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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SwedishAmerican Hospital

Doing business as

Number and street (or P O box if mail is not delivered to street address)

1401 East State Street

Room/suite

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

Rockford, IL 611042298

F Name and address of principal officer

Michael Born 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 ▶

D Employer identification number

36-2222696

E Telephone number

(779) 696-4727

G Gross receipts \$ 745,061,962

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

Activities & Governance

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

Patricia DeWane Chief Financial Officer

Type or print name and title

2019-05-10

Date

Paid Preparer Use Only

Print/Type preparer's name

Rebekuh Eley

Preparer's signature

Rebekuh Eley

Date

Check ☐ if self-employed

PTIN

P01247672

Firm's name ▶ RSM US LLP

Firm's EIN ▶ 42-0714325

Firm's address ▶ One South Wacker Dr Ste 800

Phone no (312) 634-3400

Chicago, IL 606063392

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck 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 \$	330,063,268	including grants of \$	607,793)	(Revenue \$	430,792,723)
See Additional Data							

4b	(Code)	(Expenses \$	97,827,984	including grants of \$	)	(Revenue \$	82,093,498)
See Additional Data							

4c	(Code)	(Expenses \$	38,199,358	including grants of \$	)	(Revenue \$	53,644,566)
See Additional Data							

(Code)	(Expenses \$	7,802,644	including grants of \$	)	(Revenue \$	6,924,642)
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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 2018, we recorded 27,382 visits.

4d Other program services (Describe in Schedule O)

(Expenses \$	7,802,644	including grants of \$	)	(Revenue \$	6,924,642)
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4e	Total program service expenses	473,893,254
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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 Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 ComplianceCheck 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	362
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	3,812
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	26	
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	19	
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?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	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?	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

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

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

Form **990** (2017)

[illegible]

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 ▶ 303

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
University of Illinois 28394 Network Place Chicago, IL 60673	Physician Services	5,049,478
Ringland Johnson Construction 1725 Huntwood Drive Cherry Valley, IL 61016	Construction Services	3,829,510
Sound Physicians of Illinois 401 S LaSalle Street Chicago, IL 60605	Physician Services	2,224,959
Cannon Design 255 N Michigan Avenue Chicago, IL 60601	Construction Consulting	2,201,255
Infinity Healthcare Physicians 111 E Wisconsin Avenue Milwaukee, WI 53202	Physician Services	2,158,838

Form 990 (2017)

Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c				
d Related organizations	1d	1,980,078			
e Government grants (contributions)	1e	142,976			
f All other contributions, gifts, grants, and similar amounts not included above	1f	21,176			
g Noncash contributions included in lines 1a-1f \$ _____					
h Total. Add lines 1a-1f ▶		2,144,230			

Program Service Revenue

	Business Code				
2a Patient Services	621990	340,503,590	340,503,590		
b Medicare/Medicaid	621990	226,214,256	226,214,256		
c _____					
d _____					
e _____					
f All other program service revenue		1,815,357	1,815,357		
g Total. Add lines 2a-2f ▶		568,533,203			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) ▶		8,017,361			8,017,361
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
6a Gross rents	(i) Real	(ii) Personal			
	37,232				
b Less rental expenses	46,053				
c Rental income or (loss)	-8,821				
d Net rental income or (loss) ▶		-8,821			-8,821
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	160,064,576	561,210			
b Less cost or other basis and sales expenses	143,244,843	675,482			
c Gain or (loss)	16,819,733	-114,272			
d Net gain or (loss) ▶		16,705,461			16,705,461
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 Day Care Center	624410	1,628,611	1,628,611		
b Cafeteria & Vending	561000	1,443,600	1,434,055	9,545	
c Interdept Billing	561000	1,370,711	1,370,711		
d All other revenue		1,261,228	488,849	695,029	77,350
e Total. Add lines 11a-11d ▶		5,704,150			
12 Total revenue. See Instructions ▶		601,095,584	573,455,429	704,574	24,791,351

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.	593,793	593,793		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	14,000	14,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	7,029,941	1,660,048	5,369,893	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	915,614		915,614	
7 Other salaries and wages.	204,280,154	177,665,506	26,614,648	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	9,570,372	8,683,009	887,363	
9 Other employee benefits.	34,612,198	33,250,258	1,361,940	
10 Payroll taxes.	13,945,563	12,010,930	1,934,633	
11 Fees for services (non-employees):				
a Management.				
b Legal.	1,301,943		1,301,943	
c Accounting.	196,608		196,608	
d Lobbying.	110,492		110,492	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	540,461		540,461	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	41,370,980	34,420,572	6,950,408	
12 Advertising and promotion.	2,583,270	50,427	2,532,843	
13 Office expenses.	9,139,960	5,193,488	3,946,472	
14 Information technology.	7,864,470	6,564,182	1,300,288	
15 Royalties.				
16 Occupancy.	17,434,468	12,965,420	4,469,048	
17 Travel.	256,710	221,764	34,946	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	483,715	289,073	194,642	
20 Interest.	2,967,722	1,182,711	1,785,011	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	20,951,272	18,806,509	2,144,763	
23 Insurance.	5,531,637	2,437,239	3,094,398	
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.	93,366,152	92,061,016	1,305,136	
b Bad Debts.	44,107,529	44,107,529		
c IPA Provider Tax.	13,252,034	13,252,034		
d Repairs & Maintenance.	8,637,160	6,537,558	2,099,602	
e All other expenses.	7,601,177	1,926,188	5,674,989	
25 Total functional expenses. Add lines 1 through 24e.	548,659,395	473,893,254	74,766,141	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		26,964,223	2	62,095,370	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		78,044,560	4	64,618,929	
	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		
	8	Inventories for sale or use		10,019,994	8	9,792,168	
	9	Prepaid expenses and deferred charges		11,706,843	9	9,897,020	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	380,743,391			
	b	Less: accumulated depreciation	10b	77,592,823	292,423,437	10c	303,150,568
	11	Investments—publicly traded securities		249,998,752	11	18,472,301	
	12	Investments—other securities. See Part IV, line 11			12	241,728,295	
	13	Investments—program-related. See Part IV, line 11		4,348,125	13	5,073,057	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		34,776,603	15	42,801,706	
16	Total assets. Add lines 1 through 15 (must equal line 34)		708,282,537	16	757,629,414		
Liabilities	17	Accounts payable and accrued expenses		50,562,141	17	57,593,601	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		123,122,852	20	118,346,780	
	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		77,142,813	25	92,755,401	
	26	Total liabilities. Add lines 17 through 25		250,827,806	26	268,695,782	
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		448,285,325	27	479,241,671	
	28	Temporarily restricted net assets		3,073,834	28	3,461,818	
	29	Permanently restricted net assets		6,095,572	29	6,230,143	
	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		457,454,731	33	488,933,632	
	34	Total liabilities and net assets/fund balances		708,282,537	34	757,629,414	

Part XI Reconciliation of Net AssetsCheck 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	601,095,584
2	Total expenses (must equal Part IX, column (A), line 25)	2	548,659,395
3	Revenue less expenses Subtract line 2 from line 1	3	52,436,189
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	457,454,731
5	Net unrealized gains (losses) on investments	5	-20,725,069
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	-232,219
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	488,933,632

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

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 2018, we cared for 15,581 inpatients and performed 789,226 outpatient procedures. This includes 84,207 emergency room visits and 1,622 deliveries. We sponsor the University of Illinois - College of Medicine Program and provided \$5.6 million in education for primary care residents. Our employees and volunteers provided over 26,000 hours in unpaid community services. SwedishAmerican recognizes its responsibility to all the people of our community, regardless of their ability to pay for care.

Form 990, Part III, Line 4b:

SwedishAmerican Hospital employs primary care and specialty physicians who practice at 34 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 2018, our physician encounters were 409,747.

Form 990, Part III, Line 4c:

SwedishAmerican Regional Cancer Center opened to the public in October 2013 and has been providing leading edge cancer care treatment for the Rock River Valley. The center is part of a collaborative with UW Health and its nationally recognized University of Wisconsin Carbone Cancer Center. The two-story facility offers radiation therapy, medical oncology, chemotherapy and infusion services. Patients have access to clinical trials, state-of-the-art linear acceleratory treatments such as IGRT, IMRT, Rapid Arc, OBI and stereotactic services, and advanced medical imaging. The Regional Cancer Center is staffed by medical and radiation oncologists, physicists, dosimetrists, radiation therapists and nurses. During 2018, our out-patient encounters were over 22,867.

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			
Michael J Born MD President & CEO	40 00 6 00	X		X				554,849	0	80,938
Daniel T Ross Chairman of the Board	2 00 6 00	X		X				100	0	0
William C Roop First Vice Chairman/Secretary	2 00 6 00	X		X				100	0	0
Rev Dr Kenneth Board Second Vice Chairman/Asst Secretary	2 00 6 00	X		X				100	0	0
Thomas R Walsh Audit/Compliance Chairman	2 00 6 00	X						100	0	0
Patrick Derry Quality and Safety Chairman	2 00 6 00	X						100	0	0
Jeffrey J Kaney Sr Joint Conference Chairman	2 00 6 00	X						100	0	0
Michael E Dallman UWRDI Board Representative	2 00 55 00	X						0	445,366	78,250
Allen D Williams MD Trustee	40 00 6 00	X						280,971	0	59,510
Amy J 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			
Danny L Copeland MD Trustee	40 00 6 00	X						82,933	0	6,161
David R Rydell Trustee	2 00 6 00	X						100	0	0
Eric Fulcomer PhD Trustee	2 00 6 00	X						100	0	0
Frank E Walter Trustee	2 00 8 00	X						100	0	0
Gregory R Jury Trustee	2 00 8 00	X						100	0	0
Helen Chung Hill Trustee	2 00 6 00	X						100	0	0
Jeffrey S Hultman Trustee	2 00 6 00	X						100	0	0
Marco T Lenis Trustee	2 00 6 00	X						100	0	0
Michael K Broski Trustee	2 00 6 00	X						100	0	0
Michael J Houselog PhD 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 Flannery Trustee	2 00 55 00	X						0	622,795	98,159
Steven C Sjogren Trustee	2 00 8 00	X						100	0	0
Kathleen Kelly MD Trustee	2 00 6 00	X						25,479	0	0
Mark Cormier MD Medical Staff President	2 00	X						13,000	0	0
Steven Ikenberry MD Medical Staff Vice President	2 00	X						6,500	0	0
John Shiro MD Past Medical Staff President	2 00	X						0	0	0
Patricia DeWane Chief Financial Officer	40 00 8 00			X				455,011	0	62,105
Donald Daniels VP & Chief Operating Officer	40 00 8 00			X				511,468	0	109,857
Thomas Schiller MD Chief Clinical Integration Officer	40 00				X			491,806	0	111,223
Michael Polizzotto MD Chief Medical Officer/CMIO	40 00				X			341,867	0	56,592

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			
Ann Gantzer MD Chief Nursing Officer	40 00				X			341,793	0	81,294
Gayatri Sonti DO Physician	40 00					X		747,885	0	30,566
Martin Gryfinski MD Physician	40 00					X		698,092	0	28,772
Mohamed Zeater MD Physician	40 00					X		896,332	0	61,454
Tarek Harb MD Physician	40 00					X		628,015	0	46,695
Steven Milos MD Physician	40 00					X		680,621	0	60,965
William R Gorski MD Former President & CEO	0 00						X	1,222,937	0	38,437
Donald Haring Former Chief Financial Officer	0 00						X	200,333	0	0
Richard Walsh Former Chief Operating Officer	0 00						X	193,680	0	0

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

SwedishAmerican Hospital

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

2017

Open to Public Inspection

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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).		
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? <i>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.</i>		
	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? <i>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.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 (explain in Part VI) **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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

SCHEDULE C (Form 990 or 990-EZ)	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 2017 Open to Public Inspection
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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 SwedishAmerican Hospital	Employer identification number 36-2222696
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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-
1				
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

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****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) 2014	(b) 2015	(c) 2016	(d) 2017	(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)		(b)
		Yes	No	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		110,492
j	Total. Add lines 1c through 1i			110,492
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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 2017/2018 Illinois Health and Hospital Association and American Hospital Association dues are used for lobbying \$50,492. A law firm was engaged to review legislation affecting hospitals \$60,000

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As Filed Data -

DLN: 93493130033649

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

2017

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.

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?

YesNo

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?

YesNo

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

2a

2b

2c

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

5

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

6

Number of states where property subject to conservation easement is located ►

7

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

YesNo

8

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

9

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

10

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)?

YesNo

11

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

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2017

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

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	6,676,376	6,662,294	7,112,945	7,122,296	7,093,718
b Contributions	90,495	10,754	10,986		15,490
c Net investment earnings, gains, and losses	632,791	480,152	-203,624	-9,351	405,420
d Grants or scholarships					
e Other expenditures for facilities and programs	327,257	476,824	258,013		392,332
f Administrative expenses					
g End of year balance	7,072,405	6,676,376	6,662,294	7,112,945	7,122,296

2

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

a

Board designated or quasi-endowment

60 700 %

b

Permanent endowment

27 390 %

c

Temporarily restricted endowment

11 910 %

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

(i) unrelated organizations

3a(i)

Yes

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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,941,941		13,941,941
b Buildings		236,904,167	24,366,501	212,537,666
c Leasehold improvements		21,202,625	5,136,580	16,066,045
d Equipment		108,694,658	48,089,742	60,604,916
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				303,150,568

Schedule D (Form 990) 2017

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 _____		
(A) Beneficial Interest in Investment Pool	241,728,295	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	241,728,295	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1) Advance to American Restaurant Assoc (ARA)	189,268
(2) Interest In Net Assets of Recipient Organization	19,608,200
(3) Due from Affiliated Organization	14,917,165
(4) Insurance Recoveries Recievable	8,087,073
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	42,801,706

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Due to Third Party Payors	63,397,339
Reserve for Self Insurance	18,230,041
Deferred Compensation	5,851,656
Asbestos Retirement Obligation	426,666
Current Maturities of Long-term Debt	4,849,699
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	92,755,401

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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-2222696

Name: SwedishAmerican Hospital

Supplemental Information

Return Reference	Explanation
Part V, Line 4	The Hospital's endowment consists of 12 Individual funds established for a variety of purposes 1) Medical and Non-medical health improvement initiatives 2) Rehabilitation or orthopedic programming and services within the greater Rockford community 3) Oncology patient services 4) Educational materials for the families of oncology patients 5) Chaplaincy program including grief services and counseling 6) Cardiology services 7) Medical programs and care for children 8) Cardiac education for women 9) Ongoing support of surgical service and education of surgical technicians

Supplemental Information

Return Reference	Explanation
Part X, Line 2	The Hospital has received a determination letter from the Internal Revenue Service (IRS) stating it is tax-exempt under Section 501(c)(3) of the Code. The Hospital files a Form 990 (Return of Organization Exempt from Income Tax) annually. When this return is filed, it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would ultimately be sustained. Examples of tax positions common to hospitals include such matters as the following: tax-exempt status of each entity, the continued tax-exempt status of bonds issued by the obligated group, the nature, characterization and taxability of joint venture income and various positions relative to potential sources of unrelated business taxable income (UBTI). UBTI is reported on Internal Revenue Service Form 990-T, as appropriate. The benefit of a tax position is recognized in the consolidated financial statements in the period during which, based on all available evidence, management believes that it is more likely than not that the tax position will be sustained upon examination, including the resolution of appeals or litigation processes, if any. Tax positions are not offset or aggregated with other positions. Tax positions that meet the "more likely than not" recognition threshold are measured as the largest amount of tax benefit that is more than 50% likely to be realized on settlement with the applicable taxing authority. The portion of the benefits associated with the tax positions taken that exceeds the amount measured as described above is reflected as a liability for unrecognized tax benefits in the accompanying consolidated balance sheets along with any associated interest and penalties that would be payable to the taxing authorities upon examination. At June 30, 2018 and 2017, there were no unrecognized tax benefits identified or recorded as liabilities. The Forms 990 and 990-T filed by the Hospital are subject to examination for up to three years from the extended due date of each return. These returns are no longer subject to examination for tax years ended before June 30, 2015.

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

2017

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

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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

☐ 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

☐ 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 eligible 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)			2,779,572		2,779,572	0 550 %
b Medicaid (from Worksheet 3, column a)			102,266,518	74,631,806	27,634,712	5 480 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,553,659	1,759,352	1,794,307	0 360 %
d Total Financial Assistance and Means-Tested Government Programs			108,599,749	76,391,158	32,208,591	6 390 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			7,476,161	1,938,519	5,537,642	1 100 %
g Subsidized health services (from Worksheet 6)			30,441,341	1,335,454	29,105,887	5 770 %
h Research (from Worksheet 7)			333,158		333,158	0 070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,219,375	213,807	1,005,568	0 200 %
j Total. Other Benefits			39,470,035	3,487,780	35,982,255	7 140 %
k Total. Add lines 7d and 7j			148,069,784	79,878,938	68,190,846	13 530 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2017

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	Yes	
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	44,107,529	
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	6,619,129	
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	74,589,757	
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	91,845,340	
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-17,255,583	
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Featherstone Partnership LP	Ambulatory Surgery Center	28.570 %	0 %	71.430 %
2 Northern Illinois Vein Clinic LLC	Outpatient Physician Clinic	50.000 %	0 %	50.000 %
3 Forest City Diagnostic Imaging LLC	Outpatient Diagnostic Imaging	49.000 %	0 %	51.000 %
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
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	
6 a 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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>www.swedishamerican.org/community-health-needs-assessment</u>		
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 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.swedishamerican.org/community-health-needs-assessment</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>600 000000000000</u> %			
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? 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)	15	Yes	
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 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>www.swedishamerican.org/patients/charity-assistance-program</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>www.swedishamerican.org/patients/charity-assistance-program</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>www.swedishamerican.org/patients/charity-assistance-program</u>			
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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☒ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
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 nonpayment?	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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations 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)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? 34

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

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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 \$25,563,504Emergency department physicians \$1,260,487Total \$26,823,991

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Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	The bad debt expense on Part IX, Column A subtracted for the purpose of calculating the percentage of expense is \$44,107,529

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Form and Line Reference	Explanation
Part I, Line 7	7a and 7f costs were calculated using the 2018 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

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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

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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 14.2% of the population is below the poverty level, the median household income was \$51,110 and a household size of 2.47, Boone County 8.8% of the population is below the poverty level, the median household income was \$62,701 and a household size of 2.85. The 2018 poverty guidelines per the Office of Assistant Secretary for Planning and Evaluation, (https://aspe.hhs.gov/poverty-guidelines) indicate for the household size of 3, and income of \$41,560 is 200% of the poverty level and \$124,680 is 600% of the poverty level. Approximately 79% of our charity write-offs are for patients without insurance while 65% of our bad debt write-offs are for patients without insurance. In 2018 only 6% of all accounts written off to bad debt were recovered. This portion was not included as community benefit in Part I because it is an estimate based on the small percentage of bad debt this is recovered and the demographics of our service area.

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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.

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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 (\$17,255,583) Medicare shortfall physician programs (\$14,532,793) Total Medicare Shortfall (\$31,788,376)

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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 or financial assistance and the patient cooperates with the requirements of the charity care policy, collection efforts are ceased.

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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.

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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 stamp, low income energy assistance, and circuit breaker/Illinois cares prescription programs.

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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 Obesity. General 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 County 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 a half 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.

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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 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 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 socioemotional 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 Foundation is a subsidiary of SA Hospital and supports it through fundraising activities. Following a campus renovation project that began in 2000, the SwedishAmerican Foundation (SAF) implemented a massive neighborhood revitalization and replacement initiative to transform a large area surrounding the hospital campus into "a neighborhood of choice, not chance." This project brought together the forces of SwedishAmerican, SAF, the City of Rockford and countless charitable and commercial entities to improve the quality and availability of area housing. In March of 2015, the program was recognized by The United Way of Rock River Valley with the inaugural Strong Neighbor Award. Because strong neighborhoods make a strong community, United Way is leading a place-based strategy that will dramatically improve the quality of life for children and families. Two of the region's most challenged neighborhoods (Ellis Heights and Midtown District) are the strategic focus of this plan. SwedishAmerican was cited for being a vital partner to the Strong Neighborhoods initiative and for building better neighborhoods for our children and families. United Way noted SwedishAmerican's commitment to transforming the area surrounding the Hospital from an at-risk, predominantly rental-occupied part of Rockford to a stable, owner-occupied neighborhood. SwedishAmerican's neighborhood revitalization effort includes Habitat for Humanity Homes. Several years ago SwedishAmerican entered into a formal agreement with the Rockford Habitat for Humanity Chapter to construct new area homes. By the end of 2015, dozens of Habitat for Humanity homes have now been completed and sold to low-income home owners who qualify through Habitat for Humanity. Habitat for Humanity now holds annual application seminars on SwedishAmerican campus for our employees and members of the neighborhood. Midtown Community Work Day. In June 2016 SwedishAmerican Foundation collaborated and co-sponsored the first annual Midtown Community work day. Together with Rockford Habitat for Humanity and Thrivent Financial we initiated an exterior home improvement grant application for Midtown District homeowners. This was a one-day event that utilized volunteers from Swedes, Habitat, Rockford Police, Thrivent, East High School, Rockford Fire and community members to work with grant recipients to help complete exterior repairs to 10 homes which totaled \$25,000 of improvements to the community since inception! SwedishAmerican again teamed up with Rockford Area Habitat for Humanity and Thrivent Financial to give four \$2,500 grants to homeowners to help improve the exterior of their homes. The homeowners had to provide \$100 toward the renovation and participate in the improvement process. Neighborhood Playground and Parks. Because area children did not have a safe place to play, SAF purchased three contiguous pieces of property, removed existing commercial and residential structures and partnered with two local charities to construct a new neighborhood playground. 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 forgivable grant to employees in good standing-with no income restrictions. Since inception, this program has assisted 34 employees purchase homes in the SwedishAmerican neighborhood Home Restoration. Beginning in 2004, SAF has purchased dozens of homes in the neighborhood target area, rehabbed them and made them available to employees, firefighters, police officers and public school teachers, at discount (less than the cost of purchase and repairs). In 2015, 14 additional properties were identified and work completed. In 2017, SwedishAmerican tore down the home at 1505 7th Avenue and sold the land to the neighbor so they could have a larger yard. Strong Neighborhood House. In 2017, SwedishAmerican Foundation and the Rockford Police Department celebrated three years of success in the first-ever community "Strong Neighborhood House." In May 2016, SwedishAmerican purchased and renovated the house and licensed it to the Rockford Police Department as a place for officers to build a closer relationship with neighbors. Additionally, it is a space where officers can help facilitate problem solving and ultimately reduce crime in the neighborhood. The house has set office hours each morning, Monday through Friday. Officers patrol the neighborhood throughout the day and evening and stop by the house at a

Form and Line Reference	Explanation
Part VI, Line 6	ny time Showing a strong police presence in the neighborhood has given residents a hope f or change and a better future Over the last year the Rockford Community Police Officer has been working hard to increase programing and utilization of the house to better serve the needs of the neighborhood Jackson Oaks Neighborhood Association holds monthly meetings a t the Strong House Other organizations hold meetings there such as The Fatherhood Project , and Girl Scouts of Northern Illinois Lifestyle Medicine and Wellness Programs SwedishAm erican is committed to building a healthier community of senior adults In 2001, the healt h system and ZION Development Corporation began discussing the unique health needs of low- income senior residents living at Longwood Plaza, a 65-unit facility located two blocks fr om SwedishAmerican Hospital's campus The two partners wanted to not only provide a way fo r seniors to have safe housing, they also wanted to equip residents with the tools and edu cation for living healthier lives With the assistance of a generous donation by the Walte r D Williams estate, SwedishAmerican and ZION created a wellness program to meet the need s of seniors' right where they lived The program has been going strong since 2001 Every w eek, participants check in with a registered nurse for blood pressure, weight and fasting glucose if needed Current health status, medication adherence, diet and nutrition are som e of the topics discussed Twice weekly, participants receive a therapeutic massage and me et individually with a fitness trainer for exercise Monthly, healthy meals and nutrition presentations are held Periodically, speakers from the community such as Fire and Police Departments provide presentations Several participants take advantage of the Licensed Cli nic Professional Counselor that the program provides As an incentive for participation, r esidents receive up to \$40 off of their monthly rent Better Life Wellness/YMCA Partnership SwedishAmerican created a medical wellness center called BetterLife Wellness within the d owntown Rockford YMCA In 2018, the medical wellness center moved to the lower level of Ca melot Tower on the hospital campus The center offers a variety of services for members an d the general public, including Wellness educational programs, classes and support groups Screenings and health risk assessments Personal health coaching Weight management program s Therapeutic massages, Reiki and reflexology Healthy cooking classes and grocery tours Sm oking cessation classes Relaxation and stress management education Healthy Heart screensBe tterLife expands our capacity to help people of all ages, physical abilities and limitatio ns lead healthier lives Our unique holistic health experience and expertise will be incor porated into the individualized wellness prescriptions and coaching offered to our partici pants The powerful combination of active medical oversight, experienced and credentialed staff, and the utilization of an individual's personal health status are intended to reduc e health risks, improve well-being and bring a measureable impact upon improving the overa ll health of our community

Form and Line Reference	Explanation
Part VI, Line 6 Continued	Academic & Career Promotion In order to help young people understand the economics of life and open their minds to career possibilities within the business world, SwedishAmerican has made a major commitment to the community's public school system. Our employees have shared their professional experiences in the classroom and served as volunteers to tutor students. We've partnered with area schools as a part of our mission to care for our community through compassionate service. We realize that a stronger neighborhood, with achieving children and fully functioning families, is an environment where tomorrow's leaders may be nurtured and protected. As a major corporate anchor in the neighborhood and a source of influence within the greater community, SwedishAmerican believes that it has a responsibility to help create an environment at area schools that enables it to serve as an agent for growth, maturation and positive change. A SwedishAmerican representative has been involved with the schools' planning process since our partnerships began two decades ago. Over the last 20 years, SwedishAmerican has positively impacted students and faculty in a number of ways, including Academy Expo. In 2018, we continued our efforts as a key community partner in expanding Rockford's Academy Expo. The purpose of the Academy Expo was to expose Rockford Public Schools 9th, 10th and 11th graders to a variety of careers to assist them in making an academy and forge a relevant link between high school curriculum and future careers. Unlike a job fair where students visit companies, the Academy Expo invited companies to present career options for students to explore. The main focus of the event, therefore, was to showcase a broad spectrum of possible careers. Students at the Academy Expo learned about classroom curriculum that will prompt them to develop professional behaviors and to evaluate their strengths/interests related to careers. Scholarships Physicians, Practitioners and The Foundation Partner To Change Kids' Futures For many years, SwedishAmerican Medical Group (SAMG) has supported a special fund within the Foundation, the SAMG Community Benefit Fund. Through this, we have pooled resources to aid organizations in need through out the community. A new initiative is supporting scholarships through Rockford Promise, an organization whose vision is to change the community by ensuring the secondary education of its youth. In April 2017, we presented two students with fully funded, two-year scholarships to Rock Valley College Health Education. According to the Community Assessment, cancer and heart disease are the leading causes of death in the three-county area surrounding SwedishAmerican Hospital. These conditions also are leading contributors to "years of life lost" before age 65. In the last decade, the number of baby boomers born between 1946 and 1964 increased 31.3 percent in the Rockford area. As this demographic segment continues to age, it will result in an increased incidence of disease, as well as a range of health issues affecting midlife women. Among the 202,808 people living in Winnebago County, 9,823 or 4.8% reported having been diagnosed with heart disease. The Illinois average is 3.8% while the nation is slightly higher at 4.4%. Because of these challenges rates, SwedishAmerican is committed to educating public and professional audiences within our community about matters of prevention, detection and treatment. Cardiac Care Professional and Public Events. In its community assessment, the Rockford Health Council found that chest pain and heart failure were leading reasons for hospitalization in the Rockford area. In response to community needs SwedishAmerican created a large-scale educational event in 1999 to help healthcare professionals stay current on patient care and inform the public about heart disease prevention and treatment. Heart Care. Ask the Experts is two free public events: a heart health fair and an educational program. The fair allows our community to learn more about prevention, screenings, treatment, technologies and complementary care at more than 30 exhibits. The program, which varies each year, has included heart-healthy cooking demos, live open-heart surgery beamed via satellite from SwedishAmerican Hospital and panel discussions that allow dialogue between the audience and SwedishAmerican physicians. Community response has been tremendous, with annual attendance exceeding 500. Although Heart Care is an evening event, its health impact is real, many people requested a referral to either a primary care physician or cardiologist. Breast Cancer Awareness Event/Partnership with a Silver Lining Foundation. National statistics indicate that one in nine women will be diagnosed with breast cancer during her lifetime. The aforementioned community assessment revealed that, of the nearly 1,600 cases of cancer that occur in the Rockford area each year, breast cancer is the leading site among women. To provid

Form and Line Reference	Explanation
Part VI, Line 6 Continued	e area women with vital information on breast cancer prevention, detection and treatment, SwedishAmerican annually hosts a free breast cancer awareness event For 19 years, this event has given breast cancer survivors, the newly diagnosed and those at high risk due to family history an opportunity to hear the latest clinical recommendations This event has included both national speakers and expert panels of primary care physicians, radiologists, oncologists, surgeons and allied health professionals that engage the audience Over the years, we have enhanced the program by targeting underserved minority populations for this program and offering discounted mammogram coupons to encourage screenings More than 500 women attend this annual event In 2015, SwedishAmerican partnered with A Silver Lining Foundation (ASLF) to offer free mammograms for women and men who can't afford one Screenings took place at three SwedishAmerican locations in and around Rockford The foundation was launched more than a decade ago with a mission to ensure dignified, respectful and equal access to quality cancer education and services for all ASLF ensures that socioeconomic status does not affect an individual's ability to obtain information, timely cancer screening and diagnosis SwedishAmerican is excited to partner with an organization such as ASLF because the more people who get screened, the more people we can educate and the more lives we can save Ryan Jury Learning Center FREE Health Fair More than 23 million children and teenagers in the United States between the ages of 2 and 19 are obese or overweight To help combat this problem, SwedishAmerican's Ryan Jury Child Development Learning Center hosted a FREE health fair in September 2017, in conjunction with National Childhood Obesity Awareness Month The event took place at the UW Health Sports Factory in downtown Rockford, Illinois Child's Safety Fair In May, SwedishAmerican hosted the 8th annual SAM's Safety Fair on the grounds of our hospital campus More than thirty different agencies were represented at the event, which was held in conjunction with Emergency Medical Services Week Kids were able to explore the inside of an ambulance, learn about bicycle safety, poison prevention, water and sun safety, sports safety, and animal safety Children also could visit the splinting and casting station Engine and ladder trucks from local fire departments, as well as the Rockford Fire Department Smoke House, were on site for kids to explore Bicycle safety rodeo and car-seat safety checks rounded out the offerings The Safety Fair provides a place for families to learn about safety and healthy habits This event is a great place for parents and caregivers to learn what safety resources are available in our community Community Service Community Paramedic Programs In 2017, SwedishAmerican, a division of UW Health continued to help connect underutilized resources to the underserved population at SwedishAmerican through its Mobile Integrated Healthcare (MIH) program with Rockford Fire Department Officials from both SwedishAmerican and Rockford Fire provided the community with an update on its partnership and the benefits it's had on the City of Rockford and surrounding communities From August 2016 to December 2017, SwedishAmerican patients enrolled in the program experiences a reduction of Emergency Department (ED) visits by 35%, ambulance runs by 42% and hospital admission by 40% Rockford Fire firefighter Brian Park is currently the MIH Manager for the program Brian is both an eleven year veteran of the department and a Registered Nurse (RN) in the community for the past 11 years Through the MIH program, he works directly with SwedishAmerican case managers, EMS department, pharmacists, physician and nurses at the hospital to identify patients and develop individualized care plans for each of them

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6 Continued	Brian currently sees 20 patients on a weekly basis often times accompanied by a SwedishAmerican nurse case manager Each patient receives regularly scheduled home visits where Brian provides a medical assessment, ensures the patient is taking their prescribed medications and is following up with their primary care provider He offers community resource support to help improve the patients' health and wellbeing In addition, he checks smoke detectors, CO2 detectors and any hazards that may exist in the patient's home In addition to the MIH program with Rockford Fire Department, SwedishAmerican has an MIH program in place with Byron, Harlem-Roscoe and Rockton Fire Departments Fall and Spring Neighborhood Association Group Summits and GatheringsOur city is faced with challenges, but along with challenges comes many opportunities for our community That's why in May 2017, the SwedishAmerican Foundation, Rockford Police Department and Keith Creek Neighborhood Association hosted a Strong Neighborhood Association Groups Gathering The Summit was FREE and open to local community members Judge Rosemary Collins discussed domestic violence She also shared how the community can work together to help find solutions to this growing issue In October 2017, the SwedishAmerican Foundation, Rockford Police Department and Neighborhood Association's from Jackson Oaks, Keith Creed, North Highland, Rockview and South Highland hosted a Fall Neighborhood Association Group Summit at another location with the same availability to the community The Great Neighborhoods Project piloted by urban planners engages neighborhoods to focus on the assets that they have to build relationships thereby strengthening their neighborhoods Little Free Libraries The percentage of children in grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test are relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education In the Healthy Community Study, nearly two-thirds of 4th graders (65 6%) were found to not be proficient with reading skills in 2015 This was higher than the state rate of 60 7% and much higher than the national rate of 45 6% To help combat this, SwedishAmerican maintains four Little Free Libraries around the SwedishAmerican Hospital campus and its surrounding neighborhoods Little Free Libraries are an international movement where people place small, weatherproof boxes in their communities These boxes are stocked with books which are free to the public to take, return, or add to the collection The hope is that when someone takes a book, they will return it or replace it with another book Since inception of this program, we have added two more Little Free Libraries at the Regional Cancer Center and the other on the campus of the SwedishAmerican Hospital in Belvidere Over the last three years, five Little Free Libraries have been strategically placed within the adjoining SwedishAmerican neighborhoods allowing easy access to books and library materials by those who wish to take advantage of this wonderful resource

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Part VI, Line 7	SA Hospital files a community benefit report with the Illinois Attorney General

Schedule H (Form 990) 2017

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		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
(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											
1	SwedishAmerican Hospital 1401 E State Street Rockford, IL 61104 www.swedishamerican.org IL License 0002725	X	X		X		X	X			A
2	SwedishAmerican Medical Ctr Belvidere 1625 S State Street Belvidere, IL 61008 www.swedishamerican.org IL License 0005504	X	X					X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group A consists of	- Facility 1 SwedishAmerican Hospital, - Facility 2 SwedishAmerican Medical Ctr Belvidere

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- SwedishAmerican Hospital Part V, Section B, line 5	Primary data was obtained from the 2014 Healthy Community Study provided by Rockford Health Council, which contained results and analytics from both a Healthy Community Survey and the Key Informant Questionnaire. The 2014 Healthy Community Study consists of two sections. Section I contains questions relating to four categories (1) general health, (2) behavioral health, (3) maternal, prenatal, and early childhood health and (4) chronic disease and obesity. Section II contains six demographic questions. Surveys were developed in English and Spanish language format with written and electronic versions. The Surveys were distributed in three phases. In Phase 1, the surveys requesting parent survey participation were distributed to students in Rockford Public School District 205. In Phase 2, surveys were mailed to residents of Boone and Winnebago County through a third party vendor. In Phase 3, a postcard was delivered to a random sample of households in Winnebago County providing access information to the survey on the Rockford Health Council Website. The Rockford Health Council identified a group of 49 individuals as Key Informants and distributed a questionnaire to them that asked them to rate their awareness of efforts to address each of the key focus areas identified in the 2010 Healthy Community Study that needed improvement.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- SwedishAmerican Hospital Part V, Section B, line 6a	SA Hospital has two hospital facilities, SwedishAmerican Hospital located in Rockford Illinois, and SwedishAmerican Medical Center Belvidere located in Belvidere, Illinois The definition of the community for purposes of the Community Health Needs Assessment (CHNA) was based on the internal patient origin information by zip code for SAH and SAMC's combined emergency room and inpatient discharges Both Hospital Facilities defined its community for the CHNA as Boone and Winnebago Counties, Illinois since over 89% of emergency room patients and 84% of inpatients draw from this area The CHNA was conducted together for both facilities

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- SwedishAmerican Hospital Part V, Section B, line 11	Poverty and UnemploymentOur SwedishAmerican Foundation awarded community grants to a number of local not-for-profit organizations. Requests were made to alleviate homelessness, prevent hunger and un/under employment, improve wellness, expand early childhood development and improve offender rehabilitation/reintegration. Nearly \$12,000 went to Mosaic for its durable medical equipment (DME) distribution program. The DME program fulfills dozens of requests every year for people in need in our community by providing walkers to canes, wheelchairs to shower chairs, hospital beds, portable ramps and more. In addition, \$16,000 went to Youth Services Network to support its Parenthood Promise program that provides family support in nine life domains: physical need and living environment, socialization, legal, education and vocation, family attachment, psychological and emotional, cultural and spiritual. The program ultimately focuses on high school graduation rates and school attendance as well as other life domains. In addition, the Foundation granted \$17,000 to Rockford Area Habitat for Humanity to support its Midtown Home Rehabilitation. The grant will enable Habitat to make a significant, long-term investment in the Midtown area of our city, while giving families the opportunity to earn a healthier, more secure place to call home. Last fall, Aramark and SwedishAmerican employees, filled 200 backpacks with school supplies and delivered them to Remedies Domestic Violence shelter. This is the third year Aramark has partnered with our organization to provide backpacks to children staying at Remedies. Basic hygiene products, vouchers and bus passes also were part of the donation. In November, SwedishAmerican helped area homeless stay warm by hanging 125 bags each containing a hat, gloves and a scarf on the fence in front of the hospital. This is the fifth year SwedishAmerican has hung the bags out for the homeless. General Health and Wellness and ObesityIn 2018, our Better Life Wellness team offered 60+ classes to the community in the areas of weight management, healthy eating and shopping, smoking cessation and stress management. In addition, they also offered 295 fitness classes ranging from yoga to tightening and toning. In June, our wellness team hosted a Be-Well Fest for the community. A variety of booths were set-up in our Heart Hospital lobby and included groups like the YMCA of Rock River Valley, Fleet Feet Running Store and many other groups to help individuals explore health and wellness. In August, our Ryan Jury Child Development Learning Center hosted a FREE health fair, in conjunction with National Childhood Obesity Awareness Month. Families and children of all ages were invited to attend the FREE health fair that taught families and children new ways to be active, make good choices and stay healthy. The event featured kid-friendly "fun-n-fit" activities for children of all ages. Dieticians and providers from SwedishAmerican also were on-site to p

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- SwedishAmerican Hospital Part V, Section B, line 11	Provide health information and answer questions Heart Disease This past year, SwedishAmerican n offered free community events to address heart disease In February, Dr Srivani Sridhar , Family and Integrative Holistic Medicine, presented Caring for Your Heart the Holistic W ay Dr Sridhar discussed the integrative & holistic management of hypertension & heart di sease as well as cardiac disease prevention Later that month, SwedishAmerican Interventio nal Cardiologist Dr Rehmat Sheikh, gave a free community presentation called Prevention a nd Control of Heart Disease in the Community Participants learned about how to prevent he art disease, the role of diet and optimal control of heart risk factors In April, Swedish American held a free health talk at St Peter and Paul Church where one of our family phys icians, Dr Marden Torrijos, discussed hypertension and high blood pressure Individuals l earned if they were at risk, and discovered available treatment options and tips for famil ies and individuals to stay healthy Nurses from SwedishAmerican also were there to conduc t free blood pressure checks CancerIn June, SwedishAmerican Regional Cancer Center hosted National Cancer Survivor Day All cancer survivors and their families were invited to atte nd and enjoy a special survivorship celebration The day was filled with hope, inspiration and friendship and featured a variety of activities including scheduled speakers and educ ational booths from the American Cancer Society, Pink Heals Association, Livestrong, Leuke mia & Lymphoma Society and more

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 1 -- SwedishAmerican Hospital Part V, Section B, line 16j	The hospital's financial assistance policy is transparent and available to all, at all points in the continuum, in languages appropriate for Hospital's service area. The hospital's financial assistance policy, application form, signage, and financial counselor contact information are available in English and Spanish. Signage is posted prominently at all points of admission and registration (including the emergency department). Written information about the hospital's financial assistance policy and copies of the financial assistance form are available in admission and registration areas. The hospital's financial assistance policy, application form and financial counselor contact information are also posted on the hospital's website. The hospital will make efforts to publicize its policy in print and television media, wherever practicable. Patient billing communications also inform patients of the availability of financial assistance. Each bill, invoice, or other summary of charges to an uninsured patient includes with it, or on it, a prominent statement that an uninsured patient who meets certain income requirements may qualify for financial assistance and information on how to apply for consideration under the hospital's financial assistance policy. All third-party agents who submit or collect bills on behalf of hospital are required to follow this policy.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 2 -- SwedishAmerican Medical Ctr Belvidere Part V, Section B, line 5	Primary data was obtained from the 2014 Healthy Community Study provided by Rockford Health Council which contained results and analytics from both a Healthy Community Survey and the Key Informant Questionnaire. The 2014 Healthy Community Study consists of two sections. Section I contains questions relating to four categories (1) general health, (2) behavioral health, (3) maternal, prenatal, and early childhood health and (4) chronic disease and obesity. Section II contains six demographic questions. Surveys were developed in English and Spanish language format with written and electronic versions. The Surveys were distributed in three phases. In Phase 1, the surveys requesting parent survey participation were distributed to students in Rockford Public School District 205. In Phase 2, surveys were mailed to residents of Boone and Winnebago County through a third party vendor. In Phase 3, a postcard was delivered to a random sample of households in Winnebago County providing access information to the survey on the Rockford Health Council Website. The Rockford Health Council identified a group of 49 individuals as Key Informants and distributed a questionnaire to them that asked them to rate their awareness of efforts to address each of the key focus areas identified in the 2010 Healthy Community Study that needed improvement.

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Form 990 Part V Section C Supplemental Information for Part V, Section B.

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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 - SwedishAmerican Heart Institute 1340 Charles Street Suite 300 Rockford, IL 61104	Outpatient Clinic
2 3 - Stateline Clinic & Immediate Care 4282 E Rockton Road Roscoe, IL 61073	Outpatient Clinic
3 4 - Lundholm Orthopedics 1340 Charles Street Suite 100 Rockford, IL 61114	Outpatient Clinic
4 5 - Neuro and Headache Center 1340 Charles Street Suite 400 Rockford, IL 61104	Outpatient Clinic
5 6 - Woodside Clinic 3775 N Mulford Road Rockford, IL 61104	Outpatient Clinic
6 7 - Wound Care & Hyperbaric Clinics 1415 E State Street Ste 408 609 Rockford, IL 61104	Outpatient Clinic
7 8 - Brookside Specialty Center 1253 N Alpine Road Rockford, IL 61107	Outpatient Clinic
8 9 - Rockford Vascular Surgery at SA 1340 Charles Street Suite 200 Rockford, IL 61104	Outpatient Clinic
9 10 - SAMG Obstetrics & Gynecology 209 9th Street Rockford, IL 61104	Outpatient Clinic
10 11 - SwedishAmerican Home Health Care 2550 Charles Street Rockford, IL 61108	Home Health
11 12 - Belvidere Clinic 1700 Henry Luckow Lane Belvidere, IL 61008	Outpatient Clinic
12 13 - Pulmonary and Critical Care Clinic 1401 E State Street Rockford, IL 61104	Outpatient Clinic
13 14 - Rockford Ambulatory Surgery Center 1016 Featherstone Road Rockford, IL 61107	Ambulatory Surgery Center
14 15 - Five Points Clinic 2404 Charles Street Suite 800 Rockford, IL 61108	Outpatient Clinic

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 - Valley Clinic 6824 Newburg Road Rockford, IL 61108	Outpatient Clinic
1 17 - SA Immediate Care 2473 McFarland Road Rockford, IL 61107	Outpatient Clinic
2 18 - Rock Valley Clinic 6861 Villagreen View Rockford, IL 61107	Outpatient Clinic
3 19 - State St OBGYN 1415 E State Street Rockford, IL 61104	Outpatient Clinic
4 20 - UW Health Surgery at SwedishAmerican 1340 Charles Street Suite 100 Rockford, IL 61104	Outpatient Clinic
5 21 - Midtown Clinic 1340 E State Street Suite 405 Rockford, IL 61104	Outpatient Clinic
6 22 - Davis Junction Clinic 5665 North Junction Way Davis Junction, IL 61020	Outpatient Clinic
7 23 - Byron Clinic 220 W Blackhawk Drive Byron, IL 61010	Outpatient Clinic
8 24 - Woodward Health Network Clinic 2473 McFarland Road Rockford, IL 61107	Outpatient Clinic
9 25 - North Main Clinic 2601 N Main Street Rockford, IL 61103	Outpatient Clinic
10 26 - Cardiothoracic Surgery 1340 Charles Street Suite 300 Rockford, IL 61104	Outpatient Clinic
11 27 - Northern Illinois Vein Clinic 1340 Charles Street Suite 404 Rockford, IL 61104	Outpatient Clinic
12 28 - Rochelle Clinic 380 Illinois Route 38 East Rochelle, IL 61068	Outpatient Clinic
13 29 - Maternal Fetal Medicine 1401 E State Street Rockford, IL 61114	Outpatient Clinic
14 30 - Diabetes Self-Management Center 1415 E State St Suite 700 Rockford, IL 61104	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)
31 31 - Infectious Disease Consultants 1340 Charles St Suite 404 Rockford, IL 61104	Outpatient Clinic
1 32 - Strathmoor Pediatrics 5695 Strathmoor Drive Rockford, IL 61005	Outpatient Clinic
2 33 - Woodward Occup Health Loves Park 5001 N 2nd Street Loves Park, IL 61111	Outpatient Clinic
3 34 - Woodward Occupational Health Rock Cut 1 Woodward Way Loves Park, IL 61111	Outpatient Clinic

Schedule I
(Form 990)

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

2017

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

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 noncash assistance	(h) Purpose of grant or assistance
(1) Aunt Martha's Youth Service Center Inc 19990 Governors Hwy Olympia Fields, IL 60461	23-7188150	501(c)(3)	334,320				Federally qualified health center that provides health services to uninsured and underserved in our community
(2) Illinois Hospital Research & Education Foundation 1151 East Warrenville Road Naperville, IL 60566	23-7421930	501(c)(3)	259,473				Quality healthcare for Illinois

2

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

2

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Scholarship - educational scholarship for children of non-management employees	14	14,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 whose mission is to provide educational opportunities and grants designed to foster and encourage the provision of the highest standard of patient care by hospitals in Illinois Aunt Martha's Youth Service Center, Inc is a federally qualified health center that provides health services to uninsured and underserved in our community SA Hospital works closely with both grantee organizations or receives reports from them as appropriate

Schedule J (Form 990)	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 2017 Open to Public Inspection
Department of the Treasury Internal Revenue Service 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 ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
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? If "Yes," on line 5a or 5b, describe in Part III.	5b		No
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? If "Yes," on line 6a or 6b, describe in Part III.	6b		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 accrued 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		

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.

See Additional Data Table

[illegible]

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 the Executive Compensation Committee of SwedishAmerican Health System Corporation and is paid by SwedishAmerican Hospital. All compensation decisions are made by independent persons. With respect to the President & CEO and other Officers, SwedishAmerican Health System Corporation follows a compensation approval procedure annually that involves approval of proposed and final compensation arrangements by SwedishAmerican Health System Corporation's Executive Compensation Committee using comparability data, as well as contemporaneous documentation of compensation decisions in the minutes.
Part I, Line 4b	Contributions to the 457(f) plan during 2017 include: Michael Born M.D. - \$42,876, Donald Daniels - \$42,427, Patricia DeWane - \$30,827, Thomas Schiller, M.D. - \$34,406, Ann Gantzer \$23,884, Michael Polizzotto M.D. \$11,905. Payments from the 457(f) plan during 2017 include: William Gorski, M.D. - \$454,953, Rich Walsh - \$160,831 and Donald Haring - \$167,484. 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				
1Michael J Born MD President & CEO	(i)	447,672	78,479	28,698	55,296	25,642	635,787	0
	(ii)	0	0	0	0	0	0	0
1Michael E Dallman UWRDI Board Representative	(i)	0	0	0	0	0	0	0
	(ii)	399,241	44,337	1,788	61,281	16,969	523,616	0
2Allen D Williams MD Trustee	(i)	280,971	0	0	19,575	39,935	340,481	0
	(ii)	0	0	0	0	0	0	0
3Robert Flannery Trustee	(i)	0	0	0	0	0	0	0
	(ii)	555,603	60,775	6,417	72,672	25,487	720,954	0
4Patricia DeWane Chief Financial Officer	(i)	334,697	63,823	56,491	52,427	9,678	517,116	0
	(ii)	0	0	0	0	0	0	0
5Donald Daniels VP & Chief Operating Officer	(i)	382,918	88,467	40,083	82,027	27,830	621,325	0
	(ii)	0	0	0	0	0	0	0
6Thomas Schiller MD Chief Clinical Integration Officer	(i)	371,178	62,111	58,517	74,006	37,217	603,029	0
	(ii)	0	0	0	0	0	0	0
7Michael Polizzotto MD Chief Medical Officer/CMIO	(i)	301,188	17,221	23,458	21,625	34,967	398,459	0
	(ii)	0	0	0	0	0	0	0
8Ann Gantzer MD Chief Nursing Officer	(i)	274,627	42,090	25,076	41,091	40,203	423,087	0
	(ii)	0	0	0	0	0	0	0
9Gayatri Sonti DO Physician	(i)	747,885	0	0	6,895	23,671	778,451	0
	(ii)	0	0	0	0	0	0	0
10Martin Gryfinski MD Physician	(i)	698,092	0	0	9,720	19,052	726,864	0
	(ii)	0	0	0	0	0	0	0
11Mohamed Zeater MD Physician	(i)	896,332	0	0	13,500	47,954	957,786	0
	(ii)	0	0	0	0	0	0	0
12Tarek Harb MD Physician	(i)	628,015	0	0	12,420	34,275	674,710	0
	(ii)	0	0	0	0	0	0	0
13Steven Milos MD Physician	(i)	680,621	0	0	17,332	43,633	741,586	0
	(ii)	0	0	0	0	0	0	0
14William R Gorski MD Former President & CEO	(i)	469,388	188,137	565,412	26,100	12,337	1,261,374	454,953
	(ii)	0	0	0	0	0	0	0
15Donald Haring Former Chief Financial Officer	(i)	0	20,892	179,441	0	0	200,333	167,484
	(ii)	0	0	0	0	0	0	0
16Richard Walsh Former Chief Operating Officer	(i)	0	20,892	172,788	0	0	193,680	160,831
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
SwedishAmerican Hospital

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

2017

Open to Public Inspection

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 - 2012	86-1091967	45203HLW0	09-27-2012	41,833,485	See Part IV		X		X		X
B Illinois Finance Authority - 2015	86-1091967	45203HY89	03-27-2015	76,980,000	See Part IV		X		X		X
C Illinois Finance Authority - 2010A	86-1091967		10-11-2016	8,820,000	See Part IV		X		X		X
D Illinois Finance Authority - 2010B	86-1091967		10-26-2016	8,370,000	See Part IV		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired			9,840,000		1,260,000		930,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	41,888,629		76,980,000		8,820,000		8,370,000	
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			76,980,000		8,820,000		8,370,000	
12	Other unspent proceeds								
13	Year of substantial completion	2013		2007		2010		2010	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		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 ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X		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		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		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		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X	X		X		X	
c No rebate due?	X			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		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was 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		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		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		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		X	

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

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name Illinois Finance Authority - 2012 Date the Rebate Computation was Performed 09/27/2017

Return Reference	Explanation
Part I, column (f)	2012 Bond Construction & Equipment Regional Cancer Center The arbitrage rebate computation was performed on September 27, 2017 2015 Bond Construction & Equipment Cardiac pavilion, renovate operating room & catheterization lab completed in 2007 The bond was remarketed on 3/27/15 2010A and 2010B Bonds Original bond issue in 2005 for Construction & Equipment Cardiac pavilion, renovation of operating room & catheterization lab completed in 2007 Bond was re-issued in 2010 as a direct bank placement, and reissued in 2016

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

2017

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	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) Andrea Fulcomer	See Part V	58,873	See Part V		No

Part V Supplemental Information

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

Return Reference	Explanation
Sch L, Part IV, Business Transactions Involving Interested Persons	(b) Relationship Between Interested Person and Organization Spouse of trustee Eric Fulcomer(d) Description of Transaction Compensation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
SwedishAmerican Hospital**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

2017**Open to Public
Inspection**

Employer identification number

36-2222696

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Michael Broski, Jeffrey Hultman and Frank Walter have a business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	SwedishAmerican Health System Corporation (SAHSC) is the sole corporate member of SwedishAmerican Hospital

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	SwedishAmerican Health System Corporation is the sole corporate member of SwedishAmerican Hospital and as such appoints all trustees

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	SAHSC shall have powers and voting rights to do the following (a) Appoint all the Trustees of the Hospital (b) Elect the President and Chief Executive Officer of SAHSC, who shall automatically become the Hospital's President and Chief Executive Officer (this officer is sometimes also referred to in these Bylaws as the "President") (c) Approve expressly all amendments to the Hospital's Articles of Incorporation and Bylaws (d) Approve annual budgets, and strategic, long-range and health manpower development plans of the Hospital (e) Approve all contracts of indebtedness that exceed One Million Dollars (\$1,000,000.00) in principal amount or that are effective for longer than sixty (60) months "Contracts of Indebtedness" shall mean notes, bonds or other written evidences of borrowings (f) Approve all plans of merger or consolidation of the Hospital, or the sale, lease, exchange, mortgage, pledge or other disposition of all or substantially all, the property and assets of the Hospital, or a voluntary dissolution of the Hospital (g) Require the Hospital's Board of Trustees to take any action (including amending the Hospital's Articles of Incorporation or Bylaws), or to modify or rescind an action already taken, if either the Hospital or SAHSC receives notification from a federal agency that failure to take the action, or to modify or rescind an action already taken, may result in the Hospital's failure to obtain or maintain its exemption as an organization described in Section 501(c)(3) of the Code, provided, however, that (i) SAHSC shall exercise this authority only to the extent necessary to eliminate the basis for the federal agency's position and only after the Hospital and/or SAHSC have exhausted other alternative means available to each of them to address the matter (to the extent the exhaustion of such other alternatives will not, through lapse of time or otherwise, cause the Hospital not to obtain or maintain its federal tax exemption), and (ii) in the event SAHSC is required to exercise this authority, prior to or as soon as possible thereafter, the Hospital's Board of Trustees and SAHSC jointly shall use their best efforts to develop a mutually acceptable plan of action to appropriately address the objections of the Hospital's Board of Trustees, if any, to the actions of SAHSC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	A draft version of the Form 990 was reviewed by Legal Counsel and the Chief Financial Officer. Subsequently, the Audit/Compliance Committee of the Board of Directors of SwedishAmerican Health System reviewed a final draft of the Form 990 and were provided with the opportunity to comment and ask questions. The entire Board of Trustees were provided with a copy of the Form 990 before it was filed.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The organization regularly and consistently monitors and enforces compliance with its conflict of interest policies, which apply to all members of the Board of Trustees and to all employees. Procedures are in place to identify conflicts of both trustees and employees. Trustee conflicts are handled by Board deliberation and Board vote from which the interested director is excluded. Employee conflicts are handled by the compliance department and in certain instances may require separate Board action. The Board is provided with periodic compliance reports regarding conflicts of interest.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	All compensation is determined by the Executive Compensation Committee of SwedishAmerican Health System Corporation and is paid by SwedishAmerican Hospital. All compensation decisions are made by independent persons. With respect to the President & CEO and other Officers, SwedishAmerican Health System Corporation follows a compensation approval procedure annually that involves approval of proposed and final compensation arrangements by SwedishAmerican Health System Corporation's Executive Compensation Committee using comparability data, as well as contemporaneous documentation of compensation decisions in the minutes.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Interest in SwedishAmerican Foundation 1,331,846 Joint Ventures Book/Tax Difference 416,0 13 Transfer from SwedishAmerican Foundation -1,980,078

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As Filed Data -

DLN: 93493130033649

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SwedishAmerican Hospital

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

2017

Open to Public Inspection

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.

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(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	Outpatient Health Services	IL	N/A	RELATED	30,708	129,474		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	
(4) Madison Medical Center LLP 7974 UW Health Court Middleton, WI 53562 39-1329429	Real Estate	WI	N/A	N/A				No			No	
(5) Sixth Street Medical LLC 7974 UW Health Court Middleton, WI 53562 47-2705724	Real Estate	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	No
See Additional Data Table									

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**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		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		No
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

See Additional Data Table

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

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.

[illegible]

Part VII **Supplemental Information**

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

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
600 Highland Avenue Madison, WI 53792 39-1835630	Hospital and Clinics	WI	501(c)(3)	Line 6	N/A		No
600 Highland Avenue Madison, WI 53792 39-1824445	Physician Services	WI	501(c)(3)	Line 10	University of WI Hospital and Clinics Authority		No
301 South Westfield Road Suite 320 Madison, WI 53717 39-1446049	Regional Parent Corp to manage and direct activities of entities	WI	501(c)(3)	Line 12a	University of WI Hospital and Clinics Authority		No
301 South Westfield Road Suite 320 Madison, WI 53717 47-2553196	Support Organization	WI	501(c)(3)	Line 12a	University of WI Hospital and Clinics Authority		No
1401 East State Street Rockford, IL 61104 36-3241458	Parent Corporation to manage and direct activites of entities	IL	501(c)(3)	Line 12a	Regional Division Inc		No
1415 East State Street Rockford, IL 61104 36-3097493	Supports fundraising for SwedishAmerican Hospital	IL	501(c)(3)	Line 7	SwedishAmerican Hospital	Yes	
1313 East State Street Rockford, IL 61104 36-3248013	Title Holding Company	IL	501(c)(2)		SwedishAmerican Health System Corporation	Yes	
1401 East State Street Rockford, IL 61104 36-6652702	Hospital Malpractice Trust	IL	501(c)(3)	Line 12a	SwedishAmerican Hospital	Yes	
600 Highland Avenue Madison, WI 53792 39-1807425	Infusion Therapy	WI	501(c)(3)	Line 12d	University of WI Hospital and Clinics Authority		No
2365 Deming Way Middleton, WI 53562 27-3496527	Reproductive endocrinology and infertility services	WI	501(c)(3)	Line 10	N/A		No
3034 Fish Hatchery Road Fitchburg, WI 53713 30-0072647	Dialysis Services	WI	501(c)(3)	Line 12c	N/A		No
7974 UW Health Court Middleton, WI 53562 39-1940656	Health care services and training	WI	501(c)(3)	Line 10	N/A		No
7974 UW Health Court Middleton, WI 53562 45-5490584	Accountable Care Organization	WI	501(c)(3)	Line 10	University of WI Hospital and Clinics Authority		No
3190 Gundersen Drive Onalaska, WI 54650 45-2633920	Health Insurance	MN	501(c)(4)		Gundersen Health Plan Inc		No
3190 Gundersen Drive Onalaska, WI 54650 39-1807071	Health Insurance	WI	501(c)(4)		University Health Care Inc		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
SARI Insurance Company 76 St Paul Street Suite 500 Burlington, VT 054014477 03-0308753	Captive Insurance Company	VT	N/A	C				Yes	
State & Charles Inc 1313 East State Street Rockford, IL 61104 36-3321193	Holding Company	IL	N/A	C				Yes	
SwedishAmerican Health Management Corp 1401 East State Street Rockford, IL 61104 36-3246511	Management Services	IL	N/A	C				Yes	
Unity Health Plans Insurance Corporation 840 Carolina Street Sauk City, WI 53583 39-1450766	Health Maintenance Organization	WI	N/A	C					No
Health Professionals of Wisconsin 301 South Westfield Road Madison, WI 53717 39-1806711	Real Estate	WI	N/A	C					No
Physician's Care Network 1313 East State Street Rockford, IL 61104 36-3455791	Health Services	IL	N/A	C				Yes	
Quartz Holding Company 840 Carolina Street Sauk City, WI 53583 82-1728929	Holding Company	WI	N/A	C					No
Quartz Health Solutions 840 Carolina Street Sauk City, WI 53583 46-5710709	Insurance	WI	N/A	C					No
Physicians Plus Insurance Corporation 840 Carolina Street Sauk City, WI 53583 39-1565691	Health Maintenance Organization	WI	N/A	C					No
One South Park Parking Condominium Association Inc 1 South Park Street Madison, WI 53701	Condominium Association	WI	N/A	C					No
Charitable Remainder Unitrusts (3)	Trust	IL	N/A	T				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
SwedishAmerican Foundation	C	1,980,078	Cost
SwedishAmerican Hospital Self Insurance Trust	Q	419,090	Cost
SwedishAmerican Hospital Self Insurance Trust	R	5,747,941	Cost
SwedishAmerican Realty Corporation	K	6,693,343	Cost
Three Rivers Partners LLC	J	335,133	Cost
University of WI Medical Foundation	P	3,608,186	Cost
University of WI Hospital and Clinics	P	7,067,218	Cost
Regional Division Inc	K	240,995	Cost
Regional Division Inc	Q	1,366,421	Cost
Regional Division Inc	P	446,537	Cost