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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

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

C Name of organization
SwedishAmerican Hospital

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1401 East State Street

City or town, state or province, country, and ZIP or foreign postal code
Rockford, IL 611042298

D Employer identification number
36-2222696

E Telephone number
(779) 696-4727

G Gross receipts $ 617,851,604

F Name and address of principal officer
William Gorski MD
1313 East State Street
Rockford, IL 61104

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www swedishamerican org

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

L Year of formation 1911

M State of legal domicile IL

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	3,449
6	Total number of volunteers (estimate if necessary)	**6**	265
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	214,746
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	87,822

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	179,492	1,350,615
9	Program service revenue (Part VIII, line 2g)	40,142,419	512,634,446
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	356,336	6,079,924
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	349,289	4,608,476
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,027,536	524,673,461
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	193,320
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,598,880	242,130,283
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	20,434,939	268,254,806
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	39,033,819	510,578,409
19	Revenue less expenses Subtract line 18 from line 12	1,993,717	14,095,052
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	678,988,654	692,738,272
21	Total liabilities (Part X, line 26)	252,743,465	252,114,223
22	Net assets or fund balances Subtract line 21 from line 20	426,245,189	440,624,049

Part II Signature Block

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

Sign Here

******
Signature of officer

2017-05-12
Date

Patricia DeWane Chief Financial Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Wayne Harder	Wayne Harder			P00294296

Firm's name ▶ RSM US LLP — Firm's EIN ▶ 42-0714325

Firm's address ▶ 1 S WACKER DRIVE STE 800
CHICAGO, IL 60606

Phone no (312) 634-3400

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

Through excellence in healthcare and compassionate service, we care for our community

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 268,384,524 including grants of $ 193,320) (Revenue $ 395,863,097)

SwedishAmerican Hospital (SAH) operates two full service acute care hospitals with a combined total of 367 licensed beds serving the greater Rockford region, Northern Illinois and Southern Wisconsin Our vision is to develop a fully integrated healthcare delivery network that will continuously set the standard for quality care and service, accept responsibility for building a healthier population, provide regional access, improve resource utilization through collaboration with key stakeholders, and manage patient care and our resources in such a way that we create value for our patients and benefit for our community During 2016, we cared for 17,533 inpatients and performed 848,298 outpatient procedures This includes 86,580 emergency room visits and 2,443 deliveries We sponsor the University of Illinois - College of Medicine Program and provided $5 9 million in education for primary care residents Our employees and volunteers provided over 38,000 hours in unpaid community services SwedishAmerican recognizes its responsibility to all the people of our community, regardless of their ability to pay for care

4b (Code) (Expenses $ 79,134,008 including grants of $) (Revenue $ 65,577,118)

SwedishAmerican Hospital employs primary care and specialty physicians who practice at 28 locations throughout our service area We employ specialists in orthopedics, cardiology, cardiothoracic surgery, endocrinology, allergy, neurology, neurosurgery, pulmonology/critical care, hematology/oncology, obstetrics and gynecology, maternal fetal medicine, rheumatology, psychiatry, podiatry, otolaryngology, as well as internal medicine, family practice, immediate care and pediatric physicians During 2016 our physician encounters were 362,499

4c (Code) (Expenses $ 38,636,435 including grants of $) (Revenue $ 48,206,019)

SwedishAmerican Regional Cancer Center opened to the public in October 2013 The center is part of a collaboration with UW Health and its nationally recognized University of Wisconsin Carbone Cancer Center The two-story facility offers radiation therapy, medical oncology, chemotherapy and infusion services Patients have access to clinical trials, state-of-the-art linear accelerator treatments such as IGRT, IMRT, Rapid Arc, OBI and stereotactic services, and advanced medical imaging The Regional Cancer Center is staffed by medical and radiation oncologists, physicists, dosimetrists, radiation therapists and nurses During 2016 our out-patient encounters were over 23,561

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 7,584,449 including grants of $) (Revenue $ 7,352,235)

4e **Total program service expenses ▶** 393,739,416

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	375		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,449		
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)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response 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	1a	27		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Patricia DeWane 1313 East State Street Rockford, IL 61104 (779) 696-4727

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								8,095,277	1,558,038	1,174,579

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 ▶ 263

			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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Advocate Medical Group 2311 West 22nd Street Suite 202 Oakbrook, IL 60523	Physician Services	4,550,262
Eagle Hospital Physicians 16000 North Dallas Pkwy Suite 450 Dallas, TX 75248	Physician Services	3,325,866
Universal Hospital Services Inc 2601 Crossroads Drive Suite 105 Madison, WI 53704	Equipment Services	2,597,831
Ringland Johnson Construction 1725 Huntwood Drive Cherry Valley, IL 61016	Construction Services	2,388,703
Rockford Anesthesiologists 2202 Harlem Road Suite 200 Loves Park, IL 61111	Physician Services	2,002,126

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 ▶ 154

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	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	187,330			
	e	Government grants (contributions) 1e	1,163,285			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f ▶	1,350,615			
Program Service Revenue		Business Code				
	2a	Patient Services	621990	342,376,718	342,376,718	
	b	Medicare/Medicaid	621990	168,232,850	168,232,850	
	c					
	d					
	e					
	f	All other program service revenue		2,024,878	2,024,878	
	g	**Total.** Add lines 2a–2f ▶		512,634,446		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		7,458,158		7,458,158
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents: 112,472				
	b	Less rental expenses: 82,765				
	c	Rental income or (loss): 29,707				
	d	Net rental income or (loss) ▶	29,707			29,707
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 91,355,274 / 361,870				
	b	Less cost or other basis and sales expenses: 92,363,259 / 732,119				
	c	Gain or (loss): -1,007,985 / -370,249				
	d	Net gain or (loss) ▶	-1,378,234			-1,378,234
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue / Business Code				
	11a	Cafeteria & Vending: 561000	1,517,407	1,508,476	8,931	
	b	Day Care Center: 624410	1,513,298	1,513,298		
	c	Interdept Billing: 900099	1,342,249	1,342,249		
	d	All other revenue	205,815		205,815	
	e	**Total.** Add lines 11a–11d ▶	4,578,769			
	12	**Total revenue.** See Instructions ▶	524,673,461	516,998,469	214,746	6,109,631

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	169,320	169,320		
2 Grants and other assistance to domestic individuals See Part IV, line 22	24,000	24,000		
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	5,778,450	556,796	5,221,654	
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	182,190,043	139,337,517	42,852,526	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,122,593	6,737,815	1,384,778	
9 Other employee benefits	33,666,894	26,479,602	7,187,292	
10 Payroll taxes	12,372,303	9,102,400	3,269,903	
11 Fees for services (non-employees)				
a Management				
b Legal	1,595,465	52,949	1,542,516	
c Accounting	177,768		177,768	
d Lobbying	248,949		248,949	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	508,014		508,014	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,699,080	30,681,977	14,017,103	
12 Advertising and promotion	2,934,544	90,406	2,844,138	
13 Office expenses	9,067,644	5,862,387	3,205,257	
14 Information technology	6,492,567	5,966,833	525,734	
15 Royalties				
16 Occupancy	16,168,567	8,963,986	7,204,581	
17 Travel	278,644	230,198	48,446	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	662,149	225,991	436,158	
20 Interest	2,919,523	602,060	2,317,463	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,616,449	20,162,700	4,453,749	
23 Insurance	10,260,772	2,303,453	7,957,319	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Patient Supplies	85,004,857	84,355,503	649,354	
b Bad Debts	33,591,411	33,591,411		
c IPA Provider Tax	11,073,107	11,073,107		
d Repairs & Maintenence	8,466,399	5,801,383	2,665,016	
e All other expenses	9,488,897	1,367,622	8,121,275	
25 **Total functional expenses.** Add lines 1 through 24e	510,578,409	393,739,416	116,838,993	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		30,206,767	2	16,485,197
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		63,840,136	4	71,565,153
	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 instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		7,078,539	7	75,000
	8	Inventories for sale or use		9,550,795	8	9,586,404
	9	Prepaid expenses and deferred charges		11,919,956	9	15,005,294
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 332,465,126			
	b	Less accumulated depreciation	10b 35,100,653	298,291,188	10c	297,364,473
	11	Investments—publicly traded securities		230,393,079	11	249,167,469
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		1,754,592	13	2,092,767
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		25,953,602	15	31,396,515
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		678,988,654	16	692,738,272
Liabilities	17	Accounts payable and accrued expenses		50,266,590	17	47,273,462
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		133,123,242	20	127,783,413
	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		69,353,633	25	77,057,348
	26	**Total liabilities.** Add lines 17 through 25		252,743,465	26	252,114,223
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		416,122,919	27	430,804,204
	28	Temporarily restricted net assets		3,905,562	28	3,968,728
	29	Permanently restricted net assets		6,216,708	29	5,851,117
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		426,245,189	33	440,624,049
	34	Total liabilities and net assets/fund balances		678,988,654	34	692,738,272

Part XI Reconcilliation 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)	1	524,673,461
2	Total expenses (must equal Part IX, column (A), line 25)	2	510,578,409
3	Revenue less expenses Subtract line 2 from line 1	3	14,095,052
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	426,245,189
5	Net unrealized gains (losses) on investments	5	1,038,185
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-754,377
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	440,624,049

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 36-2222696
Name: SwedishAmerican Hospital

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 7,584,449 including grants of $) (Revenue $ 7,352,235)

SwedishAmerican Home Health Care is a quality leader in providing individualized care in patients' homes Working in partnership with a patient's doctor, our certified, trained staff provides a wide range of services and specializes in helping patients to remain independent and comfortable Our experienced caregivers include registered nurses, certified nursing assistants, dietitians, physical, occupational and speech therapists, and medical social workers RNs provide assessments, treatments and medication administration Our therapists provide assessments and treatments Medical social workers assist with assessments, counseling and helping patients and their families' access available community resources SNAs provide baths and personal grooming Our staff has the credentials and advanced training needed to assure that patients receive the highest quality of care possible During 2016 we performed 29,456 episodes of care

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William R Gorski MD President & CEO	40 00 6 00	X		X				1,301,696	0	295,608
Thomas R Walsh Chairman of the Board	2 00 6 00	X		X				100	0	0
Daniel T Ross First Vice Chairman	2 00 6 00	X		X				100	0	0
William Roop Immediate Past Chairman	2 00 6 00	X		X				100	0	0
James Waddell Audit/Compliance Chairman	2 00 6 00	X		X				100	0	0
Patrick Derry Quality and Safety Chairman	2 00 6 00	X		X				100	0	0
Jeffrey J Kaney Sr Chairman of Joint Conference	2 00 6 00	X		X				100	0	0
Danny L Copeland MD Trustee	40 00 6 00	X						203,751	0	44,278
Michael E Dallman Trustee	2 00 4 00	X						0	336,240	44,251
James L Gingrich Trustee	2 00 6 00	X						100	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert L Head PhD Trustee	2 00 6 00	X						100	0	0
Helen Chung Hill Trustee	2 00 6 00	X						100	0	0
Michael Houselog PhD Trustee	2 00 6 00	X						100	0	0
Gregory Jury Trustee	2 00 8 00	X						100	0	0
Marco T Lenis Trustee	2 00 6 00	X						100	0	0
Fran Morrissey Trustee	2 00 6 00	X						100	0	0
David R Rydell Trustee	2 00 6 00	X						100	0	0
Steven C Sjogren Trustee	2 00 8 00	X						100	0	0
Frank Walter Trustee	2 00 8 00	X						100	0	0
Amy Wilcox Trustee	2 00 6 00	X						100	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Allen Williams MD Trustee	40 00 6 00	X						263,306	0	52,489
Rev Dr Kenneth Board Trustee	2 00 6 00	X						100	0	0
Michael Broski Trustee	2 00 6 00	X						100	0	0
Robert Flannery Trustee	2 00 44 00	X						0	472,820	59,232
Peter Christman Trustee (until Sept 2015)	2 00 42 00	X						0	748,978	58,667
John Scheub Trustee (until Sept 2015)	2 00 6 00	X						100	0	0
John Shiro MD Ex-officio, Medical Staff President	2 00 0 00	X						7,000	0	0
Frank Bonelli MD Ex-officio, Medical Staff Past President	2 00 0 00	X						0	0	0
Mark Cormier MD Ex-officio, Medical Staff Vice-President	2 00 0 00	X						3,000	0	0
Patricia DeWane Chief Financial Officer	40 00 8 00			X				300,855	0	45,702

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Donald Daniels Chief Operating Officer	40 00 6 00			X				492,198	0	92,857
Donald Haring Chief Financial Officer (until 1/4)	40 00 8 00			X				615,326	0	84,699
Kathy Kelly MD Chief Clinical Integration Officer	40 00 0 00				X			491,558	0	51,728
Michael J Born MD Chief Medical Officer	40 00 0 00				X			420,721	0	51,648
Harvey Einhorn MD Physician	40 00 0 00					X		672,509	0	62,560
Howard Kaufman DO Physician	40 00 0 00					X		591,479	0	50,424
Mohamed Zeater MD Physician	40 00 0 00					X		691,901	0	47,594
Merat Karbasian-Esfahani MD Physician	40 00 0 00					X		696,044	0	61,484
Steven Milos MD Physician	40 00 0 00					X		661,851	0	53,545
Richard Walsh Former Chief Operating Officer	0 00 0 00						X	680,082	0	17,813

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SwedishAmerican Hospital

Employer identification number
36-2222696

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132037827

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		248,949
j	Total Add lines 1c through 1i			248,949
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	Portions of the 2015/2016 Illinois Hospital and American Hospital Association dues used for lobbying $45,678 A law firm was engaged to review legislation affecting hospitals $203,271

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SwedishAmerican Hospital

Employer identification number
36-2222696

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	7,112,945	7,122,296	7,093,718	6,571,756	6,007,307
b	Contributions	10,986		15,490	10,038	11,537
c	Net investment earnings, gains, and losses	-203,624	-9,351	405,420	655,660	668,467
d	Grants or scholarships					
e	Other expenditures for facilities and programs	258,013		392,332	143,736	115,555
f	Administrative expenses					
g	End of year balance	6,662,294	7,112,945	7,122,296	7,093,718	6,571,756

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 87 820 %
- c Temporarily restricted endowment ▶ 12 180 %

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

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

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

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)	Accumulated (c)depreciation	(d)Book value
1a Land		7,272,306		7,272,306
b Buildings		229,091,990	9,425,841	219,666,149
c Leasehold improvements		16,497,567	1,796,627	14,700,940
d Equipment		75,169,540	23,338,944	51,830,596
e Other		4,433,723	539,241	3,894,482
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				297,364,473

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on 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		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
Due to Third Party Payors	41,823,918
Reserve for Self Insurance	23,504,137
Deferred Compensation	6,879,708
Asbestos Retirement Obligation	294,886
Current Maturities of Long-term Debt	4,554,699
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	77,057,348

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' on 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' on 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

Return Reference	Explanation
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) Medical programs and care for children 9) Cardiac education for women

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SwedishAmerican Hospital

Employer identification number
36-2222696

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 60000 0000000000 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,254,887		3,254,887	0 680 %
b Medicaid (from Worksheet 3, column a)			108,990,550	83,047,658	25,942,892	5 440 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,486,994	1,088,947	1,398,047	0 290 %
d **Total** Financial Assistance and Means-Tested Government Programs			114,732,431	84,136,605	30,595,826	6 410 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			7,434,671	1,894,241	5,540,430	1 160 %
g Subsidized health services (from Worksheet 6)			22,638,022	590,900	22,047,122	4 620 %
h Research (from Worksheet 7)			319,939		319,939	0 070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			940,446	237,782	702,664	0 150 %
j **Total.** Other Benefits			31,333,078	2,722,923	28,610,155	6 000 %
k **Total.** Add lines 7d and 7j			146,065,509	86,859,528	59,205,981	12 410 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	33,591,411		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	5,038,712		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	71,029,034
6	Enter Medicare allowable costs of care relating to payments on line 5	6	77,387,598
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-6,358,564
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 Featherstone Partnership LLC	Ambulatory Surgery Center	28 570 %	0 %	71 430 %
2	2 Northern Illinois Vein Clinic LLC	Outpatient Physician Clinic	50 000 %	0 %	50 000 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 2

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www swedishamerican org/about/chna			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www swedishamerican org/about/chna			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) www swedishamerican org/patients_visitors/charity_care_policy/			
b	☑ The FAP application form was widely available on a website (list url) www swedishamerican org/patients_visitors/charity_care_policy/			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www swedishamerican org/patients_visitors/charity_care_policy/			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

Billing and Collections

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

Part V Facility Information *(continued)*

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

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

Section C. Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **28**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Part I, Line 7g	The following subsidized health services are for physicians These physicians are necessary to serve the community, are difficult to recruit, and the reimbursement does not cover the cost of the services Hospital based physicians' specialty clinics and coverage payments $18,286,489Emergency department physicians $1,297,749Total $19,584,238

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	The bad debt expense in part IX Column A was subtracted for the purpose of calculating the percentage of expense is $33,591,411

Form and Line Reference	Explanation
Part I, Line 7	7a and 7f costs were calculated using the 2015 Medicare cost report cost to charge ratio Lines 7b and 7c costs were calculated using the cost accounting system The cost accounting system addresses all patient segments All other amounts in line 7 were calculated using direct costs

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

Form and Line Reference	Explanation
Part III, Line 3	SwedishAmerican Hospital's charity policy allows a 100% charity write-off for those with household income of 200% or less of the federal poverty level and partial charity write-off for those up to 600% of the poverty level The latest data from the U S Census bureau QuickFacts for Winnebago and Boone counties, which are the counties served by the healthcare facilities, indicates the following Winnebago County - 14 7% of the population is below the poverty level, the median household income was $48,225 and a household size of 2 51, Boone County - 10 3% of the population is below the poverty level, the median household income was $58,248 and a household size of 2 95 The 2016 poverty guidelines per the Office of Assistant Secretary for Planning and Evaluation, (http //aspe hhs gov) indicate for a household size of 3, an income $40,320 is 200% of the poverty level and $120,960 is 600% of the poverty level Approximately 72% of our charity write-offs are for patients without insurance while 57% of our bad debt write-offs are for patients without insurance In 2016 only 13% of all accounts written off to bad debt were recovered Based on this demographic and internal data we believe that a minimum of 15% of the amounts written off as bad debt would qualify for charity, and as such 15% of the bad debt expense from line 2 is reported on line 3

Form and Line Reference	Explanation
Part III, Line 4	Patient accounts receivable are reduced by an allowance for uncollectible accounts In evaluating the collectability of accounts receivable, the hospital identifies troubled accounts, reviews historical experience and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely) For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts

Form and Line Reference	Explanation
Part III, Line 8	SA Hospital must treat patients regardless of their ability to pay The government sets non-negotiable Medicare rates and the reimbursement from Medicare has not kept pace with the rising cost of providing those services The cost of care has increased due to wages and benefits necessary to keep high demand skilled practitioners, medical supplies in particular cardiovascular and orthopedic implants and pharmaceuticals, malpractice insurance costs, and capital equipment SA Hospital's treatment of Medicare beneficiaries relieves the federal government burden of directly providing medical care which by law they are required to provide to eligible beneficiaries Due to the requirement to provide care and the inability of Medicare reimbursement to keep pace with the cost of providing services, we feel the loss from services provided to Medicare beneficiaries is a part of our mission and is a benefit to our community The following is a reconciliation of the shortfall from Medicare reported on the cost report on Line 7 to the Medicare shortfall from all of the Medicare programs at SA Hospital These shortfalls were calculated using the cost to charge ratio Medicare shortfall hospital programs Part III, line 7 ($6,358,564)Medicare shortfall physician programs ($29,645,554)Total Medicare Shortfall ($36,004,117)

Form and Line Reference	Explanation
Part III, Line 9b	The organization and its agents follow the fair patient billing act If during the collection process we or our agents become aware of a patient qualifying for charity care of financial assistance and the patient cooperates with the requirements of the charity care policy, collection efforts are ceased

Form and Line Reference	Explanation
Part VI, Line 2	SA hospital has provided monetary support for the 2014 Healthy Community Study, conducted by the Rockford Health council The Council consists of the major health care providers in our metropolitan area such as the three hospitals, Crusader Clinic (a federally qualified healthcare clinic), the University of Illinois College of Medicine, Janet Wattles Mental Health Center, Rosecrance Substance Abuse Center as well as several representatives of not-for-profit agencies, and member of the corporate community Since 2001, an assessment has been completed every three years to identify and track trends as well as areas to address These stakeholders understand the need for a comprehensive community study that is focused on the overall needs of the community SA has used this data to launch innovative programs and collaborative partnerships such as cardiac screenings within minority communities In April of 2015, SA Hospital contracted with RSM-US LLP to complete a three year follow-up Community Health Needs Assessment (CHNA) for both SA Hospital and SA Medical Center Belvidere as required by the Internal Revenue Code, Section 501(r) An implementation strategy has been adopted to meet the prioritized needs identified by the CHNA

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

Form and Line Reference	Explanation
Part VI, Line 4	The communities served by SA Hospital include the Rockford Metropolitan Service Area (MSA) and the counties of Winnebago, Boone, and to a lesser degree Ogle and Stephenson Counties Ogle and Winnebago counties have medically underserved area (MUA) designations for the White Rock Service Area (MUA 916) and Winnebago Service Area (MUA 7011) The U S Census bureau had the 2015 estimated population for the Rockford MSA at 340,663 Today, the unemployment rate of the Rockford MSA is 5 8%, ranking in the bottom 10% of the nation SA Hospital is located in the city of Rockford, Illinois, in Winnebago County, where the percentage of households below the poverty level is 14 7% SwedishAmerican Medical Center Belvidere is located in the city of Belvidere, Illinois, in Boone County, where the percentage of households below the poverty level is 10 3% Of the patients served by SA Hospital at all facilities, 28 4% are uninsured or Medicaid recipients Five different facilities exist in the community to address inpatient needs, all of which offer discounts or charity care to uninsured and needy patients There is one federally qualified healthcare facility SA Hospital helped fund the 2014 Rockford Healthy Community Study in partnership with the University of Illinois, College of Medicine at Rockford and the Rockford Health Council In addition to general health issues, the study also focuses on three other areas of need identified by Rockford Health Council They are 1)Behavioral Health 2)Maternal, Prenatal, and Early Childhood Health 3)Chronic Disease and ObesityGeneral Health Both Boone and Winnebago counties have a lower rate of primary care physicians (PCP) 78% compared to the state 96% and the nation 86% and the rate of access to PCP is lower for Boone County 59% than for Winnebago Counties 82% In contrast, the percentage of adults in the region without a regular doctor 14% is lower than the state 18% and the nation 22% Nevertheless, 54% of Boone and Winnebago population has been identified as living within an area where there is a shortage of healthcare professionals Behavioral Health The Study revealed that half of the respondents know where to find resources for mental health and suicide issues and almost half believe that both issues have no impact on their neighborhoods Approximately 20% believe there is a lack of social or emotional support for the region which is consistent with that of the state and national rates Maternal, Prenatal, and Early Childhood Health The Study found that most respondents believe that regular prenatal care is necessary and that it is easy for mothers and their children to access these types of resources within their neighborhoods Only 6% of mothers in the region are without prenatal care or receive it late in their pregnancy compared to 5% for the state and 17% for the nation This is further supported by low infant mortality rates for Boone County 5% and below state and national rates but not for Winnebago County at 8% and above the state and national rates per 1,000 live births Additionally, the teen birth rate for Boone County 30% is lower than the state 35% and Winnebago County at 46% and the incidences of teen birth rate for all comparative groups have declined over a 10 year period between 2002 and 2012 Chronic Disease Respondents to the Healthy Community Study recognize that obesity plays a significant role in chronic disease and that it has an impact on their neighborhood More than half acknowledge that healthy food options and access to community parks, recreational areas and fitness facilities are crucial to a reduction in chronic disease and obesity However, the Study illustrates less than 5% of Boone County and 11% of Winnebago County live within 1/2 mile of a park and for each 100,000 it is estimated that 5 facilities exist in Boone County and 9 facilities in Winnebago County with an estimated regional population of 350,000 By virtue of its mission, location in the central city and relationships with other providers, SwedishAmerican serves the needs of many of the community's underserved Finding ways to improve the health of all and to make Rockford a model community in which to live, work and worship are significant and strategic initiatives for SA Hospital

Form and Line Reference	Explanation
Part VI, Line 5	Although SA Hospital's community service efforts reach a broad segment of the population throughout northern Illinois, the hospital devotes a great deal of its energy and resources to serving the city's neediest people, many of whom live in the urban core where SwedishAmerican is located Our organization contributes millions of dollars to charity and Medicaid care each year Recognizing that healthy communities are characterized by strong interconnections between residents, infrastructure, organizations and services, we have worked in partnership with other community-based organizations as part of the non-profit Rockford Health Council Inc The council seeks to build and improve community health through education, action, dialogue and legislative activity and serves as a catalyst and coordinator for agency and individual action to ensure access, cost effectiveness and quality Beyond our work with the council, some of our initiatives take place in concert with other individual community organizations and healthcare providers, while others are carried out by SA Hospital teams For example, SwedishAmerican has worked with the City of Rockford and other area development groups-including ZION Development, Habitat for Humanity and Kids Around the World-to serve as a catalyst for revitalizing the area surrounding our campus with homes, green space and commerce A large part of this movement was a $100 million campus expansion and renovation project Despite economic and strategic pressures to move eastward, as many businesses in our area have done, SwedishAmerican joined several other area organizations and made a commitment to remain in central Rockford One immediate benefit of our redevelopment effort was the expansion of the hospital's emergency department Among the state's busiest, this is where many of our community's underserved residents come for medical care In order to improve the low rate of home ownership identified in the healthy community studies, SwedishAmerican initiated a Neighborhood Revitalization Program in an 81-block area adjacent to our hospital campus Working with the City of Rockford and local Habitat for Humanity officials, we have replaced substandard dwellings with new Habitat homes Additionally, we partnered with the William Charles Charitable Trust and Kids Around the World to build a new playground that allows neighborhood children the opportunity for play, without having to cross major thoroughfares and traffic hazards In the past decade, the SA Foundation purchased two, 12-unit apartment buildings adjacent to the hospital campus which were in a state of disrepair Approximately three-quarters of a million dollars were invested in these two buildings to bring them to "market rate" status Encouraged by our commitment to renovate our campus and revitalize the surrounding area, a number of commercial developments have occurred Among them is a Walgreens' drug store, which returned retail pharmacy services to the area for the first time in years A three-story office building south of the new Walgreens' was completed, followed by a 60,000-square-foot medical office building south of the hospital SwedishAmerican has sought to improve the community's health by taking effective lifestyle modification programs to the people who need them most Although this applies to the community at large, we have taken special efforts to bring these strategies to the city's elderly and underserved residents This is demonstrated by our successful program to improve the health of residents at Longwood Plaza, a senior housing facility located two blocks from our hospital's campus Finally, beyond lifestyle modification our ongoing community health initiatives involve research-based health screening programs, as well as unique health education events that target both at-risk members of the community and healthcare providers SwedishAmerican's organization-led efforts to improve the quality of life in our community are not exclusively health-related One example is the partnership we formed twenty years ago with nearby public schools, where a very high percentage of the students come from underserved families The long-term and ongoing goal of our partnership with area schools has been to improve the academic and socio-emotional wellbeing of the school environment and student body While SwedishAmerican has come forward with a number of ideas and proposals for additional ways in which it can impact the students and faculty at area schools, it always has been sensitive to the wishes and desires of the community in implementing only those programs that correspond with the school's agenda and strategic goals Beyond large-scale, organization-led initiatives, our employees independently devote extensive amounts of time and resources to a large number of programs, services and activities throughout northern Illinois

Form and Line Reference	Explanation
Part VI, Line 6	SA Hospital a division of UW Health offers services at two acute care hospital facilities, physician clinics, physician emergency services, and home health care SwedishAmerican Fo undation is a subsidiary of SA Hospital and supports it through fundraising activities Fol lowing a campus renovation project that began in 2000, the SwedishAmerican Foundation (SAF) implemented a massive neighborhood revitalization and replacement initiative to transfor m a large area surrounding the hospital campus into "a neighborhood of choice not chance " This project brought together the forces of SwedishAmerican, SAF, the City of Rockford and countless charitable and commercial entities to improve the quality and availability o f area housing In March of 2015 the program was recognized by The United Way of Rock Rive r Valley with the inaugural Strong Neighbor Award Because strong neighborhoods make a str ong community, United Way is leading a place-based strategy that will dramatically improve the quality of life for children and families Two of the region's most challenged neighb orhoods (Ellis Heights and Midtown District) are the strategic focus of this plan Swedish American was cited for being a vital partner to the Strong Neighborhoods initiative and fo r building better neighborhoods for our children and families United Way noted SwedishAme rican's commitment to transforming the area surrounding the Hospital from an at-risk, pred ominantly rental-occupied part of Rockford to a stable, owner-occupied neighborhood Swedis hAmerican's neighborhood revitalization effort includes Habitat for Humanity Homes Severa l years ago SwedishAmerican entered into a formal agreement with the Rockford Habitat for Humanity Chapter to construct new area homes By the end of 2015, dozens of Habitat for Hu manity homes have now been completed and sold to low-income home owners who qualify throug h Habitat For Humanity Habitat For Humanity now holds annual application seminars on Swed ishAmerican campus for our employees and members of the neighborhood Midtown Community Wor k Day In June 2016 SwedishAmerican Foundation collaborated and co-sponsored the first ann ual Midtown Community work day Together with Rockford Habitat for Humanity and Thrivent F inancial we initiated an exterior home improvement grant application for Midtown District homeowners This was a one day event that utilized volunteers from Swedes, Habitat, Rockfo rd Police, Thrivent, East High School, Rockford Fire and community members to work with gr ant recipients to help complete exterior repairs to six homes which totaled $15,000 of imp rovements to the community - all in just one day! Neighborhood Playground and Parks Becau se area children did not have a safe place to play, SAF purchased three contiguous pieces of property, removed existing commercial and residential structures and partnered with two local charities to construct a new neighborhood playground Since the completion of these projects, SwedishAmerican Foundation maintains their appearances with regular visits from our landscaping company This ensures we maintain the beauty of the parks and playgrounds for our neighborhood to enjoy Homeowner Grants to Employees Since 2004, SwedishAmerican has offered $5,000 down payment assistance to employees to help encourage home ownership in the six-block area surrounding the hospital This initiative includes a five-year forgi vable grant to employees in good standing-with no income restrictions and a second possibl e $5,000 grant for low-income employees Since inception, this program has assisted 33 emp loyees purchase homes in the SwedishAmerican neighborhood Home Restoration Since inceptio n of the Neighborhood Revitalization Program, SAF has purchased dozens of homes in the nei ghborhood target area, rehabbed them and made them available to employees, firefighters, p olice officers and public school teachers, at discount (less than the cost of purchase and repairs) This year, through a competitive process, 14 additional properties were identif ied and work completed To date, 70 50/50 property improvement projects have taken place Other completed projects include - 3 new construction homes - 28 rehab houses by SAF - 23 Habitat for Humanity houses rehabbed with SAF - 2 apartment buildings rehabbed (24 units) - 2 duplexes rehabbed (4 units) - 16 grants for new garages/driveways - 32 houses purchas ed in the neighborhood by SwedishAmerican employeesStrong Neighborhood House This year, Sw edishAmerican collaborated with the Rockford Police Department and City of Rockford to ope n the first-ever community "Strong Neighborhood House " SwedishAmerican purchased and reno vated the house and licensed it to the Rockford Police Department as a place for officers to build a closer relationship with neighbors Additionally, it is a space where officers can help facilitate problem solving and ultimately reduce crime in the neighborhood The h ouse has set office hours each morning, Monday thr

Form and Line Reference	Explanation
Part VI, Line 6	ough Friday Officers patrol the neighborhood throughout the day and evening and stop by t he house at any time Showing a strong police presence in the neighborhood is giving resid ents a hope for change and a better future Over the last year the Rockford Community Polic e Officer has been working hard to increase programing and utilization of the house to bet ter serve the needs of the neighborhood Jackson Oaks Neighborhood Association holds month ly meetings at the Strong House along with The Fatherhood Project, Girl Scouts, and La Voz Latina United Way and Goodwill also host special programs throughout the year, more spec ifically during times when children have a "no school day" SwedishAmerican Foundation wil l continue to collaborate with the Rockford Police Department to grow these programs and i ntroduce new programs in years to come Lifestyle Medicine and Wellness Programs SwedishAm erican is committed to building a healthier community of senior adults More than a decade ago, the health system and ZION Development Corporation began discussing the unique healt h needs of low-income senior residents living at Longwood Plaza, a 65-unit facility locate d two blocks from SwedishAmerican Hospital's campus The two partners wanted to not only p rovide a way for seniors to have safe housing, they also wanted to equip residents with th e tools and education for living healthier lives With the assistance of a generous donati on by the Walter D Williams estate, SwedishAmerican and ZION created a wellness program t o meet the needs of seniors' right where they lived The wellness program involves three co mponents assessment, data analysis and program implementation SwedishAmerican developed the program, set the budget, established staffing needs and recruited initial participants Participants are then screened for blood pressure, cholesterol, blood sugar, weight and body mass index measurements Health and diet histories also were completed at this time Data was later compiled and analyzed, the program was further developed and staff was hire d Every week, participants are encouraged to meet with a Licensed Clinical Professional C ounselor, Registered Nurse, Personal Trainer, Licensed Massage Therapist and attend exerci se class twice a week In the initial project, on-site services began for 34 participants Each participant met individually with staff members to discuss recent changes in health status and completed stress, depression and hostility scales Those who did not have a pri mary care physician were referred to a doctor for an initial physical Individuals at high risk of depression were identified and given initial consultations with specially trained registered nurses Participants met with a licensed dietitian to review specific nutritio nal needs and selected one or two nutritional goals that encouraged optimal health and tha t could be measured in future screenings Nutrition and exercise classes also began meetin g weekly and biweekly, respectively, at Longwood Plaza Every year, participants are requir ed to complete a Health Risk Assessment, Biometric Screen and Program Satisfaction Survey Based on this data, programming for the upcoming year is planned/appropriate staff is hir ed Because of the "food desert created when a grocery store left the area several years ag o, participants receive $10 worth of fresh fruits and vegetables every week as an incentiv e for participation

Form and Line Reference	Explanation
Part VI, Line 6 Continued	Results for FY2015-2016 To track health and wellness, participants complete biometric tests (cholesterol, weight, blood pressure and glucose), diet diaries and psychosocial testing at the start of the program and every year thereafter This year's results include - Body Mass Index 25% (5/20) improved - Triglycerides 20% (4/20) reduced triglyceride to normal range - Fasting Blood Sugar 15% (3/20) improved their level to normal range - Blood Pressure 45% (9/20) reduced their blood pressure to normal rangeStaff continues to receive positive comments about the benefits of the wellness program The objective data appears to support these positive remarks Goals have been set for FY 2016-2017 to continue to increase individual healthy changes Better Life Wellness/YMCA Partnership SwedishAmerican created a medical wellness center called BetterLife Wellness within the downtown Rockford YMCA The center offers a variety of services for members and the general public, including - Wellness educational programs, classes and support groups - Screenings and health risk assessments - Personal health coaching - Weight management programs - Therapeutic massages, Reiki and reflexology - Healthy cooking classes and grocery tours - Smoking cessation classes - Relaxation and stress management education - Healthy Heart screensBetterLife expands our capacity to help people of all ages, physical abilities and limitations lead healthier lives Our unique holistic health experience and expertise will be incorporated into the individualized wellness prescriptions and coaching offered to our participants The powerful combination of active medical oversight, experienced and credentialed staff, and the utilization of an individual's personal health status are intended to reduce health risks, improve well-being and bring a measureable impact upon improving the overall health of our community

Form and Line Reference	Explanation
Part VI Line 7	SA Hospital files a community benefit report with the Illinois Attorney General

Additional Data

Software ID:
Software Version:
EIN: 36-2222696
Name: SwedishAmerican Hospital

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
2

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	SwedishAmerican Hospital 1401 E State Street Rockford, IL 61104	X	X		X		X	X			A
2	SwedishAmerican Medical Ctr Belvidere 1625 S State Street Belvidere, IL 61008	X	X					X			A

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

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

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

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

_____

	Name and address	Type of Facility (describe)
1	1 - Regional Cancer Center 3535 N Bell School Road Rockford,IL 61114	Outpatient Clinic
1	2 - Midwest Heart Specialists 1340 Charles Street Suite 300 Rockford,IL 61104	Outpatient Clinic
2	3 - Stateline Clinic 4282 E Rockton Road Roscoe,IL 61073	Outpatient Clinic
3	4 - Woodside Clinic 3775 N Mulford Road Rockford,IL 61114	Outpatient Clinic
4	5 - Lundholm Orthopedics 1340 Charles Street Rockford,IL 61104	Outpatient Clinic
5	6 - Brookside Specialty Center 1253 N Alpine Road Rockford,IL 61107	Outpatient Clinic
6	7 - Dixon Oncology 101 W 2nd Street Dixon,IL 61021	Outpatient Clinic
7	8 - SwedishAmerican Home Health Care 2550 Charles Street Rockford,IL 61108	Home Health
8	9 - Belvidere Clinic 1700 Henry Luckow Lane Belvidere,IL 61008	Outpatient Clinic
9	10 - SAMG Obstetrics & Gynecology 209 9th Street Rockford,IL 61104	Outpatient Clinic
10	11 - Rock Valley Women's Health Center 6861 Villagreen View Rockford,IL 61107	Outpatient Clinic
11	12 - Neuro and Headache Center 1340 Charles Street Suite 400 Rockford,IL 61104	Outpatient Clinic
12	13 - Rockford Ambulatory Surgery Center 1016 Featherstone Road Rockford,IL 61107	Ambulatory Surgery Center
13	14 - Five Points Clinic 2404 Charles Street Suite 800 Rockford,IL 61108	Outpatient Clinic
14	15 - SA Immediate Care 2473 McFarland Road Rockford,IL 61107	Outpatient Clinic

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

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

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

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

	Name and address	Type of Facility (describe)
16	16 - UW Health Surgery at SwedishAmerican 1340 Charles Street Suite 301 Rockford, IL 61104	Outpatient Clinic
1	17 - Valley Clinic 6824 Newburg Road Rockford, IL 61108	Outpatient Clinic
2	18 - Wound Care & Hyperbaric Clinics 1415 E State Street Suites 408 and 609 Rockford, IL 61104	Outpatient Clinic
3	19 - Pulmonary and Sleep Disorder Clinic 1401 E State Street Rockford, IL 61104	Outpatient Clinic
4	20 - Midtown Clinic 1340 E State Street Suite 405 Rockford, IL 61104	Outpatient Clinic
5	21 - Davis Junction Clinic 5665 North Junction Way Davis Junction, IL 61020	Outpatient Clinic
6	22 - CamelotState St OBGYN 1415 E State Street Rockford, IL 61104	Outpatient Clinic
7	23 - Cardiothorasic Surgery 1340 Charles Street Suite 300 Rockford, IL 61104	Outpatient Clinic
8	24 - Byron Clinic 220 W Blackhawk Drive Byron, IL 61010	Outpatient Clinic
9	25 - Northern Illinois Vein Clinic 1340 Charles Street Suite 404 Rockford, IL 61104	Outpatient Clinic
10	26 - Maternal Fetal Medicine 1401 E State Street Rockford, IL 61104	Outpatient Clinic
11	27 - Rochelle Clinic 380 Illinois Route 38 East Rochelle, IL 61068	Outpatient Clinic
12	28 - Marengo Clinic and Immediate Care 204 E Prairie Street Marengo, IL 60152	Outpatient Clinic

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SwedishAmerican Hospital

Employer identification number
36-2222696

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Illinois Hospital Research & Education Foundation 1151 East Warrenville Road Naperville,IL 60566	23-7421930	501(c)(3)	169,320				Quality Healthcare for Illinois

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarship - educational scholarship for children of non-management employees	24	24,000			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	IHREF is a tax exempt research entity SA Hospital works closely with grantee organizations or receives reports from them as appropriate

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SwedishAmerican Hospital

Employer identification number
36-2222696

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 3	All compensation is determined by SwedishAmerican Health System and is paid by SwedishAmerican Hospital 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 SA Hospital's Executive Compensation Committee using comparability data, as well as contemporaneous documentation of compensation decisions in the minutes All physician compensation arrangements are approved by the Finance Committee and full Board of Directors using comparability data, and are contemporaneously documented in the minutes
Part I, Line 4b	Compensation for the plan year 2015 include William Gorski M D 457(f) - $236,926, Donald Haring 457(f) - $46,147, Donald Daniels 457(f) - $35,274, Kathleen Kelly M D 457(f) - $28,396, Michael Born M D 457(f) - $26,465, Patricia DeWane 457(f) - $20,155 Contributions to the 457(f) plan during 2015 include William Gorski, M D - $236,925, Donald Haring - $46,147, Donald Daniels - $35,274, Patricia DeWane - $20,155, Kathleen Kelly M D - $28,396, Michael Born M D - $26,465 Payments from the 457(f) plan during 2015 include William Gorski, M D - $224,877, Richard Walsh - $548,022, Donald Haring - $42,992 These payments are reported as taxable income on Part II, column (B)(iii)
Part I, Line 7	SwedishAmerican Hospital has a formal plan for short term incentives and bonuses The incentives are paid based on a combination of both individual goal achievement and corporate goal achievement (i e the Pillar goals) The executive compensation committee, comprised of board members, has discretion to approve the incentives and bonuses
Part II, Column F	The amounts shown in column F were reported as deferred compensation in prior years but paid out in the current year The amounts are also included in column B(iii)

Additional Data

Software ID:
Software Version:
EIN: 36-2222696
Name: SwedishAmerican Hospital

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1William R Gorski MD President & CEO	(I)	722,446	354,373	224,877	276,126	19,482	1,597,304	224,877
	(II)	0	0	0	0	- 0	- 0	0
1Danny L Copeland MD Trustee	(I)	203,751	0	0	15,890	28,388	248,029	0
	(II)	0	0	0	0	- 0	- 0	0
2Michael E DallmanTrustee	(I)	0	0	0	0	0	0	0
	(II)	308,427	27,813	0	25,740	- 18,511	- 380,491	0
3Allen Williams MDTrustee	(I)	263,306	0	0	18,910	33,579	315,795	0
	(II)	0	0	0	0	- 0	- 0	0
4Robert FlanneryTrustee	(I)	0	0	0	0	0	0	0
	(II)	439,446	33,374	0	34,851	- 24,381	- 532,052	0
5Peter Chrıstman Trustee (until Sept 2015)	(I)	0	0	0	0	0	0	0
	(II)	700,533	48,445	0	34,851	- 23,816	- 807,645	0
6Patricia DeWane Chief Financial Officer	(I)	245,820	45,573	9,462	39,552	6,150	346,557	0
	(II)	0	0	0	0	- 0	- 0	0
7Donald Daniels Chief Operating Officer	(I)	354,793	137,405	0	73,709	19,148	585,055	0
	(II)	0	0	0	0	- 0	- 0	0
8Donald Haring Chief Financial Officer (until 1/4)	(I)	412,934	159,400	42,992	67,347	17,352	700,025	42,992
	(II)	0	0	0	0	- 0	- 0	0
9Kathy Kelly MD Chief Clinical Integration Officer	(I)	340,073	123,542	27,943	49,596	2,132	543,286	0
	(II)	0	0	0	0	- 0	- 0	0
10Michael J Born MD Chief Medical Officer	(I)	333,248	87,473	0	33,355	18,293	472,369	0
	(II)	0	0	0	0	- 0	- 0	0
11Harvey Einhorn MD Physician	(I)	672,509	0	0	21,200	41,360	735,069	0
	(II)	0	0	0	0	- 0	- 0	0
12Howard Kaufman DO Physician	(I)	591,479	0	0	16,015	34,409	641,903	0
	(II)	0	0	0	0	- 0	- 0	0
13Mohamed Zeater MD Physician	(I)	691,901	0	0	7,950	39,644	739,495	0
	(II)	0	0	0	0	- 0	- 0	0
14 Merat Karbasian-Esfahani MD Physician	(I)	696,044	0	0	16,033	45,451	757,528	0
	(II)	0	0	0	0	- 0	- 0	0
15Steven Milos MDPhysician	(I)	661,851	0	0	16,033	37,512	715,396	0
	(II)	0	0	0	0	- 0	- 0	0
16Richard Walsh Former Chief Operating Officer	(I)	84,460	47,600	548,022	1,208	16,605	697,895	428,444
	(II)	0	0	0	0	- 0	- 0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SwedishAmerican Hospital

Employer identification number
36-2222696

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Illinois Finance Authority - 2010	86-1091967		04-19-2010	25,000,000	See Part IV		X		X		X
B	Illinois Finance Authority - 2012	86-1091967	45203HLW0	09-27-2012	41,833,485	See Part IV		X		X		X
C	Illinois Finance Authority - 2015	86-1091967	45203HY89	03-27-2015	76,980,000	See Part IV		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,500,000		3,135,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	25,000,000	41,888,629	76,980,000	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds		648,001		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		41,240,628		
11	Other spent proceeds	25,000,000		76,980,000	
12	Other unspent proceeds				
13	Year of substantial completion	2010	2013	2007	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X	X			X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶				1 850 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5				1 850 %				
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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

Return Reference	Explanation
Part I, column (f)	2010 Bond Construction & Equipment Cardiac pavilion, renovate operating room & catheterization lab completed in 2007 Bond was re-issued in 2010 as a direct bank placement 2012 Bond Construction & Equipment Regional Cancer Center 2015 Bond Construction & Equipment Cardiac pavilion, renovate operating room & catheterization lab completed in 2007 The bond was remarketed on 3/27/15

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SwedishAmerican Hospital

Employer identification number
36-2222696

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Sheryl Head	Robert L Head, PhD, Trustee, Spouse	111,629	Employee compensation		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	The bylaws were amended on October 1, 2015 to include a new description for the members of the Executive Committee The Executive Committee shall consist of the same individuals who serve as the members of the Executive Committee of SwedishAmerican Health System Corporation
Form 990, Part VI, Section A, line 6	SwedishAmerican Health System (Parent Corporation) is the sole corporate member of SwedishAmerican Hospital (Hospital)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	SwedishAmerican Health System (Parent Corporation) is the sole corporate member of SwedishAmerican Hospital (Hospital) and as such appoints all trustees
Form 990, Part VI, Section A, line 7b	SwedishAmerican Health System (Parent Corporation) is the sole corporate member of Swedish American Hospital (Hospital) and as such appoints all trustees and has the authority to ap prove certain decisions of the Hospital

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	A draft version of the Form 990 w as reviewed by legal counsel and the Chief Financial Officer Subsequently, the Audit/Compliance Committee of the Board of Directors of SwedishAmerican Health System (Parent Corporation) reviewed a final draft of the Form 990 and w as provided w ith the opportunity to comment and ask questions The entire Board of Directors w as provided w ith a copy of the Form 990 before it w as filed
Form 990, Part VI, Section B, line 12c	The organization regularly and consistently monitors and enforces compliance w ith its conf lict of interest policies, w hich 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 w hich the intere sted director is excluded Employee conflicts are handled by the compliance department and in certain instances may require separate board action The Board is provided w ith period ic compliance reports regarding conflicts of interest

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	All compensation is determined by SwedishAmerican Health System and is paid by SwedishAmerican Hospital All compensation decisions are made by independent persons With respect to the president, CEO, and officers, and key employees, SwedishAmerican Health System follows a compensation approval procedure annually that involves approval of proposed and final compensation arrangements by the organization's Executive Compensation Committee using comparability data, as well as contemporaneous documentation of compensation decisions in the minutes All physician compensation arrangements are approved by the Finance Committee and full Board of Directors using comparability data, as well as contemporaneous documentation of compensation decisions in the minutes
Form 990, Part VI, Section C, line 19	The governing documents, conflict of interest policy and financial statements have not bee n previously made available to the public The consolidated audited financial statements o f SwedishAmerican Hospital are available from the Illinois Attorney General Website and fr om the U S Securities and Exchange Commission electronic municipal market access system

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Interest in Recipient Organization -476,619 Surgi Center Book/Tax Difference -58,603 Decrease Due to Merger -31,825 SwedishAmerican Foundation -187,330

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SwedishAmerican Hospital

Employer identification number
36-2222696

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Three Rivers Partners LLC 1313 East State Street Rockford, IL 61104 26-2231757	Information Technology Services	IL	N/A	N/A				No			No	
(2) Northern Illinois Vein Clinic 2550 Charles Street Rockford, IL 61108 20-1642329	Outpateint Health Services	IL	N/A	RELATED	113,321	58,281		No		Yes		50 000 %
(3) Chartwell Wisconsin Enterprises LLC 2241 Pinehurst Drive Middleton, WI 53562 39-1796267	Parent entity of CMW and CMW-HR	WI	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1)SARI Insurance Company 76 St Paul Street Suite 500 Burlington, VT 054014477 03-0308753	Captive Insurance Company	VT	SAHS Corporation	C				Yes	
(2)LSG Building Corporation 1313 East State Street Rockford, IL 61104 36-3033985	Real Estate	IL	SAHS Corporation	S				Yes	
(3) State & Charles Inc 1313 East State Street Rockford, IL 61104 36-3321193	Holding Company	IL	SAHS Corporation	C				Yes	
SwedishAmerican Health **(4)**Management Corp 1313 East State Street Rockford, IL 61104 36-3246511	Management Services	IL	State & Charles Inc	C				Yes	
(5) Physician's Care Network 1313 East State Street Rockford, IL 61104 36-3455791	Health Services	IL	State & Charles Inc	C				Yes	
(6) Unity Health Insurance 840 Carolina Street Sauk City, WI 53583 39-1450766	Health Maintenance Organization	WI	University Health Care Inc	C				Yes	
Health Professionals of **(7)**Wisconsin 301 South Westfield Road Madison, WI 53717 39-1806711	Real Estate	WI	University Health Care Inc	C				Yes	

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2222696
Name: SwedishAmerican Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
University of WI Hospital and Clinics 600 Highland Avenue Madison, WI 53792 39-1835630	Hospital and Clinics	WI	501(c)(3)	Line 3	N/A		No
University of WI Medical Foundation 600 Highland Avenue Madison, WI 53792 39-1824445	Supported Organization	WI	501(c)(3)	Line 9	University of WI Hospital and Clinics		No
Regional Division Inc 301 South Westfield Road Suite 320 Madison, WI 53717 39-1446049	Regional Parent Corporation to manage and direct activities of entities	WI	501(c)(3)	Line 11a	University of WI Hospital and Clinics		No
University Health Care Inc 301 South Westfield Road Madison, WI 53717 47-2553196	Support Organization	WI	501(c)(3)	Line 11a	University of WI Hospital and Clinics		No
SwedishAmerican Health System Corporation 1401 East State Street Rockford, IL 61104 36-3241458	Parent Corporation to manage and direct activites of entities	IL	501(c)(3)	Line 11a	Regional Division Inc		No
SwedishAmerican Foundation 1401 East State Street Rockford, IL 61104 36-3097493	Supporting Organization for SwedishAmerican Hospital fundraising	IL	501(c)(3)	Line 7	SwedishAmerican Hospital	Yes	
SwedishAmerican Realty Corporation 1313 East State Street Rockford, IL 61104 36-3248013	Title Holding Company	IL	501(c)(2)		SwedishAmerican Health System Corporation		No
SwedishAmerican Hospital Self Insurance Trust 1401 East State Street Rockford, IL 61104 36-6652702	Hospital Malpractice Trust	VT	501(c)(3)	Line 11a	SwedishAmerican Hospital	Yes	
Wisconsin Therapies Inc 600 Highland Avenue Madison, WI 53792 39-1807425	Support Organization	WI	501(c)(3)	Line 11d	University of WI Hospital and Clinics		No
Generations Fertility Care 2365 Deming Way Middleton, WI 53562 27-3496527	Reproductive endocrinology and infertility services	WI	501(c)(3)	Line 9	N/A		No
Wisconsin Dialysis 3034 Fish Hatchery Road Fitchburg, WI 53713 30-0072647	Dialysis Services	WI	501(c)(3)	Line 11c	N/A		No
Madison Surgery Center 7974 UW Health Court Middleton, WI 53562 39-1940656	Health care services and training	WI	501(c)(3)	Line 9	N/A		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SARI Insurance Company 76 St Paul Street Suite 500 Burlington, VT 054014477 03-0308753	Captive Insurance Company	VT	SAHS Corporation	C				Yes	
(1) LSG Building Corporation 1313 East State Street Rockford, IL 61104 36-3033985	Real Estate	IL	SAHS Corporation	S				Yes	
(2) State & Charles Inc 1313 East State Street Rockford, IL 61104 36-3321193	Holding Company	IL	SAHS Corporation	C				Yes	
(3) SwedishAmerican Health Management Corp 1313 East State Street Rockford, IL 61104 36-3246511	Management Services	IL	State & Charles Inc	C				Yes	
(4) Physician's Care Network 1313 East State Street Rockford, IL 61104 36-3455791	Health Services	IL	State & Charles Inc	C				Yes	
(5) Unity Health Insurance 840 Carolina Street Sauk City, WI 53583 39-1450766	Health Maintenance Organization	WI	University Health Care Inc	C				Yes	
(6) Health Professionals of Wisconsin 301 South Westfield Road Madison, WI 53717 39-1806711	Real Estate	WI	University Health Care Inc	C				Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	SwedishAmerican Foundation	C	187,330	Cost
(1)	SwedishAmerican Self Insurance Trust	Q	903,000	Cost
(2)	SwedishAmerican Self Insurance Trust	R	4,150,000	Cost
(3)	SwedishAmerican Realty Corporation	K	6,624,790	Cost
(4)	TriRivers Partners LLC	J	292,811	Cost
(5)	SwedishAmerican Realty Corporation	D	109,499	Cost
(6)	University Health Care Inc	P	1,816,126	Cost
(7)	University of WI Medical Foundation	P	2,022,600	Cost
(8)	University of WI Hospital and Clinics	P	559,892	Cost
(9)	Regional Division Inc	J	569,535	Cost
(10)	Regional Division Inc	Q	464,516	Cost