THESE FUNDS ARE DONOR-RESTRICTED ENDOWMENT FUNDS NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OF DONOR-IMPOSED RESTRICTIONS
		FIN 48 FOOTNOTE SWEDISH TAKES VARIOUS POSITIONS IN PREPARING TAX RETURNS ONLY UNCERTAIN TAX POSITIONS THAT MEET A MORE-LIKELY THAN-NOT DESIGNATION ARE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS OF DECEMBER 31, 2011 AND 2010, NO UNCERTAIN TAX POSITIONS HAVE BEEN RECOGNIZED

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SWEDISH MEDICAL CENTER FOUNDATION

Employer identification number
91-0983214

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
MJL EVENTS 351 NW 84TH ST SEATTLE, WA 98117	EVENT MANAGEMENT FOR CELEBRATE SWEDISH & WELLNESS LUNCHEON		No	818,655	103,666	714,989
MARNIE FOUST 5039 SW GRAYSON ST SEATTLE, WA 98116	EVENT MANAGEMENT FOR SWEDISH SUMMER RUN		No	594,109	37,550	556,559
ARDEN TELLINI HOFLER 2121 30TH AVE S SEATTLE, WA 98144	EVENT MANAGEMENT FOR SEATTLE BRAIN CANCER WALK		No	494,173	35,821	458,352
THEA WARNER EVENTS 11826 NE 145TH ST KIRKLAND, WA 98034	EVENT MANAGEMENT FOR EDMONDS GALA		No	215,719	30,283	185,436
Total . . . . . ▶				2,122,656	207,320	1,915,336

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

WA

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 CELEBRATE SWEDISH (event type)	(b) Event #2 SUMMER RUN (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	624,543	604,464	1,044,274	2,273,281
	2 Less Charitable contributions	490,771	584,356	942,794	2,017,921
	3 Gross income (line 1 minus line 2)	133,772	20,108	101,480	255,360
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	407,622	226,610	465,455	1,099,687
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(1,099,687)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-844,327

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SWEDISH MEDICAL CENTER FOUNDATION

Employer identification number
91-0983214

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEATTLE SCIENCE FOUNDATION500 17TH AVENUE SUITE 600 SEATTLE, WA 98122	61-1502822	501 (C)(3)	100,000				FINAL DISTRIBUTION IN SUPPORT OF THE LAB AND BRAIN CANCER RESEARCH
(2) MARSHA RIVKIN CENTER FOR OVARIAN CANCER RESEARCH747 BROADWAY SEATTLE, WA 981224379	91-2054035	501 (C)(3)	586,498				SUPPORT OVARIAN CANCER RESEARCH
(3) SWEDISH HEALTH SERVICES747 BROADWAY SEATTLE, WA 981224379	91-0433740	501 (C)(3)	23,057,514				SUPPORT FOR SWEDISH FACILITIES AND PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 3

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PROCESS FOR MONITORING THE USE OF GRANT FUNDS IN THE US 1 THE FOUNDATION RECEIVED A DONATION - EITHER COMPLETELY UNRESTRICTED TO SWEDISH, RESTRICTED TO A SPECIFIC AREA (BUT FOR ANY USE WITHIN THAT AREA), OR DESIGNATED FOR A SPECIFIC PROGRAM OR FUND, 2 GRANTEE COMPLETES INTERNAL FOUNDATION FORM FRA (PRE-APPROVAL) OUTLINING THE PROJECT AND THE AMOUNT THE FORM IS APPROVED BY THE FOUNDATION IF THE EXPENDITURE MEETS THE PURPOSE OF THE DONATION AND DOES NOT EXCEED THE AMOUNT AVAILABLE 3 CHECK IS ISSUED TO THE GRANTEE FOR THE AMOUNT OF THE EXPENDITURE 4 IN SOME CASES, AN ANNUAL REPORT IS REQUIRED EXPLAINING HOW THE GRANT WAS USED AND WHO BENEFITED

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SWEDISH MEDICAL CENTER FOUNDATION

Employer identification number
91-0983214

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**		
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**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		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**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(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 F HOCHMAN MD	(i)	0	0	0	0	0	0	0
	(ii)	992,284	202,400	26,562	345,586	23,378	1,590,210	0
(2) JANE UHLIR MD	(i)	0	0	0	0	0	0	0
	(ii)	245,262	0	6,769	12,250	12,338	276,619	0
(3) JOHN VASSALL II MD	(i)	0	0	0	0	0	0	0
	(ii)	364,643	50,123	8,247	12,250	28,019	463,282	0
(4) CYNTHIA STRAUSS	(i)	0	0	0	0	0	0	0
	(ii)	325,747	222,520	21,544	160,620	25,636	756,067	0
(5) JEFFREY D VEILLEUX	(i)	0	0	0	0	0	0	0
	(ii)	497,599	579,720	4,002	260,815	19,482	1,361,618	0
(6) DONALD THEOPHILUS	(i)	0	0	0	0	0	0	0
	(ii)	233,500	30,000	18,432	82,000	13,098	377,030	0
(7) REBECCA KELLY	(i)	187,509	0	414	50,501	23,976	262,400	0
	(ii)	0	0	0	0	0	0	0
(8) RANDALL MANN	(i)	170,451	0	354	9,375	23,856	204,036	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	PART II, LINES 1-9 CYNTHIA STRAUSS, ROD HOCHMAN, JANE UHLIR, JOHN VASSALL, AND JEFFREY VEILLEUX ARE PAID EMPLOYEES OF SWEDISH HEALTH SERVICES, A RELATED ORGANIZATION THEY ARE NOT COMPENSATED FOR SERVING AS TRUSTEES OR OFFICERS OF THE FOUNDATION

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SWEDISH MEDICAL CENTER FOUNDATION

Employer identification number
91-0983214

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	13	660,246	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (AUCTION ITEMS)	X	558	252,326	FMV
26	Other ▸ ( )				
27	Other ▸ ( )				
28	Other ▸ ( )				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE NUMBER IN COLUMN (B) IS THE NUMBER OF CONTRIBUTIONS RECEIVED

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SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution or Significant Disposition of Assets

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.**
▶ **Attach certified copies of any articles of dissolution, resolutions or plans.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SWEDISH MEDICAL CENTER FOUNDATION

Employer identification number
91-0983214

Part I **Liquidation, Termination or Dissolution.** Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Part III if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶			

Part I Liquidation, Termination or Dissolution *(continued)*

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets) and line 26 (Total liabilities) should equal -0-

			Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all liabilities in accordance with state laws?	5		
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	6b		
c	If 'Yes' to line 6b describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III			

Part II Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Part III if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
CASH	12-31-2011	23,057,514	CASH	91-0433740	SWEDISH HEALTH SERVICES 747 BROADWAY SEATTLE,WA 98122	501(C)(3)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III			

Part III **Supplemental Information.** Complete to provide the information required by Parts I and II, and any additional information.

Identifier	Return Reference	Explanation
		IN THE ORDINARY COURSE OF ITS OPERATIONS, SWEDISH HEALTH CENTER FOUNDATION MADE GRANTS TO SWEDISH HEALTH SERVICES, A RELATED ENTITY SWEDISH HEALTH CENTER FOUNDATION DOES NOT INTEND TO DISSOLVE OR CEASE OPERATIONS

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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

2011

Open to Public Inspection

Name of the organization
SWEDISH MEDICAL CENTER FOUNDATION

Employer identification number
91-0983214

Identifier	Return Reference	Explanation
VOLUNTEERS ESTIMATE	FORM 990, PART I, LINE 6	VOLUNTEERS PROVIDING VARIOUS FUNCTIONS, INCLUDING BOARD MEMBERS AND VOLUNTEERS ASSOCIATED WITH GIFT SHOP OPERATIONS AND FUNDRAISING EVENTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	SWEDISH HEALTH SERVICES PROVIDES MANAGEMENT SERVICES TO THE SWEDISH MEDICAL CENTER FOUNDATION HR AND PAYROLL FUNCTIONS TO THE FOUNDATION ARE ADMINISTERED BY SWEDISH HEALTH SERVICES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	SWEDISH HEALTH SERVICES IS THE SOLE MEMBER OF SWEDISH MEDICAL CENTER FOUNDATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	ELECTION OF MEMBERS OF THE BOARD OF GOVERNORS IS SUBJECT TO THE APPROVAL OF SWEDISH HEALTH SERVICES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING DECISIONS BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY SWEDISH HEALTH SERVICES, THE SOLE MEMBER SWEDISH MEDICAL CENTER FOUNDATION A APPOINTMENT OF THE CHAIR AND VICE-CHAIR B DELEGATION OF THE POWER OR DUTIES OF AN OFFICER OR ADMINISTRATOR TO ANY OTHER OFFICER OR ANY DIRECTOR OR OTHER PERSON C THE FILLING OF VACANCIES IN THE OFFICE OF CHAIR OR VICE-CHAIR D THE APPOINTMENT OF OTHER OFFICERS OR AGENTS APPOINTED TO EXERCISE POWERS AND DUTIES ON BEHALF OF THE BOARD OF GOVERNORS E THE CHAIR OR VICE-CHAIR MAY BE REMOVED AT ANY TIME, WITH OR WITHOUT CAUSE, BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE WHOLE BOARD OF GOVERNORS OR BY THE MEMBER F THE BANK OR BANKS, TRUST COMPANY OR TRUST COMPANIES HOLDING THE MONEYS OF THE CORPORATION G THE PROCESS FOR WITHDRAWAL OF THE MONEYS OF THE CORPORATION, AND H ADDITIONS, ALTERATIONS, AMENDMENT, REPEAL OF BYLAWS

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 SCHEDULES RELATING TO EXECUTIVE COMPENSATION AND DETERMINATION OF KEY EMPLOYEES ARE REVIEWED BY THE VICE PRESIDENTS OF THE HUMAN RESOURCE AND LEGAL DEPARTMENTS AN INDEPENDENT TAX ADVISOR PREPARES THE RETURN BASED ON INFORMATION COMPILED BY SWEDISH HEALTH SERVICES ALL SCHEDULES AND FORMS ARE THEN REVIEWED BY THE TREASURER BEFORE THE RETURN IS FILED WITH THE IRS BY THE DEADLINE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12	THE SWEDISH MEDICAL CENTER FOUNDATION IS SUBJECT TO THE CONFLICT OF INTEREST POLICY OF SWEDISH HEALTH SERVICES, ITS SOLE MEMBER MANAGEMENT EMPLOYEES ARE COVERED BY THE SWEDISH HEALTH SERVICES CONFLICT OF INTEREST POLICY 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 OR HER FAMILY MEMBERS HAVE ENGAGED IN THAT MIGHT GIVE RISE TO AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST THE POLICY DEFINES FAMILY MEMBERS AND DESCRIBES WHAT CONSTITUTES CONFLICTS OF INTEREST IT REQUIRES INDIVIDUALS TO REPORT TO THE APPROPRIATE COMMITTEE CHAIR ANY FURTHER FINANCIAL INTEREST, SITUATION, ACTIVITY, INTEREST OR CONDUCT THAT MAY DEVELOP BEFORE COMPLETION OF THE NEXT ANNUAL QUESTIONNAIRE POTENTIAL CONFLICTS OF INTEREST WITH PHYSICIAN BOARD MEMBERS WITH FINANCIAL INTERESTS IN BUSINESSES THAT COMPETE WITH THE FOUNDATION ARE ADDRESSED, AS WELL AS APPROPRIATE DISCLOSURES, EVALUATION AND RESOLUTION OF SAID CONFLICTS THE CONFLICT OF INTEREST QUESTIONNAIRE INCLUDES AN ANNUAL STATEMENT THAT BOARD MEMBERS AND COVERED PERSONS (A) HAVE RECEIVED A COPY OF THE POLICY, (B) HAVE READ AND UNDERSTOOD THE POLICY, (C) AGREE TO COMPLY WITH THE POLICY, (D) UNDERSTAND THAT THE POLICY APPLIES TO COMMITTEES AND SUBCOMMITTEES, (E) UNDERSTAND THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION THAT MUST ENGAGE PRIMARILY IN EXEMPT ACTIVITES, (F) AGREE TO REPORT TO THE APPROPRIATE MANAGER OR COMMITTEE CHAIR ANY CHANGE TO MATTERS PREVIOUSLY DISCLOSED ON THE CONFLICT OF INTEREST QUESTIONNAIRE, (G) STATE THAT THE INFORMATION PROVIDED IN THE CONFLICT OF INTEREST QUESTIONNAIRE IS TRUE AND ACCURATE TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF THE PURPOSE OF THE POLICY IS TO ENSURE 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 THE FOUNDATION, TO CLARIFY THE DUTIES AND OBLIGATIONS OF THE BOARD MEMBERS AND COVERED PERSONS IN THE CONTEXT OF A POTENTIAL CONFLICT (AND TO PROVIDE A METHOD FOR DISCLOSING AND RESOLVING SAID CONFLICT) AND TO SUPPLEMENT (NOT REPLACE) ANY APPLICABLE STATE LAWS GOVERNING CONFLICTS OF INTEREST APPLICABLE TO CHARITABLE, NON-PROFIT CORPORATIONS SWEDISH MEDICAL CENTER FOUNDATION WILL NOT ENGAGE IN ANY CONTRACT, TRANSACTION OR ARRANGEMENT INVOLVING A POTENTIAL CONFLICT OF INTEREST UNLESS IT IS DETERMINED THAT APPROPRIATE SAFEGUARDS PROTECT THE CHARITABLE MISSION OF THE FOUNDATION HAVE BEEN IMPLEMENTED THE EXECUTIVE COMMITTEE OF SWEDISH HEALTH SERVICES WILL REVIEW ALL CONFLICT OF INTEREST QUESTIONNAIRES FOR BOARD MEMBERS THE EXECUTIVE COMMITTEE WILL MAKE A FINDING AS TO WHETHER AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST EXISTS AND WILL TAKE ACTIONS AS IT DEEMS APPROPRIATE THE CONFLICT OF INTEREST COMMITTEE GOVERNS THE POLICY AND QUESTIONNAIRE RELATED TO ALL OTHER COVERED PERSONS THE MINUTES OF MEETINGS WILL IDENTIFY ANY PERSON ATTENDING THE 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 OF INTEREST (E G , THE INDIVIDUAL LEFT THE ROOM DURING THE DISCUSSION OF THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST AND THE INDIVIDUAL DID NOT VOTE ON SUCH MATTER)

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF GOVERNORS HAS DELEGATED AUTHORITY TO THE COMPENSATION AND HR COMMITTEES OF THE SWEDISH HEALTH SERVICES BOARD OF TRUSTEES TO REVIEW AND APPROVE COMPENSATION ARRANGEMENTS FOR THE EXECUTIVE DIRECTOR OF THE FOUNDATION ALL MEMBERS OF THE COMPENSATION AND HR COMMITTEES ARE INDEPENDENT SWEDISH HEALTH SERVICES IS THE SOLE MEMBER OF SWEDISH MEDICAL CENTER FOUNDATION COMPENSATION FOR EXECUTIVES (INCLUDING THE EXECUTIVE DIRECTOR) IS REASONABLE AND 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 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 HEALTHCARE 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 COMMITTEES, THE CEO OF SWEDISH HEALTH SERVICES WILL APPROVE CHANGES IN THE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR CONSISTENT WITH THE ANNUAL REVIEW AND RECOMMENDATIONS APPROVED BY THE COMPENSATION AND HR COMMITTEE. SALARIES FOR NON-EXECUTIVE EMPLOYEES ARE REVIEWED AND APPROVED BY HR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	COPIES OF THE SWEDISH MEDICAL CENTER FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 13	THE SWEDISH MEDICAL CENTER FOUNDATION IS SUBJECT TO THE WRITTEN WHISTLEBLOWER POLICY OF ITS SOLE MEMBER, SWEDISH HEALTH SERVICES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 14	THE SWEDISH MEDICAL CENTER FOUNDATION IS SUBJECT TO THE WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY OF ITS SOLE MEMBER, SWEDISH HEALTH SERVICES

Identifier	Return Reference	Explanation
PART VII INDIVIDUALS COMPENSATED BY RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A	AVERAGE NUMBER OF HOURS WORKED WEEKLY BY PERSONS DISCLOSED IN PART VII, SECTION A WHO ARE EMPLOYED BY A RELATED ORGANIZATION RODNEY HOCHMAN, MD - 60 HOURS JANE UHLIR, MD - 60 HOURS JOHN VASSALL II, MD - 60 HOURS CYNTHIA STRAUSS - 60 HOURS JEFFREY VEILLEUX - 60 HOURS DONALD TEHOPHILUS - 60 HOURS DONALD THEOPHILUS'S SALARY AS EXECUTIVE DIRECTOR OF THE FOUNDATION IS PAID BY SWEDISH HEALTH SERVICES THE REMAINING PERSONS LISTED ABOVE ARE NOT COMPENSATED FOR SERVING AS TRUSTEES OR OFFICERS OF THE SWEDISH MEDICAL CENTER FOUNDATION

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -902,024 PRIOR PERIOD ADJUSTMENTS -448,789 TOTAL TO FORM 990, PART XI, LINE 5 -1,350,813

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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Name of the organization
SWEDISH MEDICAL CENTER FOUNDATION

Employer identification number
91-0983214

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) SWEDISH COMMUNITY SERVICES 747 BROADWAY SEATTLE, WA 98122 91-0729017	HEALTHCARE	WA	501(C)(3)	LINE 7	SWEDISH HEALTH SERVICES		No
(2) SWEDISH HEALTH SERVICES 747 BROADWAY SEATTLE, WA 98122 91-0433740	HOSPITAL	WA	501(C)(3)	LINE 3	N/A		No
(3) 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		No
(4) SWEDISH MJM HOLDINGS 747 BROADWAY SEATTLE, WA 98122 27-3139262	HOLDING COMPANY	WA	501(C)(3)	LINE 11A, I	SWEDISH HEALTH SERVICES		No
(5) GLOBAL TO LOCAL HEALTH INITIATIVE 747 BROADWAY SEATTLE, WA 98122 27-3133200	HEALTHCARE	WA	501(C)(3)	LINE 7	SWEDISH HEALTH SERVICES		No
(6) SWEDISH EDMONDS 21601 76TH AVE W EDMONDS, WA 98206 27-2305304	HOSPITAL	WA	501(C)(3)	LINE 3	SWEDISH HEALTH SERVICES		No

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) Disproportionate allocations? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) ISSAQUAH SURGERY CENTER LLC 6505 226TH PL SE STE 102 ISSAQUAH, WA 98027 26-1205223	MEDICAL - SURGERY	WA	N/A	N/A				No			No	
(2) MINOR & JAMES MEDICAL PLLC 515 MINOR AVE STE 200 SEATTLE, WA 98104 91-1340223	PHYSICIAN CLINIC	WA	N/A	N/A				No			No	
(3) PETCT IMAGING AT SWEDISH CANCER INSTITUTE LLC 1221 MADISON ST SEATTLE, WA 98104 20-3132044	MEDICAL IMAGING	WA	N/A	N/A				No			No	
(4) SMC - RADIA ISSAQUAH IMAGING CENTER LLC 2005 NW SAMMAMISH RD ISSAQUAH, WA 98027 20-2048959	MEDICAL IMAGING	WA	N/A	N/A				No			No	
(5) SWEDISH FIRST HILL DIAGNOSTIC IMAGING LLC 1001 BOYLSTON AVE SEATTLE, WA 98104 20-8378242	MEDICAL IMAGING	WA	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) 1221 MADISON STREET OWNERS ASSOCIATION 747 BROADWAY SEATTLE, WA 98122 20-1954319	OWNERS ASSOCIATION	WA	N/A	C			
(2) WASHINGTON CANCER CARE CENTERS PC 1560 N 115TH G-16 SEATTLE, WA 98133 91-1792791	CANCER TREATMENT	WA	N/A	C			
(3) CHARITABLE REMAINDER UNITRUST (1)		WA					

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related 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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Schedule R (Form 990) 2011

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: 91-0983214
Name: SWEDISH MEDICAL CENTER FOUNDATION

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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
SWEDISH COMMUNITY SERVICES 747 BROADWAY SEATTLE, WA 98122 91-0729017	HEALTHCARE	WA	501(C)(3)	LINE 7	SWEDISH HEALTH SERVICES		No
SWEDISH HEALTH SERVICES 747 BROADWAY SEATTLE, WA 98122 91-0433740	HOSPITAL	WA	501(C)(3)	LINE 3	N/A		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		No
SWEDISH MJM HOLDINGS 747 BROADWAY SEATTLE, WA 98122 27-3139262	HOLDING COMPANY	WA	501(C)(3)	LINE 11A, I	SWEDISH HEALTH SERVICES		No
GLOBAL TO LOCAL HEALTH INITIATIVE 747 BROADWAY SEATTLE, WA 98122 27-3133200	HEALTHCARE	WA	501(C)(3)	LINE 7	SWEDISH HEALTH SERVICES		No
SWEDISH EDMONDS 21601 76TH AVE W EDMONDS, WA 98206 27-2305304	HOSPITAL	WA	501(C)(3)	LINE 3	SWEDISH HEALTH SERVICES		No