See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

CHANGE OF ACCOUNTING PERIOD

Form 990 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning JUN 1, 2015 and ending JUN 30, 2015

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
SwedishAmerican Hospital

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1401 E. State St.

Room/suite

City or town, state or province, country, and ZIP or foreign postal code Rockford, IL 61104-2298

F Name and address of principal officer William Gorski, M.D.
1313 East State St., Rockford, IL 61104

D Employer identification number
36-2222696

E Telephone number
779-696-4727

G Gross receipts $ 41,278,767.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.swedishamerican.org

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1911 M State of legal domicile IL

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	65
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	840.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	840.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,707,801.	179,492.
9	Program service revenue (Part VIII, line 2g)	492,487,735.	40,142,419.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,824,531.	356,336.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,409,104.	349,289.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	515,429,171.	41,027,536.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	253,028.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	232,635,290.	18,598,880.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	252,761,881.	20,434,939.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	485,650,199.	39,033,819.
19	Revenue less expenses. Subtract line 18 from line 12	29,778,972.	1,993,717.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	574,756,126.	678,988,654.
21	Total liabilities (Part X, line 26)	248,397,417.	252,743,465.
22	Net assets or fund balances. Subtract line 21 from line 20	326,358,709.	426,245,189.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 5/7/16

▶ Patricia DeWane, VP Finance/Treasurer
Type or print name and title

Paid Preparer Use Only				
Print/Type preparer's name: Wayne Harder	Preparer's signature: Wayne Harder	Date: 5-5-16	Check [ ] if self-employed	PTIN: P00052725
Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325	
Firm's address ▶ 1 S. WACKER DRIVE, STE 800 CHICAGO, IL 60606			Phone no. 312-634-3400	

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCH H 9-78 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
Through excellence in healthcare and compassionate service, we care for our community.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] 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 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 $ 20,385,768. including grants of $) (Revenue $ 28,516,649.)
SwedishAmerican Hospital (SAH) operates two full service acute care hospitals with 369 licensed beds and serves a 12-county area. Our vision is to develop a fully integrated healthcare delivery network that will continuously set the standard for quality care and service, accept responsibility for building a healthier population, provide regional access, improve resource utilization through collaboration with key stakeholders, and manage patient care and our resources in such a way that we create value for our patients and benefit for our community. During June 2015, we cared for appoximately 1,447 inpatients and performed 67,755 outpatient procedures. This includes appoximately 7,060 emergency room visits and 209 deliveries. We sponsor the University of Illinois - College of Medicine Program and provided

4b (Code) (Expenses $ 7,791,783. including grants of $) (Revenue $ 6,963,110.)
SwedishAmerican Hospital employs primary care and specialty physicians who practice at 29 locations throughout our service area. We employ specialists in orthopedics, cardiology, cardiothoracic surgery, endocrinology, allergy, neurology, neurosurgery, pulmonology/critical care, hematology/oncology, obstetrics and gynecology, maternal fetal medicine, rheumatology, psychiatry, podiatry, otolaryngology, as well as internal medicine, family practice, immediate care and pediatric physicians. During June 2015 our physician encounters were appoximately 27,934.

4c (Code) (Expenses $ 3,310,536. including grants of $) (Revenue $ 4,448,097.)
SwedishAmerican Regional Cancer Center opened to the public in October 2013. The center is part of a collaboration with UW Health and its nationally recognized University of Wisconsin Carbone Cancer Center. The two-story facility offers radiation therapy, medical oncology, chemotherapy and infusion services. Patients have access to clinical trials, state-of-the-art linear acceleratory treatments such as IGRT, IMRT, Rapid Arc, OBI and stereotactic services, and advanced medical imaging. The Regional Cancer Center is staffed by medical and radiation oncologists, physicists, dosimetrists, radiation therapists and nurses. During June 2015 our out-patient encounters were over 6,457.

4d Other program services (Describe in Schedule O)
(Expenses $ 646,864. including grants of $) (Revenue $ 553,536.)

4e Total program service expenses ▶ 32,134,951.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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 and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
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	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	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	X	
	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	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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 as charitable contributions?		6a		X
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring 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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

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

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
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		X	
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	X	
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	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

Section C. Disclosure

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

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

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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 during the tax year

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

Patricia DeWane - 779-696-4727

1313 East State St., Rockford, IL 61104

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) Danny L. Copeland, M.D.	40.00									
Trustee	6.00	X						0.	0.	0.
(2) James L. Gingrich	2.00									
Trustee	6.00	X						0.	0.	0.
(3) Robert L. Head, PhD.	2.00									
Trustee	6.00	X						0.	0.	0.
(4) Gregory Jury	2.00									
Trustee	8.00	X						0.	0.	0.
(5) Marco T. Lenis	2.00									
Trustee	6.00	X						0.	0.	0.
(6) Fran Morrissey	2.00									
Trustee	6.00	X						0.	0.	0.
(7) William Roop	2.00									
Immediate Past Chairman	6.00	X						0.	0.	0.
(8) David R. Rydell	2.00									
Trustee	6.00	X						0.	0.	0.
(9) John Scheub, M.D.	2.00									
Joint Conference Chairman	6.00	X		X				0.	0.	0.
(10) Steven C. Sjogren	2.00									
Trustee	8.00	X						0.	0.	0.
(11) James Waddell	2.00									
Audit/Compliance Chairman	6.00	X		X				0.	0.	0.
(12) Thomas R. Walsh	2.00									
Chairman/Secretary	6.00	X		X				0.	0.	0.
(13) Frank Walter	2.00									
Trustee	8.00	X						0.	0.	0.
(14) Amy Wilcox	2.00									
Trustee	6.00	X						0.	0.	0.
(15) Allen Williams, M.D.	40.00									
Trustee	6.00	X						0.	0.	0.
(16) Patrick Derry	2.00									
Quality and Safety Chairman	6.00	X		X				0.	0.	0.
(17) Peter Christman	2.00									
Trustee	6.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) Michael E. Dallman	2.00									
Trustee	6.00	X						0.	0.	0.
(19) Helen Chung Hill	2.00									
Trustee	6.00	X						0.	0.	0.
(20) Michael Houselog	2.00									
Trustee	6.00	X						0.	0.	0.
(21) Jeffrey J. Kaney	2.00									
Trustee	6.00	X						0.	0.	0.
(22) Daniel T. Ross	2.00									
Second Vice Chairman	6.00	X		X				0.	0.	0.
(23) Rev. Dr. Kenneth Board	2.00									
Trustee	6.00	X						0.	0.	0.
(24) Michael Broski	2.00									
Trustee	6.00	X						0.	0.	0.
(25) William R. Gorski, M.D.	40.00									
President & CEO	6.00			X				0.	0.	0.
(26) Donald Daniels	42.00									
Chief Operating Officer	6.00			X				0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	0.	0.

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 ▶ 0

		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*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 ▶ 0

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) Donald Haring VP Finance/Treasurer	40.00 10.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

432201
05-01-14

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	52,242.			
	e	Government grants (contributions)	1e	118,826.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,424.			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	179,492.			
Program Service Revenue			**Business Code**				
	2 a	Patient Services	621990	23,309,920.	23,309,920.		
	b	Medicare/Medicaid	621990	16,603,991.	16,603,991.		
	c						
	d						
	e						
	f	All other program service revenue	900099	228,508.	228,508.		
	g	**Total.** Add lines 2a-2f	▶	40,142,419.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	591,367.			591,367.
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6 a	Gross rents	16,247.				
	b	Less rental expenses	6,771.				
	c	Rental income or (loss)	9,476.				
	d	Net rental income or (loss)	▶	9,476.			9,476.
			(i) Securities / (ii) Other				
	7 a	Gross amount from sales of assets other than inventory	9,429.				
	b	Less cost or other basis and sales expenses	112,772. / 131,688.				
	c	Gain or (loss)	-112,772. / -122,259.				
	d	Net gain or (loss)	▶	-235,031.			-235,031.
	8 a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10 a	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**				
	11 a	Cafeteria & Vending	561000	127,369.	126,529.	840.	
	b	Day Care Center	561000	115,230.	115,230.		
	c	Interdept. Billing	624410	97,214.	97,214.		
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶	339,813.			
	12	**Total revenue.** See instructions.	▶	41,027,536.	40,481,392.	840.	365,812.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	313,612.	114,012.	199,600.	
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	14,486,299.	12,088,904.	2,397,395.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	526,581.	460,862.	65,719.	
9 Other employee benefits	2,302,987.	2,107,174.	195,813.	
10 Payroll taxes	969,401.	784,627.	184,774.	
11 Fees for services (non-employees)				
a Management				
b Legal	199,418.	18,656.	180,762.	
c Accounting				
d Lobbying	11,479.		11,479.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	133,888.		133,888.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,815,773.	3,041,557.	774,216.	
12 Advertising and promotion	195,573.	36,931.	158,642.	
13 Office expenses	1,358,264.	967,957.	390,307.	
14 Information technology	583,634.	581,558.	2,076.	
15 Royalties				
16 Occupancy	1,258,224.	784,071.	474,153.	
17 Travel	23,958.	20,191.	3,767.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	77,886.	40,750.	37,136.	
20 Interest	48,580.	48,580.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	878,023.	575,737.	302,286.	
23 Insurance	771,721.	409,466.	362,255.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Patient Supplies	6,782,540.	6,782,540.		
b Bad Debts	1,463,018.	1,463,018.		
c IPA Provider Tax	1,007,212.	1,007,212.		
d Repairs & maintenence	779,975.	654,682.	125,293.	
e All other expenses	1,045,773.	146,466.	899,307.	
25 **Total functional expenses.** Add lines 1 through 24e	39,033,819.	32,134,951.	6,898,868.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		24,357,548.	2	30,206,767.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		67,838,282.	4	63,840,136.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L			6	
	7	Notes and loans receivable, net		216,117.	7	7,078,539.
	8	Inventories for sale or use		9,259,608.	8	9,550,795.
	9	Prepaid expenses and deferred charges		11,666,902.	9	11,919,956.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 309,391,154.			
	b	Less accumulated depreciation	10b 11,099,966.	188,855,355.	10c	298,291,188.
	11	Investments - publicly traded securities		234,026,933.	11	230,393,079.
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11		1,592,722.	13	1,754,592.
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		36,942,659.	15	25,953,602.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		574,756,126.	16	678,988,654.
Liabilities	17	Accounts payable and accrued expenses		45,019,236.	17	50,266,590.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		133,124,467.	20	133,123,242.
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		70,253,714.	25	69,353,633.
	26	**Total liabilities.** Add lines 17 through 25		248,397,417.	26	252,743,465.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		316,131,582.	27	416,122,919.
	28	Temporarily restricted net assets		3,990,578.	28	3,905,562.
	29	Permanently restricted net assets		6,236,549.	29	6,216,708.
		Organizations that do not follow SFAS 117 (ASC 958), 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		326,358,709.	33	426,245,189.
	34	Total liabilities and net assets/fund balances		574,756,126.	34	678,988,654.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,027,536.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,033,819.
3	Revenue less expenses Subtract line 2 from line 1	3	1,993,717.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	326,358,709.
5	Net unrealized gains (losses) on investments	5	-2,958,187.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	100,850,950.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	426,245,189.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
SwedishAmerican Hospital	36-2222696

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations ☐

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2014.** 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 - 2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No" describe in* **Part VI** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions):***

a ☐ The organization satisfied the Activities Test *Complete* ***line 2*** *below*

b ☐ The organization is the parent of each of its supported organizations *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity *Describe in Part VI how you supported a government entity (see instructions)*

			Yes	No
2	Activities Test ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in **Part VI**)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**) See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12
Also complete this part for any additional information (See instructions)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization	Employer identification number
SwedishAmerican Hospital	36-2222696

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No		

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		11,480.
j Total Add lines 1c through 1i			11,480.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

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

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Part II-B, Line 1, Lobbying Activities:

Portions of the 2014/2015 Illinois Hospital and American Hospital Association dues used for lobbying: $3,980. A law firm was engaged to review legislation affecting hospitals: $7,500.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SwedishAmerican Hospital

Employer identification number
36-2222696

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 can 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 education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue 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 (ASC 958) relating to these items

a Revenue 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 acquisition, 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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

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	7,122,296.	7,093,718.	6,571,756.	6,007,307.	6,377,718.
b	Contributions		15,490.	10,038.	11,537.	43,659.
c	Net investment earnings, gains, and losses	-9,351.	405,420.	655,660.	668,467.	-269,495.
d	Grants or scholarships					
e	Other expenditures for facilities and programs		392,332.	143,736.	115,555.	144,575.
f	Administrative expenses					
g	End of year balance	7,112,945.	7,122,296.	7,093,718.	6,571,756.	6,007,307.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ .00 %
b Permanent endowment ▶ 87.40 %
c Temporarily restricted endowment ▶ 12.60 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,980,331.		2,980,331.
b Buildings		226,085,719.	2,996,666.	223,089,053.
c Leasehold improvements		13,111,646.	540,449.	12,571,197.
d Equipment		63,848,754.	7,404,612.	56,444,142.
e Other		3,364,704.	158,239.	3,206,465.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				298,291,188.

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Third Party Payors	37,546,243.
(3) Reserve for Self Insurance	19,187,968.
(4) Deferred Compensation	7,924,837.
(5) Asbestos Retirement Obligation	294,886.
(6) Current Maturities of Long-term	
(7) Debt	4,399,699.
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	69,353,633.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

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 (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
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 XIII)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

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 XIII)	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 XIII)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	

Part XIII Supplemental Information.

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

Part X, Line 2:

Tax positions are not offset or aggregated with other positions. Tax positions that meet the "more likely than not" recognition threshold are measured as the largest amount of tax benefit that is more than 50% likely to be realized on settlement with the applicable taxing authority. The portion of the benefits associated with the tax positions taken that exceeds the amount measured as described above is reflected as a liability for unrecognized tax benefits in the accompanying consolidated balance sheet along with any associated interest and penalties that would be payable to the taxing authorities upon examination. At June 30, 2015 and May 31, 2014, there were no unrecognized tax benefits identified or recorded as liabilities.

Part XIII Supplemental Information *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990 .

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization: SwedishAmerican Hospital

Employer identification number: 36-2222696

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care [ ] 100% [ ] 150% [X] 200% [ ] Other _____ %	3a	X	
b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 600 %	3b	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			355,580.		355,580.	.91%
b Medicaid (from Worksheet 3, column a)			8,128,865.	6,283,225.	1,845,640.	4.73%
c Costs of other means-tested government programs (from Worksheet 3, column b)			217,477.	150,779.	66,698.	.17%
d **Total** Financial Assistance and Means-Tested Government Programs			8,701,922.	6,434,004.	2,267,918.	5.81%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			596,619.	165,930.	430,689.	1.10%
g Subsidized health services (from Worksheet 6)			1,798,191.	32,183.	1,766,008.	4.52%
h Research (from Worksheet 7)			26,470.		26,470.	.07%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			73,702.	22,095.	51,607.	.13%
j **Total.** Other Benefits			2,494,982.	220,208.	2,274,774.	5.82%
k **Total.** Add lines 7d and 7j			11,196,904.	6,654,212.	4,542,692.	11.63%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1		X
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	1,463,018.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	219,453.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	5,765,776.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	7,121,290.
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-1,355,514.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Featherstone Partnership LLC	Ambulatory Surgery Center	28.57%	.00%	71.43%
2 Northern Illinois Vein Clinic LLC	Outpatient Physician Clinic	50.00%	.00%	50.00%

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 SwedishAmerican Hospital 1401 E. State Street Rockford, IL 61104	X	X		X		X	X			A
2 SwedishAmerican Medical Ctr. Belvidere 1625 S. State Street Belvidere, IL 61008	X	X					X			A

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	[X] Hospital facility's website (list url) www.swedishamerican.org/about/chna			
b	[ ] Other website (list url)			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 12			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url) www.swedishamerican.org/about/chna			
b	If "No", is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 600 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[ ] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	[X] The FAP was widely available on a website (list url) See Part V			
b	[X] The FAP application form was widely available on a website (list url) See Part V			
c	[X] A plain language summary of the FAP was widely available on a website (list url) See Part V			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	[ ] Reporting to credit agency(ies)			
b	[ ] Selling an individual's debt to another party			
c	[ ] Actions that require a legal or judicial process			
d	[ ] Other similar actions (describe in Section C)			
e	[X] None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

		Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes", check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

- a ☒ Notified individuals of the financial assistance policy on admission
- b ☒ Notified individuals of the financial assistance policy prior to discharge
- c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☒ Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		X
If "Yes," explain in Section C			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24 If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc) and name of hospital facility

Facility Reporting Group - A

Part V, line 16a, FAP website:

www.swedishamerican.org/patients_visitors/charity_care_policy/

Facility Reporting Group - A

Part V, line 16b, FAP Application website:

www.swedishamerican.org/patients_visitors/charity_care_policy/

Facility Reporting Group - A

Part V, line 16c, FAP Plain Language Summary website:

www.swedishamerican.org/patients_visitors/charity_care_policy/

Schedule H, Part V, Section B. Facility Reporting Group A

Facility Reporting Group A consists of:

- Facility 1: SwedishAmerican Hospital
- Facility 2: SwedishAmerican Medical Ctr. Belvidere

Group A-Facility 1 -- SwedishAmerican Hospital

Part V, Section B, line 5: Primary data was collected from interviews with community leaders and stakeholders. The hospitals commissioned in-depth interviews with community members who represent the broad interests as well as the specific populations in the Rockford area. The interviews measured perspectives on a range of issues that affect the population's health and well-being, e.g., community resources, barriers to health care providers, and reasons for high rates of disease and mortality. Interviews were completed with the individuals from the

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24 If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc) and name of hospital facility

following organizations:

Lifescape Community Services

Shelter Care Ministries

Employer's Coalition on Health

Rockford Area Economic Development Council

City of Belvidere

Rockford Chamber of Commerce

Ogle County Public Health Department

State Senate Representative of Rockford/Belvidere

Rosecrance Health Network

Winnebago County Public Health Department

Belvidere Community Unit School District 100

Crusader Community Heath

Rock Valley College

Winnebago County State's Attorney's Office

YWCA Rockford

La Voz Latina

University of Illinois College of Medicine, Rockford

City of Rockford

Group A-Facility 1 -- SwedishAmerican Hospital

Part V, Section B, line 6a: SA Hospital has two hospital facilities, SwedishAmerican Hospital located in Rockford Illinois, and SwedishAmerican Medical Center Belvidere located in Belvidere, Illinois. The definition of the community for purposes of the Community Health Needs Assessment (CHNA) was based on the patient origin information by zip code for

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24 If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc) and name of hospital facility

combined emergency room and inpatient discharges at both facilities. The counties of Boone, Ogle and Winnebago represented 86% of emergency room and 85% of inpatients and they were determined to be the definition of the community for the CHNA. The CHNA was conducted together for both facilities.

Group A-Facility 1 -- SwedishAmerican Hospital

Part V, Section B, line 11: In acknowledging the wide range of priority health issues that emerged from the CHNA process, the hospital determined that it could only effectively focus on those which it deemed most under-addressed and most within its ability to influence.

Group A-Facility 1 -- SwedishAmerican Hospital

Part V, Section B, line 16i: The hospital's financial assistance policy is transparent and available to all, at all points in the continuum, in languages appropriate for Hospital's service area. The hospital's financial assistance policy, application form, signage, and financial counselor contact information are available in English and Spanish. Signage is posted prominently at all points of admission and registration (including the emergency department). Written information about the hospital's financial assistance policy and copies of the financial assistance form are available in admission and registration areas. The hospital's financial assistance policy, application form and financial counselor contact information are also posted on the hospital's website. The hospital will make efforts to publicize its policy in print and television media, wherever practicable.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24 If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc) and name of hospital facility

Patient billing communications also inform patients of the availability of financial assistance. Each bill, invoice, or other summary of charges to an uninsured patient includes with it, or on it, a prominent statement that an uninsured patient who meets certain income requirements may qualify for financial assistance and information on how to apply for consideration under the hospital's financial assistance policy. All third-party agents who submit or collect bills on behalf of hospital are required to follow this policy.

Group A-Facility 1 -- SwedishAmerican Hospital

Part V, Section B, line 22d: The maximum amount that may be collected in a 12-month period from an uninsured patient with family income greater than 200% of the federal poverty guidelines and less than or equal to 600 percent of the federal poverty guidelines for medically necessary services is 25 percent of that patient's family income. The Hospital will determine, on a case-by-case basis, whether to extend the same or similar 12-month maximum collectible amount to any other qualifying self-pay patient with family income of less than or equal to 600 percent of the federal poverty guidelines for qualifying services. The hospital reserves the right to exclude patients having assets with a value in excess of 600 percent of the federal poverty guidelines from the application of the 12-month maximum collectible amount. For purposes of determining the applicability of the 12-month maximum collectible amount, the following assets shall not be counted:

A. The uninsured patient's primary residence.

B. Personal property exempt from judgment under Section 12-1001 of the

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24 If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc) and name of hospital facility

Code of Civil Procedure.

C. Any amounts held in a pension or retirement plan, provided, however, that distributions and payments from pension or retirement plan may be included as income.

To be eligible to have this maximum amount applied to subsequent charges, a patient shall inform the Hospital, in subsequent hospital in-patient admissions or outpatient encounters, that the patient has previously received medically necessary services from the hospital and was determined to be entitled to discounted care under this policy.

In no event shall a patient who receives financial assistance under this policy be charged "gross charges" in violation of the Internal Revenue Code Section 501(r)(5)(b). For emergency or other medically necessary care provided to patients who receive financial assistance under this policy, hospital shall not charge amounts in excess of charges allowed under Internal Revenue Code 501(r)(5)(a). Assets are not considered in determining a self-pay patient's eligibility for financial assistance under this policy, except for purposes of:

A. Determining the applicability of the 12-month maximum collectible amount described above; and

B. In the case of a Medicare beneficiary, applying the mandatory asset test for Medicare beneficiaries described above.

The hospital facility used the average prior fiscal year 12 month period of paid in full Medicare and commercial insurance rates when calculating

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24 If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc) and name of hospital facility

the maximum amounts that can be charged.

Group A-Facility 2 -- SwedishAmerican Medical Ctr. Belvidere

Part V, Section B, line 5: Primary data was collected from interviews with community leaders and stakeholders. The hospitals commissioned in-depth interviews with community members who represent the broad interests as well as the specific populations in the Rockford area. The interviews measured perspectives on a range of issues that affect the population's health and well-being, e.g., community resources, barriers to health care providers, and reasons for high rates of disease and mortality. Interviews were completed with the individuals from the following organizations:

Lifescape Community Services

Shelter Care Ministries

Employer's Coalition on Health

Rockford Area Economic Development Council

City of Belvidere

Rockford Chamber of Commerce

Ogle County Public Health Department

State Senate Representative of Rockford/Belvidere

Rosecrance Health Network

Winnebago County Public Health Department

Belvidere Community Unit School District 100

Crusader Community Heath

Rock Valley College

Winnebago County State's Attorney's Office

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24 If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc) and name of hospital facility

YWCA Rockford

La Voz Latina

University of Illinois College of Medicine, Rockford

City of Rockford

Group A-Facility 2 -- SwedishAmerican Medical Ctr. Belvidere

Part V, Section B, line 6a: SwedishAmerican Hospital has two hospital facilities, SwedishAmerican Hospital located in Rockford Illinois, and SwedishAmerican Medical Center Belvidere located in Belvidere, Illinois. The definition of the community for purposes of the Community Health Needs Assessment (CHNA) was based on the patient origin information by zip code for combined emergency room and inpatient discharges at both facilities. The counties of Boone, Ogle and Winnebago represented 86% of emergency room and 85% of inpatients and they were determined to be the definition of the community for the CHNA. The CHNA was conducted together for both facilities.

Group A-Facility 2 -- SwedishAmerican Medical Ctr. Belvidere

Part V, Section B, line 11: In acknowledging the wide range of priority health issues that emerged from the CHNA process, the hospital determined that it could only effectively focus on those which it deemed most under-addressed and most within its ability to influence.

Group A-Facility 2 -- SwedishAmerican Medical Ctr. Belvidere

Part V, Section B, line 16i: The hospital's financial assistance policy is transparent and available to all, at all points in the continuum, in languages appropriate for Hospital's service area. The hospital's

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24 If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc) and name of hospital facility

financial assistance policy, application form, signage, and financial counselor contact information are available in English and Spanish. Signage is posted prominently at all points of admission and registration (including the emergency department). Written information about the hospital's financial assistance policy and copies of the financial assistance form are available in admission and registration areas. The hospital's financial assistance policy, application form and financial counselor contact information are also posted on the hospital's website. The hospital will make efforts to publicize its policy in print and television media, wherever practicable.

Patient billing communications also inform patients of the availability of financial assistance. Each bill, invoice, or other summary of charges to an uninsured patient includes with it, or on it, a prominent statement that an uninsured patient who meets certain income requirements may qualify for financial assistance and information on how to apply for consideration under the hospital's financial assistance policy. All third-party agents who submit or collect bills on behalf of hospital are required to follow this policy.

Group A-Facility 2 -- SwedishAmerican Medical Ctr. Belvidere

Part V, Section B, line 22d: The maximum amount that may be collected in a 12-month period from an uninsured patient with family income greater than 200% of the federal poverty guidelines and less than or equal to 600 percent of the federal poverty guidelines for medically necessary services is 25 percent of that patient's family income. The Hospital will determine, on a case-by-case basis, whether to extend the same or similar

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24 If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc) and name of hospital facility

12-month maximum collectible amount to any other qualifying self-pay patient with family income of less than or equal to 600 percent of the federal poverty guidelines for qualifying services. The hospital reserves the right to exclude patients having assets with a value in excess of 600 percent of the federal poverty guidelines from the application of the 12-month maximum collectible amount. For purposes of determining the applicability of the 12-month maximum collectible amount, the following assets shall not be counted:

A. The uninsured patient's primary residence.

B. Personal property exempt from judgment under Section 12-1001 of the Code of Civil Procedure.

C. Any amounts held in a pension or retirement plan, provided, however, that distributions and payments from pension or retirement plan may be included as income.

To be eligible to have this maximum amount applied to subsequent charges, a patient shall inform the Hospital, in subsequent hospital in-patient admissions or outpatient encounters, that the patient has previously received medically necessary services from the hospital and was determined to be entitled to discounted care under this policy.

In no event shall a patient who receives financial assistance under this policy be charged "gross charges" in violation of the Internal Revenue Code Section 501(r)(5)(b). For emergency or other medically necessary care provided to patients who receive financial assistance under this policy, hospital shall not charge amounts in excess of charges allowed

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24 If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc) and name of hospital facility

under Internal Revenue Code 501(r)(5)(a). Assets are not considered in determining a self-pay patient's eligibility for financial assistance under this policy, except for purposes of:

A. Determining the applicability of the 12-month maximum collectible amount described above; and

B. In the case of a Medicare beneficiary, applying the mandatory asset test for Medicare beneficiaries described above.

The hospital facility used the average prior fiscal year 12 month period of paid in full Medicare and commercial insurance rates when calculating the maximum amounts that can be charged.

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 29

	Name and address	Type of Facility (describe)
1	Regional Cancer Center 3535 N. Bell School Rd. Rockford, IL 61114	Outpatient Clinic
2	Rockford Ambulatory Surgery Center 1016 Featherstone Road Rockford, IL 61107	Ambulatory Surgery Center
3	Midwest Heart Specialists 1340 Charles Street, Suite 300 Rockford, IL 61104	Outpatient Clinic
4	Woodside 3775 N. Mulford Road Rockford, IL 61114	Outpatient Clinic
5	Stateline Clinic 4282 E. Rockton Road Roscoe, IL 61073	Outpatient Clinic
6	Lundholm Orthopedics 1340 Charles Street Rockford, IL 61104	Outpatient Clinic
7	Dixon Oncology 101 W. 2nd Street Dixon, IL 61021	Outpatient Clinic
8	Home Health Care 2550 Charles Street Rockford, IL 61108	Home Health
9	Brookside Specialty Center 1253 N. Alpine Road Rockford, IL 61107	Outpatient Clinic
10	Belvidere Clinic 1700 Henry Luckow Lane Belvidere, IL 61008	Outpatient Clinic

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
11 Rock Valley Women's Health Center 6861 Village Green View Rockford, IL 61107	Outpatient Clinic
12 5 Points Clinic 2404 Charles Street Rockford, IL 61108	Outpatient Clinic
13 SA Immediate Care 2473 McFarland Road Rockford, IL 61107	Outpatient Clinic
14 Valley Clinic 6824 Newburg Road Rockford, IL 61108	Outpatient Clinic
15 Camelot OB/GYN 1415 E. State Street, Suite 200 Rockford, IL 61104	Outpatient Clinic
16 Neuro and Headache Center 1340 Charles Street, Suite 400 Rockford, IL 61104	Outpatient Clinic
17 SAMG Obstetrics & Gynecology 209 9th Street Rockford, IL 61104	Outpatient Clinic
18 Wound Care & Hyperbaric Clinics 1415 E. State Street, Stes. 408 & 609 Rockford, IL 61104	Outpatient Clinic
19 Pulmonary and Sleep Disorder Clinic 1401 E. State Street Rockford, IL 61104	Outpatient Clinic
20 Midtown Clinic 1340 Charles Street, Suite 405 Rockford, IL 61104	Outpatient Clinic

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
21 UW Health Surgery at SwedishAmerican 1340 Charles Street, Suite 301 Rockford, IL 61104	Outpatient Clinic
22 Davis Junction Clinic 5665 North Junction Way David Junction, IL 61020	Outpatient Clinic
23 Cardiothorasic Surgery 1340 Charles Street, Suite 300 Rockford, IL 61104	Outpatient Clinic
24 Byron Clinic 220 W. Blackhawk Drive Byron, IL 61010	Outpatient Clinic
25 Marengo Clinic and Immediate Care 204 E. Prairie Street Marengo, IL 60152	Outpatient Clinic
26 Northern Illinois Vein Clinic 1340 Charles Street, Suite 404 Rockford, IL 61104	Outpatient Clinic
27 Maternal Fetal Medicine 1401 E. State Street Rockford, IL 61104	Outpatient Clinic
28 Rochelle Clinic 380 Illinois Route 38 East Rochelle, IL 61068	Outpatient Clinic
29 Roscoe Clinic and Immediate Care 5005 Hononegah Road Roscoe, IL 61073	Outpatient Clinic

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Part I, Line 7g:

The following subsidized health services are for physicians. These physicians are necessary to serve the community, are difficult to recruit, and the reimbursement does not cover the cost of the services.

Hospital based physicians' specialty clinics and coverage payments: $1,421,982

Emergency department physicians: $132,948

Total: $1,554,929

Part I, Ln 7 Col(f):

The bad debt expense in part IX Column A was subtracted for the purpose of calculating the percentage of expense is $1,463,018.

Part I, Line 7:

7a and 7f costs were calculated using the 2015 Medicare cost report cost to charge ratio. Lines 7b and 7c costs were calculated using the cost accounting system. The cost accounting system addresses all

patient segments. All other amounts in line 7 were calculated using direct costs.

Part III, Line 2:

Methodology for determining bad debt expense: It is our practice to identify, to the extent possible, charity cases at the time of service. If a patient provides documentation they meet our charity care policy, they are not sent to collection. Those patients who do not meet presumptive eligibility and fail to apply or provide documentation are sent to collection after 90 days. The organization and its agents follow the fair patient billing act. If during the collection process we or our agents become aware of a patient qualifying for charity care or financial assistance and the patient cooperates with the requirements of the charity care policy, collection efforts are ceased and the account is written off to charity. Bad debt expense reported on line 2 represents the allowance for doubtful accounts. It is determined based on historical experience of uncollectible amounts, after contractual discounts, patient payments and amounts qualifying under charity assistance policy.

Part III, Line 3:

SwedishAmerican Hospital's charity policy allows a 100% charity write-off for those with household income of 200% or less of the federal poverty level and partial charity write-off for those up to 600% of the poverty level. The latest data from the U.S. Census bureau for Winnebago, Boone and Ogle counties, which are the counties served by the healthcare facilities, indicates the following: Winnebago County - 16.9% of the population is below the poverty level, the median household income was

$47,523 and a household size of 2.53, Boone County - 10.2% of the population is below the poverty level, the median household income was $60,166 and a household size of 2.96, Ogle - 11.4% of the population is below the poverty level, the median household income was $55,894 and a household size of 2.51. The 2015 poverty guidelines per the Office of Assistant Secretary for Planning and Evaluation, (http://aspe.hhs.gov) indicate for a household size of 3, an income $40,180 is 200% of the poverty level and $120,540 is 600% of the poverty level. Approximately 85% of our charity write-offs are for patients without insurance while 68% of our bad debt write-offs are for patients without insurance. In 2015 only 10% of all accounts written off to bad debt were recovered. Based on this demographic and internal data we believe that a minimum of 15% of the amounts written off as bad debt would qualify for charity, and as such 15% of the bad debt expense from line 2 is reported on line 3.

Part III, Line 4:

Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of accounts receivable, the hospital identifies troubled accounts, reviews historical experience and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts

for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

Part III, Line 8:

SA Hospital must treat patients regardless of their ability to pay. The government sets non-negotiable Medicare rates and the reimbursement from Medicare has not kept pace with the rising cost of providing those services. The cost of care has increased due to: wages and benefits necessary to keep high demand skilled practitioners, medical supplies in particular cardiovascular and orthopedic implants and pharmaceuticals, malpractice insurance costs, and capital equipment. SA Hospital's treatment of Medicare beneficiaries relieves the federal government burden of directly providing medical care which by law they are required to provide to eligible beneficiaries. Due to the requirement to provide care and the inability of Medicare reimbursement to keep pace with the cost of providing services, we feel the loss from services provided to Medicare beneficiaries is a part of our mission and is a benefit to our community.

Part VI Supplemental Information *(Continuation)*

The following is a reconciliation of the shortfall from Medicare reported on the cost report on Line 7 to the Medicare shortfall from all of the Medicare programs at SA Hospital. These shortfalls were calculated using the cost to charge ratio.

Medicare shortfall hospital programs Part III, line 7: ($1,355,514)

Medicare shortfall physician programs: ($1,263,248)

Total Medicare Shortfall: ($2,618,762)

Part III, Line 9b:

The organization and its agents follow the fair patient billing act. If during the collection process we or our agents become aware of a patient qualifying for charity care of financial assistance and the patient cooperates with the requirements of the charity care policy, collection efforts are ceased.

Part VI, Line 2:

SA hospital has provided a third of the monetary support for the 2010 healthy community study, conducted by the Rockford health council. The Council consists of the major health care providers in our metropolitan area such as the three hospitals, Crusader clinic (a federally qualified healthcare clinic), the University of Illinois College of Medicine, Janet Wattles Mental Health Center, Rosecrance Substance Abuse Center as well as several representatives of not-for-profit agencies, and member of the corporate community. Since 2001, an assessment has been completed every three years to identify and track trends as well as areas to address. These stakeholders understand the need for a comprehensive community study that is focused on the overall needs of the community. SA has used this

data to launch innovative programs and collaborative partnerships such as cardiac screenings within minority communities. In April of 2013, SA Hospital contracted with McGladrey LLP to conduct a Community Health Needs Assessment (CHNA) for both SA Hospital and SwedishAmerican Medical Center Belvidere as required by the Internal Revenue Code, Section 501(r). An implementation strategy was adopted to meet the prioritized needs identified by the CHNA.

Part VI, Line 3:

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

Part VI, Line 4:

Part VI Supplemental Information (Continuation)

The communities served by SA Hospital include the Rockford Metropolitan Service Area (MSA) and the counties of Winnebago, Boone, Ogle and Stephenson. Ogle and Winnebago counties have medically underserved area (MUA) designations for the White Rock Service Area (MUA 916) and Winnebago Service Area (MUA 7011). The 2015 U.S. Census bureau had the population for the Rockford MSA at 394,496. Today, the unemployment rate of the Rockford MSA is 6.8%, ranking in the bottom 10% of the nation. SA Hospital is located in the city of Rockford, Illinois, in Winnebago County, where the percentage of households below the poverty level is 16.9%. SwedishAmerican Medical Center Belvidere is located in the city of Belvidere, Illinois, in Boone County, where the percentage of households below the poverty level is 10.2%. Of the patients served by SA Hospital at all facilities, 27.4% are uninsured or Medicaid recipients. Five different facilities exist in the community to address inpatient needs, all of which offer discounts or charity care to uninsured and needy patients. There is one federally qualified healthcare facility.

SA Hospital helped fund the 2010 Rockford Healthy Community Study in partnership with the University of Illinois, College of Medicine at Rockford and the Rockford Health Council. The study revealed that more than 20 percent of the residents in our hospital's zip code live below the poverty level, and that the median household income of $27,046 is the lowest of all Rockford-area zip codes. Out-of-pocket healthcare costs are a problem for more than 45 percent of this area's residents, which is the highest rate in the city of Rockford. According to Illinois BRFSS, over 10% of adults did not visit the doctor within the last 12 months due to the cost of care. Additionally, many residents in this vicinity-which is among the state's most depressed areas-are not able to receive needed

physical or mental healthcare although 91.7% claim to have some health care coverage.

The Rockford Healthy Community Study identified extremely low levels of home ownership in SwedishAmerican hospital's immediate vicinity. According to the study, more than 60 percent of residents rented, which was much higher than the overall sample (approximately 17 percent). The study also indicated that more than 12 percent of area residents could not afford to make basic home repairs. The United Way's assessment further identified the need for more affordable permanent housing units, stating: "even though housing in Rockford is among the most affordable in the country, many families, especially renters, cannot afford shelter."

By virtue of its mission, location in the central city and relationships with other providers, SwedishAmerican serves the needs of many of the community's underserved. Finding ways to improve the health of all and to make Rockford a model community in which to live, work and worship are significant and strategic initiatives for SA Hospital.

Part VI, Line 5:
Although SA Hospital's community service efforts reach a broad segment of the population throughout northern Illinois, the hospital devotes a great deal of its energy and resources to serving the city's neediest people, many of whom live in the urban core where SwedishAmerican is located. Our organization contributes millions of dollars to charity and Medicaid care each year.

Recognizing that healthy communities are characterized by strong

interconnections between residents, infrastructure, organizations and services, we have worked in partnership with other community-based organizations as part of the non-profit Rockford Health Council Inc. The council seeks to build and improve community health through education, action, dialogue and legislative activity and serves as a catalyst and coordinator for agency and individual action to ensure access, cost effectiveness and quality. Beyond our work with the council, some of our initiatives take place in concert with other individual community organizations and healthcare providers, while others are carried out by SA Hospital teams.

For example, SwedishAmerican has worked with the City of Rockford and other area development groups-including ZION Development, Habitat for Humanity and Kids Around the World-to serve as a catalyst for revitalizing the area surrounding our campus with homes, green space and commerce. A large part of this movement was a $100 million campus expansion and renovation project. Despite economic and strategic pressures to move eastward, as many businesses in our area have done, SwedishAmerican joined several other area organizations and made a commitment to remain in central Rockford. One immediate benefit of our redevelopment effort was the expansion of the hospital's emergency department. Among the state's busiest, this is where many of our community's underserved residents come for medical care.

In order to improve the low rate of home ownership identified in the healthy community studies, SwedishAmerican initiated a Neighborhood Revitalization Program in an 81-block area adjacent to our hospital campus. Working with the City of Rockford and local Habitat for Humanity

officials, we have replaced substandard dwellings with new Habitat homes. Additionally, we partnered with the William Charles Charitable Trust and Kids Around the World to build a new playground that allows neighborhood children the opportunity for play, without having to cross major thoroughfares and traffic hazards.

In the past decade, The Foundation purchased two, 12-unit apartment buildings adjacent to the hospital campus which were in a state of disrepair. Approximately three-quarters of a million dollars were invested in these two buildings to bring them to "market rate" status.

Encouraged by our commitment to renovate our campus and revitalize the surrounding area, a number of commercial developments have occurred. Among them is a Walgreens' drug store, which returned retail pharmacy services to the area for the first time in years. A three-story office building south of the new Walgreens' was completed, followed by a 60,000-square-foot medical office building south of the hospital.

SwedishAmerican has sought to improve the community's health by taking effective lifestyle modification programs to the people who need them most. Although this applies to the community at large, we have taken special efforts to bring these strategies to the city's elderly and underserved residents. This is demonstrated by our successful program to improve the health of residents at Longwood Plaza, a senior housing facility located two blocks from our hospital's campus. Finally, beyond lifestyle modification our ongoing community health initiatives involve research-based health screening programs, as well as unique health education events that target both at-risk members of the community and

healthcare providers.

SwedishAmerican's organization-led efforts to improve the quality of life in our community are not exclusively health-related. One example is the partnership we formed twenty years ago with nearby public schools, where a very high percentage of the students come from underserved families. The long-term and ongoing goal of our partnership with area schools has been to improve the academic and socio-emotional wellbeing of the school environment and student body. While SwedishAmerican has come forward with a number of ideas and proposals for additional ways in which it can impact the students and faculty at area schools, it always has been sensitive to the wishes and desires of the community in implementing only those programs that correspond with the school's agenda and strategic goals.

Beyond large-scale, organization-led initiatives, our employees independently devote extensive amounts of time and resources to a large number of programs, services and activities throughout northern Illinois.

Part VI, Line 6:
SA Hospital is a standalone health care provider that offers services at two acute care hospital facilities, physician clinics, physician emergency services, and home health care. SwedishAmerican Foundation is a subsidiary of SA Hospital and supports it through fundraising.

Following a campus renovation project that began in 2000, the SwedishAmerican Foundation (SAF) implemented a massive neighborhood revitalization and replacement initiative to transform a large area surrounding the hospital campus into "a neighborhood of choice...not

chance." This project brought together the forces of SwedishAmerican, SAF, the City of Rockford and countless charitable and commercial entities to improve the quality and availability of area housing.

In March of 2015 the program was recognized by The United Way of Rock River Valley with the inaugural Strong Neighbor Award. Because strong neighborhoods make a strong community, United Way is leading a place-based strategy that will dramatically improve the quality of life for children and families. Two of the region's most challenged neighborhoods (Ellis Heights and Midtown District) are the strategic focus of this plan. SwedishAmerican was cited for being a vital partner to the Strong Neighborhoods initiative and for building better neighborhoods for our children and families. United Way noted SwedishAmerican's commitment to transforming the area surrounding the Hospital from an at-risk, predominantly rental-occupied part of Rockford to a stable, owner-occupied neighborhood.

SwedishAmerican's neighborhood revitalization effort includes:

Habitat for Humanity Homes: Several years ago SwedishAmerican entered into a formal agreement with the Rockford Habitat for Humanity Chapter to construct new area homes. By the end of 2015, dozens of Habitat for Humanity homes have now been completed and sold to low-income home owners.
Cruise Fundraiser: Over the past 20 years, SAF's annual fundraising gala has raised more than $1,350,000, which has been reinvested into community impact initiatives, such as school physicals and immunizations for area children and cancer screenings for neighborhood residents.

Neighborhood Playground and Parks: Because area children did not have a safe place to play, SAF purchased three contiguous pieces of property, removed existing commercial and residential structures and partnered with two local charities to construct a new neighborhood playground.

Driveway/Garage Renovation Project: Following a neighborhood-wide survey, SAF coordinated and implemented a garage construction and driveway replacement program. In addition to increasing existing home values, this program helped reduce on-street parking, thereby increasing traffic flow and making parked cars less visible/accessible to potential thieves and vandals. Sixteen total grants were made.

Homeowner Grants to Employees: Since 2004, SwedishAmerican has offered $5,000 down payment assistance to employees to help encourage home ownership in the six-block area surrounding the hospital. This initiative includes a five-year forgivable grant to employees in good standing-with no income restrictions, and a second possible $5,000 grant for low-income employees. Since inception, this program has assisted 32 employees purchase homes in the SwedishAmerican neighborhood.

Home Restoration: Beginning in 2004, SAF has purchased dozens of homes in the neighborhood target area, rehabbed them and made them available to employees, firefighters, police officers and public school teachers, at discount (less than the cost of purchase and repairs). This year, through a competitive process, 14 additional properties were identified and work completed. To date, 70 50/50 property improvement projects have taken place. The projects included:

Part VI | **Supplemental Information** *(Continuation)*

- 3 new construction homes

- 28 rehab houses by SAF

- 23 Habitat for Humanity houses rehabbed with SAF

- 2 apartment buildings rehabbed (24 units)

- 2 duplexes rehabbed (4 units)

- 70 50/50 grants for property improvements

- 16 grants for new garages/driveways

- 32 houses purchased in the neighborhood by SwedishAmerican employees ($5,000 assistance)

Except for the noted apartment buildings and duplexes, the rest are single family homes.

Strong Neighborhood House:

This year, SwedishAmerican collaborated with the Rockford Police Department and City of Rockford to open the first-ever community "Strong Neighborhood House." SwedishAmerican purchased and renovated the house and licensed it to the Rockford Police Department as a place for officers to build a closer relationship with neighbors. Additionally, it is a space where officers can help facilitate problem solving and ultimately reduce crime in the neighborhood. The house has set office hours each morning, Monday through Friday. Officers patrol the neighborhood throughout the day and evening and stop by the house at any time. Showing a strong police presence in the neighborhood is giving residents a hope for change and a better future.

Part VI Line 7:

SA Hospital files a community benefit report with the Illinois Attorney

Part VI **Supplemental Information** *(Continuation)*

General.

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization: SwedishAmerican Hospital

Employer identification number: 36-2222696

Part I Bond Issues See Part VI for Column (f) Continuations

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	Illinois Finance Authority - 2010	86-1091967	None	04/19/10	25,000,000.	Construction & Equipment Cardiac		X		X		X
B	Illinois Finance Authority - 2012	86-1091967	45203HLW0	09/27/12	41,833,485.	Construction & Equipment Regiona		X		X		X
C	Illinois Finance Authority - 2015	86-1091967	45203HY89	03/27/15	76,980,000.	Construction & Equipment Cardiac		X		X		X
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	6,250,000.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	25,000,000.	41,888,629.	76,980,000.	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds		648,001.		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	25,000,000.	41,240,628.		
11	Other spent proceeds			76,980,000.	
12	Other unspent proceeds				
13	Year of substantial completion	2010	2013	2007	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X			X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		2.00 %		.00 %		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		.00 %		%	
6 Total of lines 4 and 5	%		2.00 %		.00 %		%	
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X			X		
b Exception to rebate?	X			X	X			
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions)

Schedule K, Part I, Bond Issues:
(a) Issuer Name: Illinois Finance Authority - 2010
(f) Description of Purpose:
Construction & Equipment Cardiac pavilion, renovate operating rm & cath lab

(a) Issuer Name: Illinois Finance Authority - 2012
(f) Description of Purpose:
Construction & Equipment Regional Cancer Center

(a) Issuer Name: Illinois Finance Authority - 2015
(f) Description of Purpose:
Construction & Equipment Cardiac pavilion, renovate operating rm & cath lab

Part II, Line 7:
Bond insurance of $3,672,397 was purchased from bond proceeds and is included as a cost of issuance.

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization: SwedishAmerican Hospital

Employer identification number: 36-2222696

Form 990, Part III, Line 4a, Program Service Accomplishments:

approximately $465,000 in education for primary care residents. Our employees and volunteers provided over 2,917 hours in unpaid community services. SwedishAmerican recognizes its responsibility to all the people of our community, regardless of their ability to pay for care.

Form 990, Part III, Line 4d, Other Program Services:

SwedishAmerican Home Health Care is a quality leader in providing individualized care in patients' homes. Working in partnership with a patient's doctor, our certified, trained staff provides a wide range of services and specializes in helping patients to remain independent and comfortable. Our experienced caregivers include registered nurses; certified nursing assistants, dietitians; physical, occupational and speech therapists; and medical social workers. RNs provide assessments, treatments and medication administration. Our therapists provide assessments and treatments. Medical social workers assist with assessments, counseling and helping patients and their families' access available community resources. SNAs provide baths and personal grooming. Our staff has the credentials and advanced training needed to assure that patients receive the highest quality of care possible. During 2015 we performed 2,332 episodes of care.

Expenses $ 646,864. including grants of $ 0. Revenue $ 553,536.

Form 990, Part VI, Section A, line 2:

Directors Peter Christman and Michael Dallman have a business relationship.

Name of the organization: SwedishAmerican Hospital

Employer identification number: 36-2222696

Form 990, Part VI, Section A, line 6:

SwedishAmerican Health System (Parent Corporation) is the sole corporate member of SwedishAmerican Hospital (Hospital).

Form 990, Part VI, Section A, line 7a:

SwedishAmerican Health System (Parent Corporation) is the sole corporate member of SwedishAmerican Hospital (Hospital) and as such appoints all trustees. Effective January 1, 2015, SwedishAmerican Health System Corporation merged with University Health Care, Inc.

Form 990, Part VI, Section A, line 7b:

SwedishAmerican Health System (Parent Corporation) is the sole corporate member of SwedishAmerican Hospital (Hospital) and as such appoints all trustees and has the authority to approve certain decisions of the Hospital.

Form 990, Part VI, Section B, line 11:

A draft version of the Form 990 was reviewed by legal counsel and the Chief Financial Officer. Subsequently, the Audit/Compliance Committee of the Board of Directors of SwedishAmerican Health System (Parent Corporation) reviewed a final draft of the Form 990 and was provided with the opportunity to comment and ask questions. The entire Board of Directors was provided with a copy of the Form 990 before it was filed.

Form 990, Part VI, Section B, Line 12c:

The organization regularly and consistently monitors and enforces compliance with its conflict of interest policies, which apply to all members of the board of directors and to all employees. Procedures are in

place to identify conflicts of both directors and employees. Director conflicts are handled by board deliberation and board vote from which the interested director is excluded. Employee conflicts are handled by the compliance department and in certain instances may require separate board action. The Board is provided with periodic compliance reports regarding conflicts of interest.

Form 990, Part VI, Section B, Line 15:
All compensation is determined and paid by SwedishAmerican Health System. All compensation decisions are made by independent persons. With respect to the president, CEO, and officers, and key employees, SwedishAmerican Health System follows a compensation approval procedure annually that involves approval of proposed and final compensation arrangements by the organization's Executive Compensation Committee using comparability data, as well as contemporaneous documentation of compensation decisions in the minutes. All physician compensation arrangements are approved by the Finance Committee and full Board of Directors using comparability data, as well as contemporaneous documentation of compensation decisions in the minutes.

Form 990, Part VI, Section C, Line 19:
The governing documents, conflict of interest policy and financial statements have not been previously made available to the public. The consolidated audited financial statements of SwedishAmerican Hospital are available from the Illinois Attorney General Website and from the U.S. Securities and Exchange Commission electronic municipal market access system.

Name of the organization: SwedishAmerican Hospital

Employer identification number: 36-2222696

Form 990, Part XI, line 9, Changes in Net Assets:

Interest in Recipient Organization	-325,658.
Surgi Center Book/Tax Difference	56,418.
Increase due to merger	101,172,432.
SwedishAmerican Foundation	-52,242.
Total to Form 990, Part XI, Line 9	100,850,950.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization: SwedishAmerican Hospital

Employer identification number: 36-2222696

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
University of WI Hospital and Clinics - 39-1835630, 600 Highland Avenue, Madison, WI 53792	Hospital and Clinics	Wisconsin	501(c)(3)	Line 3	N/A		X
Univeristy of WI Medical Foundation - 39-1824445, 600 Highland Avenue, Madison, WI 53792	Supported Organization	Wisconsin	501(c)(3)	Line 9	University of WI Hospital and Clinics		X
Regional Division, Inc. - 39-1446049 301 South Westfield Road, Suite 320 Madison, WI 53717	Regional Parent Corporation to manage and direct activities of	Wisconsin	501(c)(3)	Line 11a	University of WI Hospital and Clinics		X
University Health Care, Inc. - 47-2553196 301 South Westfield Road Madison, WI 53717	Support Organization	Wisconsin	501(c)(3)	Line 11a	University of WI Hospital and Clinics		X

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
SwedishAmerican Health System Corporation - 36-3241458, 1401 East State St., Rockford, IL 61104	Parent Corporation to manage and direct activites of entities	Illinois	501(c)(3)	Line 11a	Regional Division, Inc.		X
SwedishAmerican Foundation - 36-3097493 1401 East State St. Rockford, IL 61104	Supporting Organization for SwedishAmerican Hospital fundraising	Illinois	501(c)(3)	Line 7	SwedishAmerican Hospital	X	
SwedishAmerican Realty Corporation - 36-3248013, 1313 East State Street, Rockford, IL 61104	Title Holding Company	Illinois	501(c)(2)		SwedishAmerican Health System Corporation		X
SwedishAmerican Hospital Self Insurance Trust - 36-6652702, 1401 East State St., Rockford, IL 61104	Hospital Malpractice Trust	Vermont	501(c)(3)	Line 11a	SwedishAmerican Hospital	X	
Wisconsin Therapies Inc. - 39-1807425 600 Highland Avenue Madison, WI 53792	Support Organization	Wisconsin	501(c)(3)	Line 11d	University of WI Hospital and Clinics		X
Generations Fertility Care - 27-3496527 2365 Deming Way Middleton, WI 53562	Reproductive endocrinology and infertility services	Wisconsin	501(c)(3)	Line 9	N/A		X
Wisconsin Dialysis - 30-0072647 3034 Fish Hatchery Road Fitchburg, WI 53713	Dialysis Services	Wisconsin	501(c)(3)	Line 11c	N/A		X
Madison Surgery Center - 39-1940656 7974 UW Health Court Middleton, WI 53562	Health care services and training	Wisconsin	501(c)(3)	Line 9	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
Three Rivers Partners, LLC - 26-2231757, 1313 East State Street, Rockford, IL 61104	Information Technology Services	IL	N/A	N/A				X	N/A		X	
Northern Illinois Vein Clinic - 20-1642329, 2550 Charles Street, Rockford, IL 61108	Outpateint Health Services	IL	N/A	N/A				X	N/A		X	
Chartwell Wisconsin Enterprises, LLC - 39-1796267, 2241 Pinehurst Drive, Middleton, WI 53562	Parent entity of CMW and CMW-HR	WI	N/A	N/A				X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
SARI Insurance Company - 03-0308753 76 St. Paul Street, Suite 500 Burlington, VT 05401-4477	Captive Insurance Company	VT	SAHS Corporation	C CORP				X	
LSG Building Corporation - 36-3033985 1313 East State Street Rockford, IL 61104	Real Estate	IL	SAHS Corporation	S CORP				X	
State & Charles, Inc. - 36-3321193 1313 East State Street Rockford, IL 61104	Holding Company	IL	SAHS Corporation	C CORP				X	
SwedishAmerican Health Management Corp. - 36-3246511, 1313 East State Street, Rockford, IL 61104	Management Services	IL	State & Charles, Inc.	C CORP				X	
Unity Health Insurance - 39-1450766 840 Carolina Street Sauk City, WI 53583	Health Maintenance Organization	WI	University Health Care, Inc.	C CORP				X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
Health Professionals of Wisconsin - 39-1806711, 301 South Westfield Road, Madison, WI 53717	Real Estate	WI	University Health Care, Inc.	C CORP				X	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SwedishAmerican Foundation	C	52,242.	Cost
(2) SwedishAmerican Realty Corporation	K	550,028.	Cost
(3) SwedishAmerican Realty Corporation	D	99,968.	Cost
(4) University Health Care Inc	P	105,550.	Cost
(5) University of WI Medical Foundation	P	101,965.	Cost
(6)			

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Part II, Identification of Related Tax-Exempt Organizations:

Name of Related Organization:

Regional Division, Inc.

Primary Activity: Regional Parent Corporation to manage and direct activities of entities