



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



Form 990

## CHANGE OF ACCOUNTING PERIOD

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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

2014

► 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](http://www.irs.gov/form990)Open to Public  
Inspection

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

B Check if applicable	C Name of organization <b>SwedishAmerican Foundation</b>		D Employer identification number <b>36-3097493</b>
<input type="checkbox"/> Address change	Doing business as		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) <b>1415 East State Street</b>		Room/suite
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code <b>Rockford, IL 61104-2333</b>		
<input type="checkbox"/> Application pending	F Name and address of principal officer <b>Patricia DeWane</b> same as C above		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no) 4947(a)(1) or 527		G Gross receipts \$ <b>141,683.</b>	
J Website: ► <a href="http://www.swedishamerican.org">www.swedishamerican.org</a>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number ►	
		L Year of formation: <b>1980</b> M State of legal domicile <b>IL</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <b>Supports SwedishAmerican hospital through fundraising efforts and improvements and services</b>	
	2 Check this box ► <input type="checkbox"/> 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 <b>24</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 <b>21</b>
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 <b>0</b>
	6 Total number of volunteers (estimate if necessary)	6 <b>25</b>
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a <b>0.</b>
b Net unrelated business taxable income from Form 990-T, line 34	7b <b>0.</b>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <b>1,001,048.</b> Current Year <b>105,229.</b>
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,949,683.</b> <b>23,829.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-84,618.</b> <b>2,170.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,866,113.</b> <b>131,228.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>226,449.</b> <b>52,242.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>504,974.</b> <b>32,941.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>RECEIVED</b> <b>67,095.</b>	
	17 Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)	<b>959,590.</b> <b>464,850.</b>
	18 Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,691,013.</b> <b>550,033.</b>
	19 Revenue less expenses Subtract line 18 from line 12	<b>1,175,100.</b> <b>-418,805.</b>
	20 Total assets (Part X, line 16) <b>OCDEN, LTD.</b>	Beginning of Current Year <b>20,370,128.</b> End of Year <b>21,484,113.</b>
21 Total liabilities (Part X, line 26)	<b>1,688,035.</b> <b>1,166,197.</b>	
22 Net assets or fund balances Subtract line 21 from line 20	<b>18,682,093.</b> <b>20,317,916.</b>	

## 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	► <i>Patricia DeWane</i>	Date <i>5/9/16</i>			
	► Patricia DeWane, VP Finance/Treasurer				
	Type or print name and title				
Paid	Print/Type preparer's name <b>Wayne Harder</b>	Preparer's signature <i>Wayne Harder</i>	Date <b>5-5-16</b>	Check <input type="checkbox"/> if self employed	PTIN <b>P00294296</b>
Preparer	Firm's name ► <b>RSM US LLP</b>		Firm's EIN ► <b>42-0714325</b>		
Use Only	Firm's address ► <b>1 S. WACKER DRIVE, STE 800 CHICAGO, IL 60606</b>		Phone no <b>312-634-3400</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

432001 11-07 14 LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2014)

See Schedule O for Organization Mission Statement Continuation

640 24

SCANNED JUN 17 2016

## 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

The SwedishAmerican Foundation is the fund development and charitable gifts arm of the SwedishAmerican Health System. The Foundation solicits and collects gifts from individuals, organizations, and corporations primarily within the greater Rockford community and

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 \$ 179,689. including grants of \$ 52,242. ) (Revenue \$       )  
SwedishAmerican Foundation (SAF) supports SwedishAmerican Hospital, a 501(c)(3) organization in its mission to provide quality medical healthcare to communities in Northern Illinois and Southern Wisconsin regardless of race, creed, sex, national origin, handicap, age or ability to pay. During the current year, SAF provided additional funding grants to SwedishAmerican Hospital for a meditation garden and a shuttle service for the new SwedishAmerican Regional Cancer Center which opened in October of 2013. In addition, smaller grants were provided to specialized departments within the SwedishAmerican Hospital, which helped enhance patient care and patient-visitor comfort.

4b (Code       ) (Expenses \$ 22,645. including grants of \$       ) (Revenue \$       )  
In 2005, SwedishAmerican Foundation (SAF), as part of its mission to revitalize the neighborhood surrounding the SwedishAmerican Hospital campus, purchased and renovated a group of run down rental housing units directly across the street from the hospital campus, for the purpose of providing safe, secure, and affordable near-campus housing for on-call hospital staff and medical students from the University of Illinois Rockford campus who are interning at SwedishAmerican Hospital. Program expenses relating to this mission project include the services of a salaried property manager in addition to all of the rental unit expenditures relating to repairs, maintenance and utilities which are also provided by SAF.

4c (Code       ) (Expenses \$ 78,442. including grants of \$       ) (Revenue \$       )  
Beginning in 2004, the SwedishAmerican Foundation (SAF) Board of Directors approved \$360,000 to be designated as funding for the neighborhood revitalization program. SAF has purchased a total of 30 older homes in the six block area surrounding SwedishAmerican Hospital for the purpose of making them saleable to employees, firefighters, police officers, and public school teachers at a price less than cost of purchase and renovation. To date, 26 of the homes were sold to owner-occupants. Proceeds from the sale of the homes are recycled back into the program upon sale of the renovated home. During the fiscal year, the SAF incurred over \$69,000 in operational expenses for utilities, property taxes, lawn-care, snow removal, and minor repairs and maintenance on the properties that were in various stages of

4d Other program services (Describe in Schedule O)

(Expenses \$ 14,519. including grants of \$       ) (Revenue \$       )4e Total program service expenses ► 295,295.

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors*?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10	X	
11a	X	
11b		X
11c		X
11d	X	
11e	X	
11f	X	
12a		X
12b	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

## 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	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 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 II	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?	38 X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2014)

**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	1a	0	
b	1b	0	
c			
1c		X	
2a		0	
b			
2b			
3a		X	
b			
3b			
4a		X	
b			
4b			
5a		X	
b			
5b		X	
5c			
6a		X	
b			
6b			
7a		X	
b			
7b			
7c		X	
d	7d		
e			
f			
g			
h			
8			
9a			
b			
10a			
b	10b		
11a			
b	11b		
12a			
b	12b		
13a			
b			
13b			
c	13c		
14a			
b	14b		

1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable  
 1b Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable  
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  
 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  
 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  
 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  
 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  
 b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  
 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)?  
 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?  
 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  
 c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  
 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?  
 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  
 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?  
 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  
 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  
 d If "Yes," indicate the number of Forms 8282 filed during the year  
 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  
 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  
 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  
 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  
 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?  
 9 **Sponsoring organizations maintaining donor advised funds.**  
 a Did the sponsoring organization make any taxable distributions under section 4966?  
 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  
 10 **Section 501(c)(7) organizations.** Enter  
 a Initiation fees and capital contributions included on Part VIII, line 12  
 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  
 11 **Section 501(c)(12) organizations.** Enter  
 a Gross income from members or shareholders  
 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  
 12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?  
 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  
 13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**  
 a Is the organization licensed to issue qualified health plans in more than one state?  
 Note. See the instructions for additional information the organization must report on Schedule O  
 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  
 c Enter the amount of reserves on hand  
 14a Did the organization receive any payments for indoor tanning services during the tax year?  
 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

**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

### 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	24	
1b		21	
2			X
3			X
4			X
5			X
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?	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?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
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		X

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

	Yes	No
10a		X
b		
10b		
11a	X	
b		
12a	X	
b		
c		
12b	X	
12c	X	
13	X	
14	X	
a		
b		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
15a		X
15b		X
16a		X
b		
16b		

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► <u>IL</u>
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 <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 ► <u>Patricia DeWane - 779-696-4727</u> <u>1313 East State Street, Rockford, IL 61104-2298</u>

**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			
(1) Ted Brolund Director	2.00 0.00	X					0.	0.	0.
(2) Danny L. Copeland, MD Director	2.00 6.00	X					0.	0.	0.
(3) Gordon Geddes Director/Vice Chairman	2.00 0.00	X					0.	0.	0.
(4) William R. Gorski, MD Director	2.00 6.00	X		X			0.	0.	0.
(5) Marco Lenis Director	2.00 6.00	X					0.	0.	0.
(6) David Rydell Director/Secy & Treasurer	2.00 6.00	X					0.	0.	0.
(7) Steven Sjogren Director/Chairman	2.00 8.00	X					0.	0.	0.
(8) James Waddell Director	2.00 6.00	X					0.	0.	0.
(9) Allen D. Williams, MD Director	2.00 6.00	X					0.	0.	0.
(10) Rev. Dr. Kenneth Board Director	2.00 6.00	X					0.	0.	0.
(11) Michael Broski Director	2.00 6.00	X					0.	0.	0.
(12) Patrick Derry Director	2.00 6.00	X					0.	0.	0.
(13) James Gingrich Director	2.00 6.00	X					0.	0.	0.
(14) Robert L. Head, PhD Director	2.00 6.00	X					0.	0.	0.
(15) Helen Chung Hill Director	2.00 6.00	X					0.	0.	0.
(16) Michael Houselog Director	2.00 6.00	X					0.	0.	0.
(17) Greg Jury Director	2.00 8.00	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				
(18) Jeffrey J Kaney Director	2.00	X						0.	0.	0.
	6.00									
(19) Fran Morrissey Director	2.00	X						0.	0.	0.
	6.00									
(20) Bill Roop Director	2.00	X						0.	0.	0.
	6.00									
(21) Daniel Ross Director	2.00	X						0.	0.	0.
	6.00									
(22) John Scheub Director	2.00	X						0.	0.	0.
	6.00									
(23) Frank Walter Director	2.00	X						0.	0.	0.
	8.00									
(24) Amy Wilcox Director	2.00	X						0.	0.	0.
	6.00									
(25) Donald L. Haring Chief Financial Officer	2.00	X						0.	0.	0.
	48.00									
(26) Laura J. Wilkinson Officer	40.00	X						0.	0.	0.
	0.00									
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	3	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	4	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	5	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)

Total to Part VII, Section A, line 1c

## 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			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	105,229.		
	g Noncash contributions included in lines 1a-1f \$				
h Total. Add lines 1a-1f		105,229.			
Program Service Revenue	2 a	Business Code			
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
3	Investment income (including dividends, interest, and other similar amounts)	►	24,569.		24,569.
4	Income from investment of tax exempt bond proceeds	►			
5	Royalties	►			
6 a	Gross rents	(i) Real	(ii) Personal		
		12,625.			
b	Less rental expenses		10,455.		
c	Rental income or (loss)		2,170.		
d	Net rental income or (loss)	►			2,170.
7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			-740.		
b	Less cost or other basis and sales expenses		0.		
c	Gain or (loss)		-740.		
d	Net gain or (loss)	►			-740.
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	►			
11 a	Miscellaneous Revenue	Business Code			
b					
c					
d	All other revenue				
e	Total. Add lines 11a-11d	►			
12	Total revenue See instructions	►	131,228.	0.	0. 25,999.

**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 

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	52,242.	52,242.		
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	15,404.	8,688.	3,235.	3,481.
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	9,585.	5,406.	2,013.	2,166.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,681.	2,640.	983.	1,058.
10 Payroll taxes	3,271.	1,845.	687.	739.
11 Fees for services (non-employees)				
a Management				
b Legal	1,223.		1,223.	
c Accounting	333.		333.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,976.		2,976.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	35,077.		35,077.	
12 Advertising and promotion	220,972.	124,626.	46,406.	49,940.
13 Office expenses	26,537.		20,540.	5,997.
14 Information technology	300.		300.	
15 Royalties				
16 Occupancy	8,206.	8,206.		
17 Travel	66,081.		66,081.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,305.		4,305.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,436.	9,270.	3,452.	3,714.
23 Insurance	32.		32.	
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 Repairs & maintenance	60,858.	60,858.		
b Special function fee	21,514.	21,514.		
c				
d				
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	550,033.	295,295.	187,643.	67,095.
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	135,845.	1	113,052.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	358,545.	9	346,237.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,164,119.		
	b Less accumulated depreciation	10b 54,478.	10c 1,777,915.	3,109,641.
	11 Investments - publicly traded securities	12,749,124.	11	12,640,674.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	5,348,699.	15	5,274,509.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	20,370,128.	16	21,484,113.
Liabilities	17 Accounts payable and accrued expenses	562,225.	17	674,015.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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	1,125,810.	25	492,182.
	26 Total liabilities. Add lines 17 through 25	1,688,035.	26	1,166,197.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34			
	27 Unrestricted net assets	8,454,966.	27	10,195,646.
	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 ► <input type="checkbox"/> 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	18,682,093.	33	20,317,916.
	34 Total liabilities and net assets/fund balances	20,370,128.	34	21,484,113.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

- 1 Total revenue (must equal Part VIII, column (A), line 12) **131,228.**
- 2 Total expenses (must equal Part IX, column (A), line 25) **550,033.**
- 3 Revenue less expenses Subtract line 2 from line 1 **-418,805.**
- 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) **18,682,093.**
- 5 Net unrealized gains (losses) on investments **-150,544.**
- 6 Donated services and use of facilities
- 7 Investment expenses
- 8 Prior period adjustments
- 9 Other changes in net assets or fund balances (explain in Schedule O)
- 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) **2,205,172.**

1	131,228.
2	550,033.
3	-418,805.
4	18,682,093.
5	-150,544.
6	
7	
8	
9	2,205,172.
10	20,317,916.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

- 1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
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
- 2b 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  Consolidated basis  Both consolidated and separate basis
- 2c 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
- 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?  
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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

SwedishAmerican Foundation

Employer identification number

36-3097493

**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?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

**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")	1,049,356.	1,840,805.	879,642.	1,001,048.	105,229.	4,876,080.
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	1,049,356.	1,840,805.	879,642.	1,001,048.	105,229.	4,876,080.
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						4,876,080.

**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	1,049,356.	1,840,805.	879,642.	1,001,048.	105,229.	4,876,080.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	454,100.	365,041.	350,953.	425,547.	204,549.	1,800,190.
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						6,676,270.
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						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	73.04	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	61.54	%
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		<input checked="" type="checkbox"/>	
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		<input type="checkbox"/>	
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		<input type="checkbox"/>	
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		<input type="checkbox"/>	
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		<input type="checkbox"/>	

**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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>13 Total support</b> (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 ►

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 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	%

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		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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

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)

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

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

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

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

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

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

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)

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?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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*

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)

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)

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*.

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*

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*.

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

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)

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

- 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?
- A family member of a person described in (a) above?
- 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*.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 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
- 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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 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)

	Yes	No
1		

**Section D. Type III Supporting Organizations**

- 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?
- 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)
- 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

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
  - The organization satisfied the Activities Test. Complete line 2 below
  - The organization is the parent of each of its supported organizations. Complete line 3 below
  - The organization supported a governmental entity. Describe in *Part VI* how you supported a government entity (see instructions)
- Activities Test Answer (a) and (b) below.
  - 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
  - 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
- Parent of Supported Organizations Answer (a) and (b) below.
  - 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*
  - 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

	Yes	No
2a		
2b		
3a		
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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
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		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
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 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> 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			
<b>7 Total annual distributions.</b> 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)			
<b>7 Excess distributions carryover to 2015.</b> 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)

## Part II

The organization had a change in accounting period which resulted in a short-year of 6/1/15-6/30/15.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

SwedishAmerican Foundation

Employer identification number

36-3097493

**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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

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
1c	
1d	
1e	
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	7,122,297.	7,093,719.	6,571,757.	6,007,307.	6,377,718.
b Contributions		15,490.	10,038.	11,537.	43,659.
c Net investment earnings, gains, and losses		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	7,122,297.	7,122,297.	7,093,719.	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 ► \_\_\_\_\_ %  
 b. Permanent endowment ► \_\_\_\_\_ %  
 c. Temporarily restricted endowment ► \_\_\_\_\_ %

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  
 (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b. If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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		2,039,658.		2,039,658.
b Buildings		1,009,015.	42,542.	966,473.
c Leasehold improvements		10,772.	496.	10,276.
d Equipment		92,061.	9,966.	82,095.
e Other		12,613.	1,474.	11,139.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) ► 3,109,641.

**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) Beneficial interest in trust assets	4,656,192.
(2) Contribution receivable from lead trust	283,076.
(3) Real estate investments	335,241.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ►	5,274,509.

**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 affiliates	492,182.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	492,182.

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

**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 V, line 4:**

- 1) Needs of the mother/baby family birthplace
- 2) Medical and non-medical health improvement initiatives
- 3) Rehabilitation or orthopedic programming and services within the greater Rockford community
- 4) Oncology patient services
- 5) Educational materials for the families of oncology patients
- 6) Chaplaincy program including grief services and counseling
- 7) Cardiology services
- 8) Underwriting the operating costs for the Medicare Counseling Office
- 9) Medical programs and care for children
- 10) Cardiac education for women

**Part XIII** **Supplemental Information (continued)****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.



Additional information concerning the conduct of other  
members of the family may be obtained from the  
Family History Library, Salt Lake City, Utah.

卷之三

卷之三

the Board of Directors of SwedishAmerican Foundation for review and consideration. The Grant Committee presents the requests to the Board for discussion and approval.

## 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](http://www.irs.gov/form990)

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

SwedishAmerican Foundation

Employer identification number  
36-3097493

Form 990, Part I, Line 1, Description of Organization Mission:

for the surrounding community.

Form 990, Part III, Line 1, Description of Organization Mission:

surrounding counties, and uses that money to create and support  
programs and programming which help make the greater Rockford area a  
healthier place within which to live, work, worship and raise families,  
and to assist SwedishAmerican Hospital and its subsidiaries in the  
provision of superior care for its patients.

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

renovation. This program will continue for at least two additional  
years. In cooperation with Rockford East High School and De la  
Gardiegymnasiet (a school located in Lidkoping, Sweden), SAF  
constructed two new neighborhood houses available for sale to employees  
or other eligible owner-occupants.

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

One of the most complex healthcare issues to many Medicare recipients  
is related to Medicare billing issues. SwedishAmerican Health System,  
the group parent organization, has employed a full-time Medicare  
counselor fee-free to the public for the last 30 years. This  
service, now offered through the SwedishAmerican Foundation (SAF) is  
available at both the Rockford and Belvidere campuses. While many  
other hospitals have discontinued this public service, SAF continues  
the SwedishAmerican tradition of offering this priceless service to

Name of the organization

SwedishAmerican Foundation

Employer identification number  
36-3097493

Medicare recipients regardless of their ability to pay for such services. Although many of those accessing this free benefit live within our community, this unique service is not limited to patients of SwedishAmerican Hospital, but has also drawn Medicare recipients whose healthcare services were performed at hospitals and clinics outside of the SwedishAmerican service area.

As an outreach of SwedishAmerican Hospital, SAF recognizes the needs of our retired and current employees and their families in addition to those who reside within the Rockford, Belvidere and surrounding areas. Some of the many community outreach services provided by SAF during this fiscal year include: 1) providing will writing and retirement planning services to employees to help prepare for their future needs; 2) sponsoring the cost of school physicals and comprehensive heart exams for school-age children in our area; 3) providing community grants and sponsorship donations to other not-for-profit organizations many of which provide other health and quality of life services and benefits to our community.

Expenses \$ 14,519. including grants of \$ 0. Revenue \$ 0.

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

SwedishAmerican Health System has the sole authority to appoint the Board of Directors of SwedishAmerican Foundation.

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

SwedishAmerican Hospital retains reserve powers over SwedishAmerican Foundation. In the event of dissolution, any remaining assets will be transferred to SwedishAmerican Hospital.

Name of the organization

SwedishAmerican Foundation

Employer identification number  
36-3097493

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

A draft copy of Form 990 was reviewed by legal counsel and the Vice President of Finance of SwedishAmerican Hospital. Prior to filing, the Audit Committee of the Board of Directors of SwedishAmerican Health System Corporation (the parent of SwedishAmerican Hospital) reviewed a final draft of Form 990 and was provided with the opportunity to comment and ask questions. The Board of Directors common to SwedishAmerican Foundation was provided with a copy of the Form 990 before it was filed.

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

SwedishAmerican Foundation 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, SwedishAmerican Health System follows a compensation approval procedure annually that involves approval of proposed and final compensation arrangements by the SwedishAmerican Hospital's Executive Compensation Committee using comparability data as well as

Name of the organization

SwedishAmerican Foundation

Employer identification number  
36-3097493

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, and they are contemporaneously documented in the minutes.

Form 990, Part VI, Section C, Line 19:

The governing documents, conflict of interest policy and financial statements have not been made available to the public. The consolidated audited financial statements of SwedishAmerican Hospital which include SwedishAmerican Foundation are available from the Illinois Attorney General's website and from the U.S. Securities Exchange Commission Electronic Municipal Market Access System.

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

Decrease in beneficial interest in trusts	-26,479.
Increase due to merger	2,231,651.
Total to Form 990, Part XI, Line 9	2,205,172.

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

► Attach to Form 990.

<sup>16</sup> See also the discussion about Subsidies D (Form 2000) and its implications in, at <http://www.irs.gov/taxtopics/tc2000.html>.

Swedish American Foundation  
Information about Schedule I

Part I Identification of Recurred and Entities Committed if the organization answered "Yes" on Form QAN Part IV line 33

**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)(3) controlled entity?
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
University 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, Suite 320 Madison, WI 53717	Support Organization	Wisconsin	501(c)(3)	Line 11a	University of WI Hospital and Clinics	X

For Paperwork Reduction Act Notice see the Instructions for Form 990

See Part VII for Continuations <sup>22</sup>

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

Swedish American Foundation

**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.**

**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	No	
SARI Insurance Company -	03-0308753																			X
76 St. Paul Street,	Suite 500							Captive Insurance		SAHS										X
Burlington, VT	05401-4477							Company		VT										X
LSG Building Corporation -	36-3033985									SAHS										X
1313 East State St.								Real Estate		IL										X
Rockford, IL	61104							State & Charles, Inc. -		SAHS										X
1313 East State St.								Holding Company		IL										X
SwedishAmerican Health Management Corp. -								Management Services		IL										X
36-3246511, 1401 East State St., Rockford,								IL 61104												X
Unity Health Insurance -	39-1450766							Health Maintenance Organization		WI										X
840 Carolina Street								Sauk City, WI	53583											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)(3) controlled entity?
Yes	No							
Health Professionals of Wisconsin - 39-1806711, 301 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

		Yes	No		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					
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 employee 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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

**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