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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

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

C Name of organization
EDWARD HOSPITAL
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
Room/suite
City or town, state or country, and ZIP + 4
NAPERVILLE, IL 60540

D Employer identification number
36-3297173

E Telephone number
(630) 527-3000

G Gross receipts \$ 492,668,836

F Name and address of Principal Officer
Pamela Meyer Davis CEO
801 SOUTH WASHINGTON STREET
Naperville, IL 60540

H(a) Is this a group return for affiliates?
☐ Yes ☒ No

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

H(c) Group Exemption Number

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

J Web site: WWW EDWARD ORG

K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other

L Year of Formation 1984

M State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To establish and maintain hospital/healthcare facilities for the care of persons suffering from illnesses, diseases, injuries, deformities, disabilities or abnormal conditions

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 12

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10

5 Total number of employees (Part V, line 2a) 5 3,312

6 Total number of volunteers (estimate if necessary) 6 858

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . 7a 597,404

7b Net unrelated business taxable income from Form 990-T, line 34 . . . 7b 59,954

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)

Prior Year
Current Year
4,798,158 1,015,373
464,091,543 457,388,727
23,278,590 8,095,354
2,310,884 253,166
494,479,175 466,752,620

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–24f)

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

19 Revenue less expenses Subtract line 18 from line 12

0 0
164,884,899 165,452,912
0 0
294,292,821 279,050,553
459,177,720 444,503,465
35,301,455 22,249,155

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

Beginning of Year End of Year
609,087,453 596,963,395
411,612,028 420,360,487
197,475,425 176,602,908

Part II Signature Block

Please Sign Here
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
Signature of officer VINCE PRYOR CFO
Date 2010-05-12
Type or print name and title

Paid Preparer's Use Only
Preparer's signature Date Check if self-employed Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ERNST & YOUNG US LLP EIN
233 SOUTH WACKER DRIVE
CHICAGO, IL 60606 Phone no (312) 879-2000

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

See Additional Data Table

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 exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code	) (Expenses \$	360,364,110	including grants of \$	) (Revenue \$	456,791,323)
Edward Hospital is a 317-bed, full-service, regional healthcare provider with more than 980 physicians on its medical staff and more than 4,100 employees Edward serves residents of the west and southwest suburbs of Chicago including Naperville, Aurora, Bolingbrook, Downers Grove, Homer Glen, Joliet, Lemont, Lisle, Lockport, Minooka, Oswego, Plainfield, Romeoville, Shorewood, Warrenville, Wheaton, Woodridge and Yorkville The physicians on the medical staff represent more than 70 medical and surgical specialties and subspecialties More than 98 percent (the national average is 62 percent) of them are board certified in their respective fields, a designation awarded only to physicians who complete rigorous post-medical school training and pass an extensive certification test Accredited by the Joint Commission, Edward has earned a reputation as a leader in complex medical specialties and innovative programming including, but not limited to the following -- State-of-the-art imaging technology at numerous community locations --Access to the latest clinical trials for cancer and heart disease --Edward Cancer Center opened a Multidisciplinary Thoracic Oncology Clinic, the first of its kind, for coordinated, faster, more efficient treatment of patients with lung cancer and other malignancies and abnormalities of the chest --Care for the most critically ill newborns in its Level III NICU --Minimally invasive and beating heart surgery in the regions most up-to-date surgical suites --Heart Aware, an online test so people can determine their risk for heart disease to enhance and promote prevention -- Expert emergency services for adult and pediatric patients in its Level II emergency department and pediatric emergency department --Innovated animal-assisted therapy, music therapy and art therapy through its healing arts program During the fiscal year ended June 30, 2009, Edward Hospital provided nearly \$70 million in community benefits, \$4 5 million more or a 7 percent increase over fiscal year 2008 Charity care accounted for \$8 9 million of the total community benefit, higher than 2008 and the sixth year in a row this amount has gone up For fiscal year 2009 Edward Hospital had 75,457 patient days and 504,716 emergency room and outpatient visits For more information about Edward Hospital, visit www edward org						

4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
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4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
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4d	Other program services (Describe in Schedule O)	(Expenses \$		including grants of \$	) (Revenue \$	)
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4e	Total program service expenses \$	360,364,110	Must equal Part IX, Line 25, column (B).			
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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? 	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? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as 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 U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 	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) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	No

Part IV Checklist of Required Schedules *(Continued)*

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> 		No
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 	Yes	
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
36 501(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> 		No
37 Did the organization conduct more than 5 percent 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> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a181		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a3,312		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	<i>Section 501(c)(7) organizations.</i> 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	<i>Section 501(c)(12) organizations.</i> 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	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> 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		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	12
b	Enter the number of voting members that are independent	1b	10
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6	Does the organization have members or stockholders?	6	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	the governing body?	8a	Yes
b	each committee with authority to act on behalf of the governing body?	8b	Yes
9a	Does the organization have local chapters, branches, or affiliates?	9a	No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes
11	Is there any officer, director or 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	11	No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes
13	Does the organization have a written whistleblower policy?	13	Yes
14	Does the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a	The organization's CEO, Executive Director, or top management official?	15a	Yes
b	Other officers or key employees of the organization?	15b	Yes
Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <u>IL</u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ own website ☐ another's website ☒ upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. VINCE PRYOR 801 S Washington Street Naperville, IL 60540 (630) 527-3035

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099MISC)	(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				
1b Total									3,321,534	6,054,530	630,772

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
EDWARD HEALTH SERVICES CORPORATION 801 SOUTH WASHINGTON ST NAPERVILLE, IL 60540	MANAGEMENT FEES	53,290,996
ARAMARK PO BOX 651009 CHARLOTTE, NC 282651009	FOOD SERVICE	5,455,444
BEAR CONSTRUCTION 1501 Rohlfing Rd ROLLING MEADOWS, IL 60008	CONSTRUCTION	5,268,254
CARDINAL HEALTH 21377 NETWORK PLACE CHICAGO, IL 60673	PHARMACY	4,985,962
EDWARD CARDIOVASCULAR INSTITUTE 801 SOUTH WASHINGTON ST NAPERVILLE, IL 60540	CARDIAC DIAGNOSTICS	4,369,352

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	
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Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . 1a		1,015,373						
	b	Membership dues 1b								
	c	Fundraising events 1c								
	d	Related organizations 1d	482,031							
	e	Government grants (contributions) 1e								
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	533,342							
	g	Noncash contributions included in lines 1a-1f \$								
	h	Total (Add lines 1a-1f)								
	Program Service Revenue	2a	PATIENT SERVICE REVENUE					Business Code 621,990	325,070,526	325,070,526
b		MEDICARE/MEDICAID PAYMENTS	621,990	124,717,489	124,717,489					
c		RENTAL INCOME	532,000	2,424,344	2,424,344					
d		REFERENCE LAB	621,500	1,060,352	462,948	597,404				
e		HEALTH SCREEN & AMBULATORY	623,990	307,693	307,693					
f		All other program service revenue		3,808,323	3,808,323					
g		Total. Add lines 2a-2f \$ 457,388,727								
Other Revenue		3	Investment income (including dividends, interest other similar amounts)		10,321,818			10,321,818		
		4	Income from investment of tax-exempt bond proceeds		516,345			516,345		
	5	Royalties		0						
	6a	Gross Rents	(i) Real	(ii) Personal						
	b	Less rental expenses								
	c	Rental income or (loss)								
	d	Net rental income or (loss)								
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-2,742,809			-2,742,809		
			22,961,624							
			25,704,433							
			-2,742,809							
	b	Less cost or other basis and sales expenses								
	c	Gain or (loss)								
	d	Net gain or (loss)								
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a			0					
									b	Less direct expenses b
									c	Net income or (loss) from fundraising events
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a			0					
b									Less direct expenses b	
c									Net income or (loss) from gaming activities	
10a	Gross sales of inventory, less returns and allowances a			218,166			218,166			
								b	Less cost of goods sold . . . b	
								c	Net income or (loss) from sales of inventory . . .	
	Miscellaneous Revenue	Business Code								
11a	CAFETERIA	722,210	35,000			35,000				
b										
c										
d	All other revenue									
e	Total. Add lines 11a-11d \$ 35,000									
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			466,752,620	456,791,323	597,404	8,348,520			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,002,640	3,002,640		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	177,663		177,663	
7	Other salaries and wages	134,228,092	121,721,969	177,663	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,523,582	2,293,603	229,979	
9	Other employee benefits	15,972,705	14,401,219	1,571,486	
10	Payroll taxes	9,548,230	8,552,636	995,594	
11	Fees for services (non-employees)				
a	Management	52,961,333		52,961,333	
b	Legal	69,597		69,597	
c	Accounting	0			
d	Lobbying	202,106		202,106	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	325,153		325,153	
g	Other	37,203,920	32,201,643	5,002,277	
12	Advertising and promotion	432,616	422,556	10,060	
13	Office expenses	74,897,223	72,817,707	2,079,516	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	7,119,901	6,392,067	727,834	
17	Travel	68,079	52,447	15,632	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	142,118	107,141	34,977	
20	Interest	14,227,261	12,804,535	1,422,726	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	35,405,547	31,920,951	3,484,596	
23	Insurance	9,016,107	9,016,107		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PROVISION FOR BAD DEBT	16,308,294	16,308,294		
b	MEDICAID PROVIDER TAX	12,596,158	12,596,158		
c	MED FEES/PHYSICIAN INTEGRATN	7,416,240	7,416,240		
d	REPAIRS & MAINTENANCE	6,666,596	6,388,508	278,088	
e	COLLECTION FEES	1,733,308		1,733,308	
f	All other expenses	2,258,996	1,947,689	311,307	
25	Total functional expenses. Add lines 1 through 24f	444,503,465	360,364,110	84,139,355	0
26	Joint Costs. Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	12,714,300	1 26,226,499
	2	Savings and temporary cash investments		2
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	63,612,031	4 57,861,550
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6
	7	Notes and loans receivable, net	45,985	7 37,676
	8	Inventories for sale or use	4,594,141	8 4,562,924
	9	Prepaid expenses and deferred charges	4,737,268	9 7,178,301
	10a	Land, buildings, and equipment cost basis		
		10a 521,803,573		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>		
		10b 250,816,208	269,975,371	10c 270,987,365
	11	Investments—publicly traded securities	221,227,764	11 199,239,608
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	11,459,476	13 11,599,886
14	Intangible assets	0	14 2,833,504	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	20,721,117	15 16,436,082	
16	Total assets. Add lines 1 through 15 (must equal line 34)	609,087,453	16 596,963,395	
Liabilities	17	Accounts payable and accrued expenses	54,276,045	17 52,888,383
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities	297,568,100	20 291,283,380
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22
	23	Secured mortgages and notes payable to unrelated third parties	0	23 0
	24	Unsecured notes and loans payable		24
	25	Other liabilities <i>Complete Part X of Schedule D</i>	59,767,883	25 76,188,724
	26	Total liabilities. Add lines 17 through 25	411,612,028	26 420,360,487
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	194,043,288	27 173,259,049
	28	Temporarily restricted net assets	3,119,675	28 3,031,397
	29	Permanently restricted net assets	312,462	29 312,462
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	197,475,425	33 176,602,908
	34	Total liabilities and net assets/fund balances	609,087,453	34 596,963,395

Part XI **Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☒ accrual ☐ other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization EDWARD HOSPITAL	Employer identification number 36-3297173
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	☐	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	☐	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☒	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	☐	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	☐	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
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 501(c)(3) organization, check this box and stop here						☐

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		☐

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15		
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16		

Computation of Investment Income Percentage			
17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17		
18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18		
19a33 1/3% Tests - 2008. 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			
b33 1/3% Tests - 2007. 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			
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization EDWARD HOSPITAL	Employer identification number 36-3297173
---	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$
- 3

Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 in 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 internal funds contributed to other organizations for section 527 exempt funtion activities

\$
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☐

if the filing organization belongs to an affiliated group

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: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		
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 instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(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 c through i)?	Yes		
	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?	Yes		47,324
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
	i Other activities If "Yes," describe in Part IV		No	
	j Total lines 1c through 1i			47,324
	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

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

		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 carryover lobbying and political expenditures from the prior year?	3	

Part III-B

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

Supplemental Information

Identifier	Return Reference	Explanation
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SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization EDWARD HOSPITAL	Employer identification number 36-3297173
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes☐ No	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area ☐ Protection of natural habitat☐ Preservation of certified historic structure ☐ Preservation of open space											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><th></th><th>Held at the End of the Year</th></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶											
4	Number of states where property subject to conservation easement is located ▶											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes☐ No											
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes☐ No											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b

If "Yes," explain why in Part XIV 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?

☐ Yes ☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	3,432,137				
b Contributions	278,130				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	366,408				
f Administrative expenses					
g End of year balance	3,343,859				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 9 344 %

c

Term endowment ▶ 90 656 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

3a(ii)

3b

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

Yes

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		9,379,827		9,379,827
b Buildings		332,914,117	133,760,689	199,153,428
c Leasehold improvements				
d Equipment		162,809,526	112,102,874	50,706,652
e Other		16,700,103	4,952,645	11,747,458
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				270,987,365

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN ECD	8,065,600	C
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

(a) Description	(b) Book value
MISC RECEIVABLES	1,126,229
DEFERRED FINANCING COSTS	5,516,858
DEFERRED COMPENSATION	1,663,058
OTHER INVESTMENTS - VHA	75,000
DUE FROM THRID PARTY PAYORS	4,711,078
INT IN TEMP REST NA OF EDWARD	3,031,397
INT IN PERM REST NA OF EDWARD	312,462
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
EST THRID PARTY PAYOR SETTLEMENTS	48,649,153
PROF & GENERAL LIABILITY	8,413,413
INTEREST RATE SWAP	17,463,100
DEFERRED COMPENSATION	1,663,058
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	76,188,724

Schedule D (Form 990) 2008

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	SCHEDULE D, PART V, ENDOWMENT FUNDS	There are three permanent endowment funds and the interest earned on the funds is intended to be used as follows 1) Cardiovascular - to be used for the Edward Hospital Cardiovascular Program, 2) Animal Assisted Therapy - to be used to support the use of dogs visiting patients to help relieve stress and improve healing times, and 3) the Book Scholarship Fund - to help nurses educationally by supplementing their further higher educational expenses

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Name of the organization
EDWARD HOSPITAL

Employer identification number
36-3297173

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	
b	If "Yes," is it a written policy?	1b	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ % b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ % c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	
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	
6a	Does the organization prepare an annual community benefit report?	6a	
6b	If "Yes," does the organization make it available to the public?	6b	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested 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 Charity care at cost (from <i>worksheets 1 and 2</i>)						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i>)						
c Unreimbursed costs—other means-tested government programs (from <i>worksheet 3, column b</i>)						
d Total Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i>)						
f Health professions education (from <i>worksheet 5</i>)						
g Subsidized health services (from <i>worksheet 6</i>)						
h Research (from <i>worksheet 7</i>)						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i>)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part IICommunity Building Activities

(Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(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 IIIBad Debt, Medicare, & Collection Practices

(Optional for 2008)

Section A. Bad Debt Expense

1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	No
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Enter line 5 less line 6—surplus or (shortfall)	7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: ☐ Cost accounting system ☐ Cost to charge ratio ☐ Other			

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IVManagement Companies and Joint Ventures

(Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

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

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals 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.)

7 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EDWARD HOSPITAL

Employer identification number
36-3297173

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Travel for companions ☐ Tax idemnification 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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1bYes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2Yes	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ 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 in Form 990, Part VII, Section A, line 1a		
a Receive a severance payment or change of control payment?	4aYes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4bYes	
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
501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6aYes	
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6bYes	
7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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

Schedule J (Form 990) 2008

Software ID:

Software Version:

EIN: 36-3297173

Name: EDWARD HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Pam Davis	(i)	0	0	0	0	0	0	0
	(ii)	649,168	133,676	726,034	9,200	25,235	1,543,313	0
Hoda El-Asmar MD	(i)	284,446	48,889	18,237	10,541	19,961	382,074	0
	(ii)	0	0	0	0	0	0	0
Nanette Bufalino	(i)	0	0	0	0	0	0	0
	(ii)	246,295	53,266	56,047	8,976	23,238	387,822	0
Brian Davis	(i)	0	0	0	0	0	0	0
	(ii)	182,246	32,187	22,711	6,571	25,395	269,110	0
Alan Kaplan MD	(i)	0	0	0	0	0	0	0
	(ii)	416,130	87,813	122,522	9,200	31,848	667,513	0
Annette Kenney	(i)	0	0	0	0	0	0	0
	(ii)	176,620	4,885	3,796	1,436	27,914	214,651	0
Bill Kottmann	(i)	0	0	0	0	0	0	0
	(ii)	244,858	42,944	89,014	9,970	30,419	417,205	0
Mary Lou Mastro	(i)	0	0	0	0	0	0	0
	(ii)	220,657	38,644	91,364	8,116	13,437	372,218	0
John Mordach	(i)	0	0	0	0	0	0	0
	(ii)	337,203	71,042	118,352	12,880	24,659	564,136	0
Maggie Shontz	(i)	0	0	0	0	0	0	0
	(ii)	224,883	39,756	55,752	8,210	21,863	350,464	0
Marianne Spencer	(i)	0	0	0	0	0	0	0
	(ii)	185,153	32,848	63,378	7,753	28,085	317,217	0
Dennise Vaughn	(i)	0	0	0	0	0	0	0
	(ii)	179,479	32,057	27,807	6,957	16,847	263,147	0
Patricia Anen	(i)	0	0	0	0	0	0	0
	(ii)	108,071	69,457	218,934	2,132	2,698	401,292	0
Todd Conklin	(i)	0	0	0	0	0	0	0
	(ii)	98,062	16,762	230,018	2,100	2,942	349,884	0
Marilyn Daley	(i)	0	0	0	0	0	0	0
	(ii)	29,304	29,322	238,261	0	803	297,690	0
Linda Devee	(i)	146,037	5,331	6,351	5,365	8,384	171,468	0
	(ii)	0	0	0	0	0	0	0
Patti Ludwig-Beymer	(i)	145,664	3,981	6,770	5,814	6,536	168,765	0
	(ii)	0	0	0	0	0	0	0
Yvette Saba	(i)	153,140	7,855	760	5,487	18,329	185,571	0
	(ii)	0	0	0	0	0	0	0
Kim Stache	(i)	180,178	20,546	238	6,330	4,481	211,773	0
	(ii)	0	0	0	0	0	0	0
Lynn Wagner	(i)	137,691	4,211	28,894	6,382	16,616	193,794	0
	(ii)	0	0	0	0	0	0	0
George Kuborov	(i)	232,393	219,693	47,805	9,474	22,588	531,953	0
	(ii)	0	0	0	0	0	0	0
Thomas Scaletta	(i)	294,308	127,458	3,500	10,467	22,661	458,394	0
	(ii)	0	0	0	0	0	0	0
Jeffery Zietler	(i)	235,749	132,771	21,262	8,933	18,594	417,309	0
	(ii)	0	0	0	0	0	0	0
Sunil Mathews	(i)	235,639	161,380	7,427	8,516	22,644	435,606	0
	(ii)	0	0	0	0	0	0	0
Michael Hartman	(i)	236,219	135,591	31,120	9,414	14,371	426,715	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization
EDWARD HOSPITAL

Employer identification number
36-3297173

Part I

Bond Issues (Required for 2008)

	(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	
							Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY SERIES 2008 A	86-1091967	45200FFF1	04-09-2008	86,100,000	CONVERSION BONDS		X		X
B	ILLINOIS FINANCE AUTHORITY SERIES 2008B-1 B-2 & C	86-1091967	45200FFY0	04-30-2008	126,220,000	REVENUE REFUNDING BONDS		X		X

Part II

Proceeds (Optional for 2008)

1		Total Proceeds of Issue	A		B		C		D		E	
2		Gross Proceeds in Reserve Funds										
3		Proceeds in Refunding or Defeasance Escrows										
4		Other Unspent Proceeds										
5		Issuance Costs from Proceeds										
6		Working Capital Expenditures from Proceeds										
7		Capital Expenditures from Proceeds										
8		Year of Substantial Completion										
9		Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
10		Were the bonds issued as part of an advance refunding issue?										
11		Has the final allocation of proceeds been made?										
12		Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

		A		B		C		D		E	
		Yes	No	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?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV

Arbitrage (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization
EDWARD HOSPITAL

Employer identification number

36-3297173

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

To be completed by organizations that 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) Description of transaction	(c) Corrected?	
			Yes	No

2

Enter the amount of tax imposed on the 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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that 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 grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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
ZEV DAVIS	SEE SCHEDULE O	177,663	SEE SCHEDULE O		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization EDWARD HOSPITAL	Employer identification number 36-3297173
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Identifier	Return Reference	Explanation
Description of Classes of Members or Stockholders	Form 990, Part VI, Question 6	Edward Hospital's sole corporate member is Edward Health Services Corporation, an Illinois not for profit and 501(c)(3) tax exempt corporation

Identifier	Return Reference	Explanation
Description of Classes of Persons and the Nature of Their Rights	Form 990, Part VI, Question 7a	Edward Hospital's sole corporate member, Edward Health Services Corporation, may elect remove and replace Members of the Board of Trustees of Edward Hospital. The EHSC Board of Trustees consists of the individuals who concurrently serve on the EH Board of Trustees.

Identifier	Return Reference	Explanation
Describe Classes of Persons, Decisions Requiring Appr & Type of Voting Rights	Form 990, Part VI, Question 7b	The Board of Trustees of Edward Hospital's sole corporate member, Edward Health Services Corporation ("EHSC"), has the following exclusive powers over Edward Hospital ("EH") - Elect, remove and replace Members of the Board of Trustees of Edward Hospital ("EH Board of Trustees") - Approve, before they may become effective, all amendments to the Articles of Incorporation of EH proposed by the EH Board of Trustees and enact or amend Articles of Incorporation for EH in the discretion of EHSC - Approve a plan of dissolution or liquidation of EH or a plan of merger or consolidation of EH with another corporation - Adopt, or permit the adoption of, any annual or long-term capital or operational budget of EH or of any affiliate or subsidiary of EH - Approve, or permit the approval of, any long-term borrowing of money for capital needs by EH or by any affiliate or subsidiary of EH - Approve, before it may become effective, the creation of any taxable or tax-exempt subsidiary organization of EH - Adopt policies which may impose obligations upon the EH Board of Trustees or limitations on the powers of the EH Board of Trustees which shall be consistent with the Bylaws and the Articles of Incorporation of EH, provided that the policies shall first be submitted to the EH Board of Trustees for comment upon no less than thirty (30) days prior written notice. Any policies as described above which are adopted by the EHSC Board of Trustees shall be delivered to the Chairman, President or Secretary of EH, signed by an authorized officer of EHSC, and shall be effective as of the date of delivery. The EHSC Board of Trustees consists of the individuals who concurrently serve on the EH Board of Trustees.

Identifier	Return Reference	Explanation
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 10	A draft of the full form 990 was provided to the Edward Health Services Corporation Audit Committee, and was reviewed with the assistance of Ernst & Young, EHSC independent auditors. Following review by the Audit Committee, and prior to filing, a final draft of the Form 990 was then provided to the full Board of Trustees, and key components of the Form 990 were also reviewed.

Identifier	Return Reference	Explanation
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12c	Edward Health Services Corporation, on behalf of itself and all affiliates including Edward Hospital, monitors and enforces compliance with its conflict of interest policy through annual reporting, and ongoing education. Each year, EHSC conducts an annual conflict of interest review. This process involves requiring all Trustees, officers, key employees, contracted physicians and physicians in leadership roles, and management level employees to complete an electronic conflict of interest questionnaire. The data are reported back to the Chief Compliance & Privacy Officer, who assesses the reported conflicts to determine whether they require any follow-up action, including divestiture of any business interest or possible termination of any business relationship. The Chief Compliance & Privacy Officer ensures that all required individuals submit a completed questionnaire, and if no report is completed, the matter is reported to the Board of Trustees. The Board of Trustees is also provided a summary report of all actual or potential conflicts of interest, so that they are aware of these relationships as the business of the Board is being conducted. In cases where an actual or potential conflict is identified, the conflicted individual is educated about how they should raise this issue if they are ever in a position where their conflict may be implicated. Conflicted individuals must recuse themselves from voting, but, at the discretion of the Board, may be permitted to participate in discussion about matters in which they have an actual or apparent conflict. In addition to this annual reporting, all individuals noted above are advised that, pursuant to the conflicts policy, they are required to report to the Chief Compliance & Privacy Officer any actual or potential conflicts of interest as they may arise throughout the course of the year.

Identifier	Return Reference	Explanation
Offices & Positions Process was Used & Year Process was Undertaken	Form 990, Part VI, Question 15a & 15b	Executive compensation, including the CEO and all officers ("Senior Management"), is managed by the EHSC Executive Committee ("Committee"), on behalf of EHSC and all of its affiliates. On an annual basis, the Committee reviews compensation arrangements, and based on such review, the Committee recommends the compensation award for the EHSC CEO for the coming year to the EHSC Board for approval. The Committee conducts the review in a manner that will qualify for the rebuttable presumption of reasonableness under the intermediate sanction rules of Section 4958 of the Internal Revenue Code. To that end - The CEO and all other members of Senior Management may participate in this review process and be present at meetings of the Committee only if and to the extent necessary to answer questions and provide other information the Committee needs for its analysis, assessment and deliberations, and they must otherwise recuse themselves from Committee meetings during Committee debate and voting on compensation arrangements. - The Committee confirms prior to commencement of the annual review that no other member of the Committee has a conflict of interest with regard to the compensation matters addressed in the review. Any member identified as having a conflict shall participate in the process only to the same extent as members of Senior Management. - The Committee conducts the review with the assistance of an experienced and independent compensation firm, who shall summarize its analysis and findings in writing to the Executive Committee. - The Committee obtains and relies upon current, comparable market compensation data for appropriate peer organizations for each compensation component prior to making its determination. Relevant information will include compensation levels paid by similarly situated organizations, both taxable and tax-exempt, for functionally comparable positions, the availability of similar services in the geographic area served by EHSC, current compensation surveys compiled by an independent firm, and actual written offers from similar organizations competing for the services of the members of Senior Management. - The Executive Committee also adequately and promptly documents its decision. The documentation states the intention to qualify for the rebuttable presumption of reasonableness, the specific terms of the compensation arrangement that were approved, the approval date, the names of the individuals present and those who voted, the specific comparability data obtained and relied upon, and an explanation as to why the approved amounts are considered reasonable if the terms of the compensation arrangement differ from the comparability data. It also reflects the steps taken by the Committee to confirm the absence of conflicts on the part of any Committee member and to meet the foregoing requirements concerning the nature and extent of participation of any conflicted Committee member or members of Senior Management. In addition, the Executive Committee periodically reviews the executive compensation plan, including the philosophy, for (a) compliance with applicable laws and regulations, and (b) alignment with EHSC's mission, charitable purposes, goals and strategies. Based on the review, the Committee develops and recommends to the full Board for its approval changes in one or more components of the plan or the plan philosophy that the Committee considers necessary and appropriate relative to one or both of these criteria. Other individuals who are key employees of Edward Hospital are compensated with a competitive base salary, along with an incentive plan, which is reflective of Edward's market, as determined by a review of independently gathered market compensation survey data. - At the time of hire, the salary determination is made by giving consideration to experience pertinent to the role for which the individual is to be hired. Also considered are niche skills or experience this key employee brings to the organization. Supply and demand will also play a role in determining the hire in rate of pay. Based on these factors, EHSC Human Resources Department, which supports EHSC and all of its affiliates, including Edward Hospital, will assign the key employee to an appropriate pay grade, and a rate of pay will be offered within that pay grade. - On an annual basis, EHSC Human Resources works with an independent third party compensation consultant (Sullivan Cotter) to conduct a thorough market review of all positions which are not considered Senior Management. Using a variety of sources, our salary ranges are compared to the current market. Pay grade assignments, and individual rates of pay, may change based on the results of this annual market review. In addition, annual merit increases may be awarded based on Edward's budget for the year.

Identifier	Return Reference	Explanation
Joint Venture arrangements	Part VI, Section B, 16b	Currently, it is the policy of EHSC and Edward Hospital that participation by the Hospital, or any Edward affiliate, in a joint venture requires review by the EHSC Finance Committee (regardless of the dollar amount of the investment) and approval by the EHSC Board of Trustees. Regardless of the percentage ownership that any Edward entity may have in the joint venture, the venture's governing documents must include the following provisions related to the entity: (1) It is to be operated in a manner consistent with Edward's charitable mission, (2) There is a commitment to provide free or uncompensated care, treat Medicaid and Medicare patients and maintain health care and education programs for the benefit of the community, (3) The activities should result in significant community benefits such as (a) the creation of a new provider of healthcare services, (b) the expansion of community healthcare resources, (c) the improvement in treatment modality, (d) the reduction in healthcare costs, or (e) the improvement in patient convenience and access to physicians, and (4) Healthcare services must be provided in a non-discriminatory manner. The EHSC Board of Trustees, for itself and all of its affiliates, is in the process of reviewing and approving a joint venture policy that will more formally set forth the practices described above, to continue to ensure that Edward will pursue only those joint ventures which further its charitable mission and strengthen Edward financially, ensuring that quality health care will continue to be available to the communities that Edward serves.

Identifier	Return Reference	Explanation
Avail of Gov Docs, Conflict of Interest Policy, & Fin Strmts to Gen Public	Form 990, Part VI, Question 19	Currently, the organization's governing documents, conflict of interest policy and audited financial statements are available upon request. If a request is received for this information, it is forwarded on to either the Legal Department or the Finance Department, and the materials would then be provided to the requestor.

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	PART XI, LINE 2B	THE FINANCIAL STATEMENTS OF EDWARD HOSPITAL ARE SUBJECT TO AUDIT BY ERNST & YOUNG AS THEY ARE INCLUDED IN THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF EDWARD HEALTH SERVICES CORPORATION AND SUBSIDIARIES.

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	1(a) Zev Davis, MD 1(b) During this reporting period, Dr Zev Davis was married to Pam Davis, who is the President & Chief Executive Officer of Edward Hospital ("Hospital") and a member of the Hospital Board of Trustees 1(c) \$177,663 for Medical Director Services paid directly to Dr Davis, 1(d) Dr Davis is a member of Cardiac Surgery Associates, a medical group of approximately 25 physicians, CSA has an exclusive contract with the Hospital for cardiothoracic surgery services Dr Davis, as the Hospital's Medical Director of Vascular Services, performed medical director administrative services through a contract between the Hospital and CSA CSA also provides perfusion services to the Hospital under its contract As a provider of perfusion and cardiac surgery services and one of few local service providers, all professional and administrative services rendered by CSA were valued at the fair market value Ms Davis discloses this relationship annually and on a timely basis in accordance with the Hospital's conflict of interest policy Ms Davis does not participate in any Board deliberations and votes regarding CSA, and generally recuses herself from the discussion of CSA's services unless her input is specifically requested by the Board 1(e) No

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
EDWARD HOSPITAL

Employer identification number
36-3297173

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(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
EDWARD HEALTH SERVICES CORPORATION 801 SOUTH WASHINGTON STREET NAPERVILLE, IL60540 36-3513954	PARENT	IL	501(c)(3)	11 TYPE II	N/A
NAPERVILLE PSYCHIATRIC VENTURES 801 SOUTH WASHINGTON STREET NAPERVILLE, IL60540 36-3965251	HOSPITAL	IL	501(c)(3)	3	EHV
EDWARD HEALTH VENTURES 801 SOUTH WASHINGTON STREET NAPERVILLE, IL60540 58-1672987	SUPPORTNG ORG	IL	501(C)(3)	11 TYPE II	EHSC
EDWARD FOUNDATION 801 SOUTH WASHINGTON STREET NAPERVILLE, IL60540 36-3723705	FUNDRAISING	IL	501(C)(3)	7	EHSC
EDWARD HEALTH & FITNESS CENTER 801 SOUTH WASHINGTON STREET NAPERVILLE, IL60565 36-3555528	HEALTH CARE	IL	501(C)(3)	9	EHV

Part III

Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
EDWARD PHYSICIAN OFFICE CENTER 801 SOUTH WASHINGTON STREET NAPERVILLE, IL60540 36-3524485	HEALTH CARE	IL	EHV	RELATED	125,394	2,615,253		No			No
EDWARD CARDIAC DIAGNOSTICS LLC 801 SOUTH WASHINGTON STREET Naperville, IL60540 74-3246349	Nuclear Services	IL	NA	RELATED	-22,684	255,914		No		Yes	
EDWARD CARDIOVASCULAR INSTITUTE 801 SOUTH WASHINGTON STREET NAPERVILLE, IL60540 36-3864123	HEALTH CARE	IL	NA	N/A							
THE CENTER FOR SURGERY LP 801 SOUTH WASHINGTON STREET NAPERVILLE, IL60540	HEALTH CARE	IL	NA	N/A							

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
EDWARD MANAGEMENT CORPORATION 801 SOUTH WASHINGTON STREET Naperville, IL60540 36-3833311	MANAGEMENT CORP	IL	N/A	C CORP			
NAPERVILLE HEALTH CARE ASSOC LTD 801 SOUTH WASHINGTON STREET NAPERVILLE, IL60540 36-3651180	HEALTH CARE	IL	N/A	c corp	2,207,267	12,258,141	100 %
EHSC CAYMAN SEGREGATED PORTFOLIO FIRST CARIBBEAN HSE 3RD FL 10 MAIN ST, GEORGE TOWN, CJ CJ 000000000	INSURANCE	CJ	NA	C CORP			

Part V

Transactions with Related Organizations

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

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c Yes

1d No

1e No

1f No

1g No

1h No

1i No

1j No

1k Yes

1l Yes

1m No

1n No

1o No

1p Yes

1q No

1r No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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]

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

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	Naperville Psychiatric Ventures	k	936,174
(2)	Edward Health Ventures	l	1,648,103
(3)	Naperville Psychiatric Ventures	l	552,516
(4)	Edward Physician Office Corp	k	88,332
(5)	Edward Health Ventures	a(iv)	5,678,965
(6)	Edward Cardiac Diagnostics	k	3,373,926
(7)	Edward Health and Fitness Center	l	101,149
(8)	Edward Health Ventures	k	75,713
(9)	Edward Health and Fitness Center	k	50,750
(10)	Edward Foundation	p	482,791
(11)	Edward Foundation	c	725,913

Additional Data

Software ID:

Software Version:

EIN: 36-3297173

Name: EDWARD HOSPITAL

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
Pam Davis , President	1 0	X		X				0	1,508,878	34,435
Joe Beatty , Trustee	1 0	X						0	0	0
Gary Cianci MD , Trustee	1 0	X						0	0	0
Joe DePaulo , Trustee	1 0	X						0	564	0
Richard Endress , Trustee	1 0	X						0	0	0
Kevin Gensler , Trustee	1 0	X						0	0	0
Rocco Martino , Trustee	1 0	X						0	0	0
Rich Pehlke , Trustee	1 0	X						0	188	0
Timothy Rivelli , Trustee	1 0	X						0	0	0
Thom Rooke MD , Trustee	1 0	X						0	7,000	0
Alison Ballew Smith , Trustee	1 0	X						0	0	0
William Wheeler , Trustee	1 0	X						0	0	0
Hoda El-Asmar MD , Vice President	40 0			X				351,572	0	30,502
Nanette Bufalino , Vice President	1 0			X				0	355,608	32,214
Brian Davis , Vice President	1 0			X				0	237,144	31,966
Alan Kaplan MD , Vice President	1 0			X				0	626,465	41,048
Annette Kenney , Vice President	1 0			X				0	185,301	29,350
Bill Kottmann , Vice President	1 0			X				0	376,816	40,389
Mary Lou Mastro , Vice President	1 0			X				0	350,665	21,553
John Mordach , Vice President	1 0			X				0	526,597	37,539
Maggie Shontz , Vice President	1 0			X				0	320,391	30,073
Marianne Spencer , Vice President	1 0			X				0	281,379	35,838
Dennise Vaughn , Vice President	1 0			X				0	239,343	23,804
Linda Deveen , Admin Director Radiology	40 0				X			157,719	0	13,749
Patti Ludwig-Beymer , Chief Nursing Officer	40 0				X			156,415	0	12,350
Yvette Saba , Admin Dir - Cardiac SERVICES	40 0				X			161,755	0	23,816
Kim Stache , Admin Dir - Surg/Radiology Svc	40 0				X			200,962	0	10,811
Lynn Wagner , Admin Dir, Nursing Med Surg	40 0				X			170,796	0	22,998
George Kuborov , Physician	40 0					X		499,891	0	32,062
Thomas Scaletta , Physician	40 0					X		425,266	0	33,128

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
Jeffery Zietler , Physician	40 0					X		389,782	0	27,527
Sunil Mathews , Physician	40 0					X		404,446	0	31,160
Michael Hartman , Physician	40 0					X		402,930	0	23,785
Patricia Anen , Vice President	0 0						X	0	396,462	4,830
Todd Conklin , Vice President	0 0						X	0	344,842	5,042
Marilyn Daley , Vice President	0 0						X	0	296,887	803

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a PATIENT SERVICE REVENUE	621,990	325,070,526	325,070,526		
b MEDICARE/MEDICAID PAYMENTS	621,990	124,717,489	124,717,489		
c RENTAL INCOME	532,000	2,424,344	2,424,344		
d REFERENCE LAB	621,500	1,060,352	462,948	597,404	
e HEALTH SCREEN & AMBULATORY	623,990	307,693	307,693		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The mission of Edward Hospital is to establish and maintain hospital/healthcare facilities for the care of persons suffering from illnesses, diseases, injuries, deformities, disabilities or abnormal conditions without regard to race, creed, color, sex, religious belief or national origin; carry on educational activities related to the care of the sick and injured and the promotion of health; promote/carry on scientific research related to the care of the sick and injured and participate in activities designed and carried on to promote the general health of the communities served by Edward Hospital.