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DLN: 93493132008290

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form **990**

Department of the Treasury

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

nternal F	Revenue S	Service	► The or	ganızatıon may have to u	se a copy of this return to satis	fy state reportin	g requirements	Inspection
A For	the 2	.008 ca	endar yea	r, or tax year beginning 0	7-01-2008 and ending 06-30-2	2009		
_		plicable	Please	C Name of organization EDWARD FOUNDATION			. ,	ntification number
Add —	ress cha	ange	use IRS label or	Doing Business As			36-372370 E Telephone nu	
Nan —	ne chan	nge	print or type. See				(630) 527-3	
Initi	al returi	n	Specific Instruc-	Number and street (or P O 801 S WASHINGTON STREE	box if mail is not delivered to street a	ddress) Room/suite	G Gross receipt	
Terr	nınatıor	n	tions.	801 S WASHINGTON STREE	l		·	,
- Ame	ended re	eturn		City or town, state or count NAPERVILLE, IL 60540	ry, and ZIP + 4	•		
Арр	lication	pending		WWERVILLE, IL 00310				
			PAMEL 801 S	ne and address of Princip .A MEYER DAVIS WASHINGTON STREET RVILLE,IL 60540	al Officer	affilia		ΓYes Γ Nο
Tax	-exem	pt status) (3) ◀ (insert no)	7(a)(1) or	' '	I I affiliates include Io." attach a list	d? Yes No See instructions)
We	eb site	: ► WW\	WEDWAR	D ORG			ip Exemption Nui	•
С Туре	e of orga	anızatıon	▽ Corporat	ion trust association	other ►	L Year of Fo	ormation 1989 M	State of legal domicile IL
Par	ŧΙ	Sumn	narv					
				e organization's mission o	or most significant activities			
aovemance		program	s and serv	rices affilitated with Edwa	ville area and surrounding comm rd Hospital tinued its operations or dispose			
	3	Number	of voting r	members of the governing	body (Part VI, line 1a)		3 _	14
σ e	4	Number	ofindepen	ndent voting members of t	he governing body (Part VI, line	e 1b)	. 4 _	12
ACUMUES				nployees (Part V , line 2a)		5 _	0	
<u> </u>				olunteers (estimate if nec	.,		6 _	4
۲		•		ted business revenue from)	7a _	0	
	ь	Net unre	lated busi	iness taxable income from	n Form 990-T, line 34	D.:	7b	
	8	Contrib	uitions and	d grants (Part VIII, line 1	h)	Pri	1,370,563	Current Year 961,472
₽	9			,	(g)		0	0
Revenue	10	_			, lines 3, 4, and 7d)		664,090	284,023
2	11				s 5, 6d, 8c, 9c, 10c, and 11e)		-86,609	-71,159
	12	Total re	evenue—a	dd lines 8 through 11 (mu	line	1,948,044	1,174,336	
	13	Grants	and sımıla	ar amounts paid (Part IX,	column (A), lines 1-3)		603,182	541,956
	14	Benefit	s paid to c	or for members (Part IX, c	olumn (A), line 4)		0	0
ø	15		s, other co	ompensation, employee b	enefits (Part IX, column (A), line	es 5-	o	0
Expenses	16a	10)	cional fund	raising fees (Part IX, coli	ımn (Δ.) line 1.1e)		0	0
⊕	b			penses, Part IX, column (D), lir				0
<u>a</u>	17	•		penses, Part IX, column (D), III (Part IX, column (A), lines	· · · · · · · · · · · · · · · · · · ·		187,746	172,033
	18				qual Part IX, line 25, column (A))	790,928	713,989
	19			penses Subtract line 18 f			1,157,116	460,347
5 9						Beginn	ing of Year	End of Year
net Assets or Fund Balances	20	Totala	ssets (Par	rt X, line 16)			8,734,246	8,001,095
d B.	21	Total lı	abilities (F	Part X, line 26)			124,504	106,682
	22			d balances Subtract line	21 from line 20		8,609,742	7,894,413
Par	t II		ature Blo					
Plea: Sign		and belie		erjury, I declare that I have exa correct, and complete Declarat				
lere	:	VINCE	E PRYOR CF	O				
			or print nam					
Paid		Preparer's signature			Date	Check if self-empolyed	Preparer's PTIN (See Gen Inst)
repa	rer's Only	Fırm's naı	me (or yours	ERNST & YOUNG US LLP	•		EIN Þ	

CHICAGO, IL 60606 May the IRS discuss this return with the preparer shown above? (See instructions) . . Phone no 🕨 (312) 879-2000

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly	describe	the	organization ^a	'ς	mission

The mission of the not-for-profit Edward Foundation is to serve the healthcare needs of the Naperville area and surrounding communities by providing financial support for projects, programs and services affiliated with Edward Hospital

┌ Yes ┌ No

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

Tes ▼ No

If "Yes," describe these changes on Schedule O

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 \$

48,640 including grants of \$

48,640) (Revenue \$

0)

Funded the Arabella House Scholarship Program to provide scholarship beds for residents of Arabella, a group home for women and girls who are recovering from eating disorders. Arabella is a transitional step for women and girls who have been treated for eating disorders at Linden Oaks at Edward. Life at Arabella helps participants establish and maintain healthy behaviors before returning to home, school and work. A scholarship bed pays for up to six weeks of residence at Arabella for women and girls who could not otherwise afford the care. Fifty Nine women were served in calendar year 2009. Short term goals include increasing census to capacity, which varies as length of stay may be between 4 weeks to 6 months. An average length of stay is 4-6 weeks, setting a full capacity goal of 70-80 patients. Longer term goals include increasing capacity in a larger facility or with a second house and establishing a half-way house for patients who, upon discharge, would have no safe home to return to and no means of financial support. This program would provide shelter, job training and job search skills, etc.

4b (Code

) (Expenses \$

47,796 including grants of \$

47,796) (Revenue \$

0)

Funded the Care Center, a clinic for the diagnosis, treatment and legal documentation of sexually abused children, the only center of its kind in the region, serving a six-county area. The Care Center works as part of a continuum of care with social service agencies and, working with states attorneys offices, also assists in the successful prosecution of sexual predators. A total of 103 clients were served in calendar year 2009. Short term objectives include increasing census through reducation of referring agencies and law enforcement. Constant re-training is needed because of staff turnover at these agencies. Longer term objectives include increasing the clinic availability as currently there is one clinic day per week for appointments plus emergency room visits. There will also be an exam room added in the planned remodeling of the Pediatrics area and this will be used as needed to cross-train pediatric nurses to work with sexual abuse cases.

4c (Cod

) (Expenses \$

37,163 including grants of \$

37,163) (Revenue \$

0)

Funded to Outpatient Diabetes Clinic which is dedicated to improving the quality of life for all individuals affected by diabetes. This is accomplished through the education of self management and life style modifications. The center served 1327 patients in calendar year 2009. Short term goals are to serve more patients and increase part-time to full-time staff to better serve patients. Long term goals include having a staffed office at the Plainfield outpatient facility, and to also hold real-time on-line classes that could be accessed remotely

1d Other program services (Describe in Schedule O)

(Expenses \$

408,357

including grants of \$

408,357) (Revenue \$

0)

4e Total program service expenses \$

541,956 Must equal Part IX, Line 25, column (B).

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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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	Yes	
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		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
Ь	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? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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	Yes	
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ 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
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
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? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	15			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	0			
ь	If at least one is reported in 2a, did the organization file all required federal employing		ax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year covered by this			
_	return?			3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			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 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itribut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		-			
	file Form 8282?	1		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	/ prem	niums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
_	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
0	year?					
9 -				0-		
a	Did the organization make any taxable distributions under section 4966?			9a 9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person			90		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
ט	facilities	100				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year		l .			

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

Section A	<u>۱. (</u>	<u> 3overni</u>	ng	Body	and	<u>Management</u>	

			res	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 14			
Ь	Enter the number of voting members that are independent 1b 12			
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		Νο
3	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		Νo
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	
Ь	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			
а	the governing body?	8a	Yes	
Ь	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		Νo
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 \cdot .	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			
а	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		No
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		

Section C. Disclosure

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

PAMELA MEYER DAVIS 801 South Washington Street Naperville, IL 60540 (630) 527-3035

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

				(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Key employee Key employee Officer Institutional Trustee Inclindual Trustee or Director		Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)		Estimated amount of ot compensati from the organization related organization			
											\pm		
									_	T	_		24446
	Total								100,377	3,187,9	61		211,416
2	Total number of individuals (includin compensation from the organization)	g those ın 1									961		211,416
2	Total number of individuals (includin	g those ın 1									961	Vec	
3	Total number of individuals (includin	g those in 1 ►1 officer, direc	a) who	recei	ved e, k	mor ey e	e than	n \$1	00,000 in reportabl	e	3	Yes	No No
	Total number of individuals (includin compensation from the organization) Did the organization list any former	g those in 1 ▶1 officer, directle J for such the sum of	a) who is tor or to individuo reporta	recei ruste <i>ual</i> .	e, k	ey e	mploy	/ee,	or highest compens	e ated employee	3		No
3	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 1 officer, direct le J for such the sum of s greater th	a) who	ruste ual ble c	e, k omp 0? i	ey e ens fror	mploy ation es," cc	ee,	or highest compens other compensation lete Schedule J for su	e ated employee from the ch for services		Yes	No
3 4	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 1 officer, direct le J for such the sum of s greater th	a) who	ruste ual ble c	e, k omp 0? i	ey e ens fror	mploy ation es," cc	ee,	or highest compens other compensation lete Schedule J for su	e ated employee from the ch for services	3		No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 1 officer, direct le J for such the sum of as greater th ive or accru "complete s	a) who	ruste ual ble c	e, k omp 0? i	ey e ens fror	mploy ation es," cc	ee, and omp	or highest compens other compensation lete Schedule J for su	e ated employee from the ch for services	3		No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of its greater th vive or accru "complete so	a) who istor or to individual reportations \$15	ruste Jele composition of the c	e, k	ey e ens if "Y fror	mploy ation ation area," cc	\$1 \$1 sand	or highest compens or highest compens other compensation lete Schedule J for su elated organization	e ated employee from the ch for services	3		No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of its greater th vive or accru "complete so	a) who istor or to individual reportations \$15 is composed uld	ruste Jele composition of the c	e, k	ey e ens if "Y fror	mploy ation ation area," cc	\$1 \$1 sand	or highest compens or highest compens other compensation lete Schedule J for su elated organization sthat received mor	e ated employee from the ch for services	3		No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of its greater th ive or accru ," complete so ctors nest comper organizatio (A)	a) who istor or to individual reportations \$15 is composed uld	ruste Jele composition of the c	e, k	ey e ens if "Y fror	mploy ation ation area," cc	\$1 \$1 sand	or highest compens or highest compens other compensation lete Schedule J for su elated organization sthat received mor	e ated employee in from the ich if or services if than (B)	3	Yes	No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of its greater th ive or accru ," complete so ctors nest comper organizatio (A)	a) who istor or to individual reportations \$15 is composed uld	ruste Jele composition of the c	e, k	ey e ens if "Y fror	mploy ation ation area," cc	\$1 \$1 sand	or highest compens or highest compens other compensation lete Schedule J for su elated organization sthat received mor	e ated employee in from the ich if or services if than (B)	3	Yes	No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of its greater th ive or accru ," complete so ctors nest comper organizatio (A)	a) who istor or to individual reportations \$15 is composed uld	ruste Jele composition of the c	e, k	ey e ens if "Y fror	mploy ation ation area," cc	\$1 \$1 sand	or highest compens or highest compens other compensation lete Schedule J for su elated organization sthat received mor	e ated employee in from the ich if or services if than (B)	3	Yes	No No

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
22	1a	Federated camp	paigns 1a	ı				
gifts, grants illar amounts	ь	Membership du	es .1b					
ge E	c	Fundraising eve	ents 1c	477,488				
£ #	d	Related organiz	ations 1d					
% E ∰	e	Government grants						
<u>≅</u> ,≅	f		ons, gifts, grants, and 1f	483,984				
F E	_	similar amounts no						
	g		butions included in 171,908					
Contributions, and other simi	h		s 1a-1f)	🕨	961,472			
				Business Code				
ΞE	2a							
ye.	ь							
<u>7</u> 2≝	c							
Š	d							
ď	e							
Program Serwce Revenue	f	All other progra	m service revenue					
Š	g	Total. Add lines	2a-2f	*				
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
			nounts)		395,530			395,530
	4		tment of tax-exempt bond		0			
	5	Royalties		1	0			
	_		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
		expenses						
	C	Rental income or (loss)						
	d	Net rental incor	me or (loss)	•				
		C	(ı) Securities 933,491	(II) O ther				
	7a	Gross amount from sales of	933,491					
		assets other than inventory						
	b	Less cost or other basis and	1,044,998					
		sales expenses Gain or (loss)	-111,507					
	c d		s)		-111,507			-111,507
	8a	Gross income fi			,			,
	"	events (not incl	udıng					
Φ		\$116,	138 reported on line 1c)					
Other Revenue		See Part IV, lın	e 18					
ě			G if total exceeds					
Œ	ь		a	477,400				
÷	c		penses b loss) from fundraising		-71,159			-71,159
ō	9a		rom gaming activities		, _,			1 -, 3
		See part IV, lın						
	Ь		a penses b					
	c		penses b loss) from gamıng actı		0			
		Gross sales of						
		returns and allo						
	ь	Less cost of go						
	С		loss) from sales of inv	1	0			
		Miscellaneous	Revenue	Business Code				
	11a							
	b							
	С							
	d	All other revenu	ie					<u> </u>
	е	Total. Add lines	11a-11d	\$0				
	12	Total Revenue. 9c, 10c, and 11	Add lines 1h, 2g, 3, 4,	5,6d,7d,8c, ▶	1,174,336			212,864

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 ı	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	496,956	496,956						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	45,000	45,000						
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	0							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0							
7	Other salaries and wages	0							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0							
9	Other employee benefits	0							
10	Payroll taxes	0							
11	Fees for services (non-employees)								
а	Management	70,479		70,479					
b	Legal	0			_				
c	Accounting	0							
d	Lobbying	0							
e	Professional fundraising See Part IV, line 17	0			_				
f	Investment management fees	1,928		1,928					
g	Other	0							
12	Advertising and promotion	56,986		8,231	48,755				
13	Office expenses	32,875		32,875					
14	Information technology	1,313		1,313					
15	Royalties	0							
16	Occupancy	0							
17	Travel	1,485		1,485					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0							
19	Conferences, conventions and meetings	512		512					
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	0							
23	Insurance	2,317		2,317					
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)								
а	Dues & Subscriptions	2,128		2,128					
b	Education	1,319		1,319					
c	Miscellaneous	691		691					
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	713,989	541,956	123,278	48,755				
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				orm 900 (2008)				

Part X	Balance	Shoot
	Balance	Sneer

				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		458,038	1	788,645
	2	Savings and temporary cash investments			2	<u> </u>
	3	Pledges and grants receivable, net	431,975		636,450	
	4	Accounts receivable, net		, ,	4	<u> </u>
	5	Receivables from current and former officers, directors, trustees, key other related parties Complete Part II of Schedule L	employees or		5	
	6	Receivables from other disqualified persons (as defined under section persons described in section 4958(c)(3)(B) Complete Part II of Schedu		6		
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
ø	9	Prepaid expenses and deferred charges	19,544	9	24,611	
Assets	10a			· · · · · · · · · · · · · · · · · · ·		·
AS		Land, buildings, and equipment cost basis)a			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	nh l		10c	
	11	Investments—publicly traded securities	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	7,634,589		6,365,047
	12	Investments—other securities See Part IV, line 11 Complete Part VII Schedule D	of	7,001,000	12	0,000,017
	13	Investments—program-related See Part IV, line 11 Complete Part VII of Schedule D.	I	120,000	13	116,242
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		70,100		70,100
	"	D		,	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		8,734,246	16	8,001,095
	17	Accounts payable and accrued expenses .		47,266	17	55,720
	18	Grants payable		18		
	19	Deferred revenue		77,100	19	50,825
	20	Tax-exempt bond liabilities		20		
<u>ē</u> ,	21	Escrow account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ä		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties .		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D	138	25	137	
	26	Total liabilities. Add lines 17 through 25		124,504	26	106,682
		Organizations that follow SFAS 117, check here ▶	nes 27			
Balance	27	Unrestricted net assets		4,971,398	27	4,217,718
<u>8</u>	28	Temporarily restricted net assets		3,253,270	28	3,284,170
3	29	Permanently restricted net assets		385,074	29	392,525
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and com lines 30 through 34.	plete			
s or	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
AS	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net	33	Total net assets or fund balances		8,609,742	33	7,894,413
Z	34	Total liabilities and net assets/fund balances		8,734,246	34	8,001,095
	I			1		
Pa	rt XI	Financial Statements and Reporting				

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
С	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		Νo
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

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

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

DLN: 93493132008290

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

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.

A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)

Open to Public Inspection

Name of the organization EDWARD FOUNDATION

Employer identification number

36-3723705

An organization organized and operated exclusively for the benefit of, to perform the functions of, or one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) of 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 By checking this box, I certify that the organization is not controlled directly or indirectly by one or other than foundation managers and other than one or more publicly supported organizations described section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type check this box 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? Provide the following information about the organizations the organization supports (i) Name of (ii) EIN (iii) Type of organization (iv) Is the organization organization organization organization (iv) Is the organization organizati	mbershore that (See see See de In	the gener ship fees, nan 331/3 from bus instructi rry out th ection 50 Type disqualif	and grows of inesses ons) e purpo 9(a)(3) III - Otellied pers 509(a)(ses of .Check her ons 1) or
Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, mei receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no meits support from gross investment income and unrelated business taxable income (less section 511 acquired by the organization after June 30, 1975. See Section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See the box that describes the type of supporting organization and complete lines 11e through 11h Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type check this box. 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) afamily member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iv) Did you notify the organization organization in	mbershore that (See see See de In	the gener ship fees, nan 331/3 from bus instructi rry out th ection 50 Type disqualif	and grows of inesses ons) e purpo 9(a)(3) III - Otellied pers 509(a)(ses of .Check her ons 1) or
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acquired by the organization after June 30, 1975. See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See the box that describes the type of supporting organization and complete lines 11e through 11h. a	(See loto carries See See See See See See See See See S	instructi rry out th ection 50 Type disqualifi	ons) e purpo 9(a)(3) III - Ot led pers 509(a)(ses of Check her ons 1) or
An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See 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 By checking this box, I certify that the organization is not controlled directly or indirectly by one or other than foundation managers and other than one or more publicly supported organizations described section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type check this box 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? Provide the following information about the organizations the organization supports (i) Name of Supported (iii) EIN (iiii) Type of organization (iv) Is the organization organization organization organization in the organization or	to card See Se d [more doed in	rry out th ection 50 Type disqualif	e purpo 9(a)(3) III - Ot led pers 509(a)(. Check her ons 1) or
An organization organized and operated exclusively for the benefit of, to perform the functions of, or one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) of 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 By checking this box, I certify that the organization is not controlled directly or indirectly by one or other than foundation managers and other than one or more publicly supported organizations described section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type check this box 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? Provide the following information about the organizations the organization supports (i) Name of (ii) EIN (iii) Type of organization (iv) Is the organization organization organization organization (iv) Did you notify organization or	to card See Se d [more doed in	rry out th ection 50 Type disqualif	e purpo 9(a)(3) III - Ot led pers 509(a)(. Check her ons 1) or
other than foundation managers and other than one or more publicly supported organizations described to 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type check this box 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? Provide the following information about the organizations the organization supports (i) Name of Supported (iii) EIN (iiii) Type of organization (iv) Is the organization organization organization in the organization o	ed in	section	509(a)(1) or
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? Provide the following information about the organizations the organization supports (i) Name of Supported (ii) EIN (iii) Type of organization (iv) Is the organization organization organization in the organization organization organization organization organization organization in the organization organiza				'
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? Provide the following information about the organizations the organization supports (i) Name of Supported (iii) EIN (iiii) Type of organization (iv) Is the organization organization (described on lines 1-9 organization in the organization organization organization organization (iv) Is the organization org				
(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? Provide the following information about the organizations the organization supports (i) Name of Supported (iii) EIN (iii) Type of organization (iv) Is the Supported (described on lines 1-9 organization in the organization organization (iv) Is the organization organization organization (iv) Is the organization organization organization organization organization organization (iv) Is the organization org	J		Yes	No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (i) Name of Supported (iii) EIN (iiii) Type of organization (iv) Is the organization in the organization organization (described on lines 1-9)		11 g(i		
h Provide the following information about the organizations the organization supports (i) Name of Supported (iii) EIN (iiii) Type of organization (iv) Is the organization in the organization organization in the organization organization in the organization organization in the organization organization organization organization in the organization organi		11g(i	-	
(i) Name of (ii) EIN (iii) Type of organization (iv) Is the Supported (described on lines 1-9 organization in the organization organization (iv) Is the control organization o		11g(i	ii)	
Supported (described on lines 1 - 9 organization in the organization organization)				
(See Instructions)) your governing support? in		tion in janized		nount of
document?	$\neg \neg$	N-		
Yes No Yes No Yes	-	No		
	+			
	+			
	+			
Fatal				
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.)

	(Complete only if you chec	keu tile box of	11 IIIIe 5, 7, 0r	6 01 Part 1.)				
	ublic Support		· · · · · · · · · · · · · · · · · · ·					
	endar 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")	1,257,393	1,513,384	1,387,168	1,370,563		961,472	6,489,980
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	1,257,393	1,513,384	1,387,168	1,370,563		961,472	6,489,980
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							744,767
6	(f) Public Support subtract line 5 from line							
0	4							5,745,213
T	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	1,257,393	115,916	1,387,168	1,370,563	<u> </u>	961,472	6,489,980
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	152,936	115,916	190,836	400,496	395,530		1,255,714
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in Part IV)							
11	Total Support (Add lines 7 through 10)							7,745,694
12	Gross receipts from related activities, etc	(See instruction	s)			12		432,651
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	l, fourth, or fifth	tax year as a 50	O1(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		74.173 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		78.738 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizatio	on	·			▶ ✓
17a	box and stop here. The organization qualifier 10% Facts and Circumstances Test - 2008. It more, and if the organization meets the "facts and the organization meets the "facts are the organization meets the "facts are the organization meets the "facts are the organization meets are the organization meets are the organization meets are the organization meets are the organization organization and organization are the organization organization and organization are the organization organization and organization are the organization organization are the organization organization meets and organization organization are the organization o	If the organization to the contraction of the contr	on did not check ances" test, che	a box on line 13 ck this box and	stop here. Expl	aın ın	Part IV ho	w the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fac	If the organizations ts and circumst	on did not check ances" test, che	a box on line 13 ck this box and	3, 16a, 16b, or : stop here. Expl	17a ar aın ın	nd line 15 i Part IV ho	w
18	the organization meets the "facts and circu Private Foundation. If the organization did							►□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 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 **33 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

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 A (Form 990 or 990-EZ) 2008

Additional Data

Software ID: Software Version:

EIN: 36-3723705

Name: EDWARD FOUNDATION

Form 990, Part VII - Section Aaa

	1							1		 1	
		Posit t	(C tion (hat a	ched		I			(5)	(F)	
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Pam Davis , President/CEO	1 0	Х		Х				0	1,508,878	34,435	
John Mordach , Vice President	1 0	Х		Х				0	526,597	37,539	
Richard Anderson MD , Trustee	1 0	Х						0	0	0	
Karen Balog , Trustee	1 0	Х						0	0	0	
Scott Berger , Trustee	1 0	X						0	0	0	
Dennis Burke , Trustee	1 0	Х						0	0	0	
Kevın Gensler , Chaır	1 0	Χ						0	0	0	
Tom Iskalıs , Trustee	1 0	Х						0	0	0	
Ronald Nyberg , Trustee	1 0	Х						0	0	0	
William Petty , Trustee	1 0	X						0	0	0	
Frank Slocumb , Trustee	1 0	Х						0	0	0	
Scott Theurkauf , Trustee	1 0	X						0	0	0	
Richard Turen , Trustee	1 0	X						0	0	0	
Bonnie Valiant , Trustee	1 0	Х						0	0	0	
Nanette Bufalino , Vice President	1 0			Х				0	355,608	32,214	
Maggie Shontz , Vice President	1 0			Х				0	320,391	30,073	
Dennise Vaughn , Vice President	1 0			Х				0	239,343	23,804	
Brian Davis , Vice President	1 0			Х				0	237,144	31,966	
Meghan Moreno , Executive Director	40 0					Х		100,377	0	21,385	

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number EDWARD FOUNDATION** 36-3723705 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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. 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 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 0 (i) Revenues included in Form 990, Part VIII, line 1 70,100 (ii) Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$

3	Using the organization's accession and othe					•				<u>ntinuea)</u>
	items (check all that apply)			_						
а	Public exhibition		d	ı	Loan or excha	nge programs				
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explai	ın hov	v the	y further the org	janization's ex	empt purpos	se in		
5	During the year, did the organization solicit	or receive donations	ofar	t, hıs	torical treasure	s or other sım	ılar	_		_
	assets to be sold to raise funds rather than t							<u></u>		✓ No
Par	Part IV, line 9, or reported an ar					ization answe	ered "Yes" ———	to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?			for c	ontributions or	other assets n	ot	┌ ⋎	'es	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е							
								A mour	nt	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Γ ነ	'es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/								
Pa	rt V Endowment Funds. Complete									
_		(a)Current Year 366,111	(b)	Prior	Year (c)Two	Years Back (d)T	hree Years Ba	ck (e)	Four Ye	ears Back
1a	Beginning of year balance	300,111								
b	Contributions	2.745								
c	Investment earnings or losses	-3,745								
d	Grants or scholarships	11.000								
е	Other expenditures for facilities and programs	14,890								
f	Administrative expenses									
g	End of year balance	347,476								
2	Provide the estimated percentage of the year	r end balance held a	ıs							
а	Board designated or quasi-endowment 🕨	0 %								
b	Permanent endowment 🕨 100 %									
С	Term endowment ► 0 %									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation t	that	are held and adr	ministered for t	:he	_		
	organization by								Yes	No
	(i) unrelated organizations			•			_	3a(i)		N o
L	(ii) related organizations						📑	Ba(ii)	V	No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon							3b	Yes	
	t VI Investments—Land, Buildings					t X line 10				
	tor investments rand, banding	s, and Equipmen	<u>.</u>		a) Cost or other	(b)Cost or other				
	Description of investment				asis (investment)	basis (other)	(c) Depred	ation	(d) B	ook value
1a	Land						,			
b	Buildings		•							
c	Leasehold improvements									
d	Equipment									
_	Other					l	1			
_ <u>e</u>			•							

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation -year market value
Financial derivatives and other financial products		Cost of the of	year market value
Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-of-	year market value
CHARITABLE GIFT ANNUITY	116,242		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descri			(b) Book value
Artwork			70,100
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Malpractice IBNR	137		
Total (Column (h) should equal Form 000, Part V, col (D) line 35.			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	137		

_	Total revenue (Form 990, Part VIII, column (A), line 12)		
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	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
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	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		leturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
b	Prior year adjustments	-	
C J	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)	┨ ╻ ┃	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIV)	₄₋	
C E	Add lines 4a and 4b	4c	
5 Par	rt XIV Supplemental Information	5	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art XIV	lines 1 h and 2 h
~ UI	apiete and part to provide the descriptions regulied for Lait II, filles 3, 3, and 3, Lait III, filles Ia and 4, Fr	uit AIV,	mines to and ED,

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

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

Ident if ier	Return Reference	Explanation
DESCRIPTION OF THE ORGANIZATIONS COLLECTIONS	Schedule D Part III, line 4	The Foundation maintains 3 paintings, 2 by artist R W Addison valued at \$30,100 and one by artist Eugene Boudin valued at \$40,000 These are on public display
INTENDED USES OF THE ORGANIZATIONS ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	There are three permanent endowment funds Cardiovascular-to be used for the Edward Hospital Cardiovascular Program, Animal Assisted Therapy-to be used to support the use of dogs visiting patients to help relieve stress and imporve healing times, and the Book Scholarship Fund - to help nurses educationally by supplementing their further higher educational expenses

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As Filed Data -

DLN: 93493132008290

2008

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Internal Revenue Service	lines 17, 18, or 19, and	lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Inspection							
Name of the organization EDWARD FOUNDATION					Employer ider	ntification number			
					36-3723705				
Part I Fundraisin	g Activities. Complete	e if the oi	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.			
1 Indicate whether the	e organization raised funds	through ar	ny of the	following activities Che	eck all that apply				
a Mail solicitation	s				non-government grants				
b Email solicitation					government grants				
c Phone solicitation				g Special fundrais	sing events				
d In-person solicit	tations								
	have a written or oral agre sted in Form 990, Part VII					Γ _{Yes} Γ _{No}			
	highest paid individuals or at least \$5,000 by the orga								
		(iii) fundrais			(v) A mount paid to				
(i) Name of individua	me of individual (ii) A ctivity ity (fundraiser)	custody or control of contributions? Yes No		(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by)			
or entity (fundraiser						organization			
 Total			<u> </u>						
Iotui				I	ı	<u> </u>			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Par	t II	Fundraising Events. Comp more than \$15,000 on Form	olete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, line eipts greater than \$5,0	e 18, or 000.	report	ed
		· ·	(a) Event #1	(b) Event #2	(c) Other Events	(d) To		
			Gala Dinner	Golf Outing	1	(Add col	(a) thi l (c))	rough
			(event type)	(event type)	(total number)			
RUE	1	Gross receipts	427,116	150,233	16,277		59:	3,626
Revenue	2	Less Charitable contributions	360,491	102,233	14,764		47	7,488
	3	Gross revenue (line 1 minus line 2)	66,625	48,000	1,513		110	5,138
	4	Cash Prizes	1,097	1,803	3		:	2,900
ses	5	Non-cash Prizes	3,290	5,410			8	3,700
per	6	Rent/Facility costs						
Direct Expenses	7	Other direct expenses	126,706	42,757	6,234		17!	5,697
JITeC	8	Direct expense summary Add line	es 4 through 7 in column	(d)			187	7,297
۵	9	Net income summary Combine lir	_			-71,159		
Par	111			'Yes" to Form 990, Pa	art IV, line 19, or repo	rted mor	e than	
		\$15,000 on Form 990-EZ, lin				(N =		/ 5 . 1 . 1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
_	1	Gross revenue						
မှ	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
ច ក្	4	Rent/facility costs						
툽	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes%	┌ Yes			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9	Ent	er the state(s) in which the organiza	tion operates gaming act	civities			Yes	No
а		the organization licensed to operate	gaming activities in each	n of these states?		· 9a		
Ь	If "	No," Explain						
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	; the tax year?	10a		
4.4	_							
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficiar	y or trustee of a trust or			11		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493132008290

Department of the Treasury Internal Revenue Service Name of the organization

EDWARD FOUNDATION

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

Inspection

Employer identification number

EDWARD FOORDATION						36-3723705	
Part I General Infor	mation on Grar	nts and Assistance				'	
Does the organization mathematical the selection criteria useDescribe in Part IV the organization	d to award the gran	ts or assistance?			·		
Form 990, Part Part IV and Sch	IV, line 21 for an edule I-1 if addit	y recipient that rece ional space is	and Organizations erved more than \$5,0	00. Check this box	if no one recipient re	ceived more than \$5	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPERVILLE PSYCHIATRIC HEALTH VENTURES801 S WASHINGTON STREET NAPERVILLE,IL 60540	36-3965251	501(C)(3)	58,440				SUPPORT
EDWARD HOSPITAL	36-3297173	501(C)(3)	20,000				SUPPORT BREAST CANCER REHAB PROGRAM
EDWARD HOSPITAL	36-3297173	501(C)(3)	15,000				MUSCIANS IN HOSPITAL/CANCER CENTER
EDWARD HOSPITAL	36-3297173	501(C)(3)	10,100				САМР НОРЕ
EDWARD HOSPITAL	36-3297173	501(C)(3)	12,500				SHARE GRIEF PROGRAM
EDWARD HOSPITAL	36-3297173	501(C)(3)	8,000				Purchase Vasopneumatic pump sleves for upper & lower extrmities
EDWARD HOSPITAL	36-3297173	501(C)(3)	5,265				Equip 50 ambulances with Easy I/O needles for rapid iv access by paramedics in field
EDWARD HOSPITAL	36-3297173	501(C)(3)	364,924				SUPPORT
2 Entrophysical Control	501()(2)						
2 Enter total number of seconganizations3 Enter total number of oth							<u> </u>
For Paperwork Reduction Act Not				Cat No 50055			chedule I (Form 990) 2008

Schedule I ((Form 990) 2008	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 2	22
	Use Schedule I-1 (Form 990) ıf addıtıonal space ıs needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	25	45,000			
_ 					·

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

Ident if ier	Return Reference	Explanation
Description of Organization's Procedures for Monitoring the Use of Grants		When awarding grants to individuals, the Edward Foundation has forms that need to be filled out by potential recipients. These forms include the requirements and criteria required for awards. The final process of narrowing down the list to the final candidates is based upon GPA, and years of seniority. There are two grants that are given out annually the Book Nursing Scholarship awards which are for nurses furthering their education (20 awards @ \$2,000/each) and student volunteer awards for education (5 awards at \$1,000/each). These awards are made directly to the colleges in for each of the student's accounts. When awarding grants to affiliated organizations, Edward Hospital & Naperville Psychiatric Ventures, all of these awards must be approved by the Executive Director of the Edward Foundation and the accounting department as to correct usage of the funds for designated purposes in the restricted accounts and approval by the EF Board for unrestricted accounts.

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DLN: 93493132008290

OMB No 1545-0047

Employer identification number

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

Name of the organization

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.

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EDV	DWARD FOUNDATION	' '		
		36-3723705		
Pa	art I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the follow 990, Part VII, Section A, line 1a Complete Part III to provide any releva			
	First class or charter travel Housing allow	vance or residence for personal use		
	☐ Travel for companions ☐ Payments for	business use of personal residence		
		ial club dues or initiation fees		
	Discretionary spending account Personal serv	vices (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding provision of all the expenses described above? If "No," complete Part III	· ·	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing officers, directors, trustees, and the CEO/Executive Director, regarding th		Yes	
3	Independent compensation consultant Compensatio	ne compensation of the byment contract n survey or study the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, lir	ne 1a		
а	Receive a severance payment or change of control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retire	ment plan? 4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation ari	rangement? 4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable ar	mounts for each item in Part III		
	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 organic compensation contingent on the revenues of	zation pay or accrue any		
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organic compensation contingent on the net earnings of	zation pay or accrue any		
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organi payments not described in lines 5 and 6? If "Yes," describe in Part III	zation provide any non-fixed 7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursua subject to the initial contract exception described in Regs. section 53.495			

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-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Pam Davis	(I) (II)	0 649,168	0 133,676	0 726,034	0 9,200	0 25,235	0 1,543,313	0 0
Nanette Bufalıno	(I) (II)	0 246,295	0 53,266	0 56,047	0 8,976	0 23,238	0 387,822	0
John Mordach	(I) (II)	0 337,203	0 71,042	0 118,352	0 12,880	0 24,659	0 564,136	0
Maggie Shontz	(I)	0 224,883	0 39,756	0 55,752	0 8,210	0 21,863	0 350,464	0 0
Dennise Vaughn	(I) (II)	0 179,479	0 32,057	0 27,807	0 6,957	0 16,847	0 263,147	0 0
Brian Davis	(E)	0 182,246	0 32,187	0 22,711	0 6,571	0 25,395	0 269,110	0 0
	(i)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							

Part III Supplemental Information

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

Tampioto tino pure ti		
Ident if ier	Ret urn Ref erence	Explanation
ORPROVISIONOF		All EHSC employees are offered a membership at the Edward Health & Fitness Center, an affiliate of EHSC, as a taxable employee benefit The Edward Foundation President is also offered this benefit for their spouse and children, also as a taxable benefit. The value of the benefit is determined based upon the fair market value of these memberships, which is in turn determined based upon the actual amount that the Edward Health & Fitness Center charges to other corporate customers.
* *	Schedule J, Part I, Line 3	Executive compensation, including the President and all officers ("Senior Management"), is managed by the Edward Health Services Corporation Executive Committee ("Committee"), on behalf of EHSC and all of its affiliates, including the Edward Foundation On an annual basis, the Committee reviews compensation arrangements, including the compensation award for the Edward Foundation President/CEO for the coming year. 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. As for the Executive Director, this individual is compensated with a competitive base salary, along with an incentive plan, which is reflective of Edward's market, as determined by a review of 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 Executive Director 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 Foundation, will assign the Executive Director 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.
COMPENSATION		Individuals who have the title of Vice President or higher are eligible to participate in a Supplemental Executive Retirement Plan (SERP), any eligible participants must be approved by the EHSC Executive Committee. The SERP was established to recognize the valuable contributions that each of the participants makes to the operations of EHSC and to reward certain executive employees for their long-term service and commitment to EHSC. The SERP is designed to provide a full retirement supplement to participants if they remain with EHSC until age 62. In exchange for this long-term service, EHSC wants to supplement these participants retirement income with additional annual compensation that is invested in an annuity contract, contributions are immediately vested. THE FOLLOWING OFFICERS RECEIVED PAYMENTS FROM A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN MARIE A BUFALINO \$53,266 PAMELA M. DAVIS \$628,519 JOHN P. MORDACH \$81,809 MAGGIE SHONTZ \$44,740 DENNISE VAUGHN \$13,998.
-		
-		

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DLN: 93493132008290

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization EDWARD FOUNDATION

Part I Types of Property

Employer identification number

36-3723705

		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of do reven	etermır	ning	
1	Art—Works of art							
	Art—Historical treasures .							
3	Art—Fractional interests							
	Books and publications							
	Clothing and household							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	3	171,903	cost/selling price			
	Securities—Closely held stock .			,	, 3,	-		
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	, ,		ar for contributions for	29			
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	least three years from the date o	of the initial	contribution, and which is	not required to be used for e	exempt purposes			
	for the entire holding period? $$.					30a		No
b	If "Yes", describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	tacceptand	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell r	non-cash	32a		No
	If "Yes", describe in Part II If the organization did not report checked, describe in Part II	: revenues ı	n Column (c) for a type of p	roperty for which Column (a	a) is			
or F	Panerwork Peduction Act Notice see	the Instruct	tions for Form 000	Cat. No. 512271	Schedule	M (For		2008

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

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DLN: 93493132008290

SCHEDULE O (Form 990)

Return

Reference

Identifier

Department of the Treasury

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Supplemental Information to Form 990

2008

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responses to specific questions for the Form 990 or to provide any additional inform

Name of the organization
EDWARD FOUNDATION

Employ

Employer identification number

36-3723705

ldentifier	Return Reference	Explanation
Description of Other Program Services	Form 990, Part III, Line 4d	Other activities related to receiving donations and distributing funds in accordance with donor intent in support of 501(c)(3) health care organizations that are affiliated with Edward Health Services Corporation

ldentifier	Return Reference	Explanation
Description of Classes of Members or Stockholders	, , ,	Edward Foundation's sole corporate member is Edward Health Services Corporation, an Illinois not for profit and 501(c)(3) tax exempt corporation

ldentifier	Return Reference	Explanation
Description of Classes of Persons and the Nature of Their Rights	Form 990, Part VI, Question 7a	Edward Foundation's sole corporate member, Edward Health Services Corporation, may elect, remove and replace Members of the Board of Directors of Edward Foundation

Explanation

Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rights	Form 990, Part VI, Question 7b	The Board of Directors of Edward Foundation's corporate member, Edward Health Services Corporation ("EHSC"), has the following exclusive powers over Edward Foundation ("Foundation") - Elect, remove, and replace, Directors of the Foundation - Approve amendments to the Articles of Incorporation proposed by the Board of Directors of the Foundation - Approve a plan of dissolution or liquidation of the Foundation or a plan of merger or consolidation of the Foundation with another corporation. In addition, the Foundation Board of Directors may not take any of the actions listed below, without obtaining the prior approval of EHSC Adopt, or permit the adoption of, any annual or long termicapital or operational budget of the Foundation or of any affiliate or subsidiary of the Foundation, - Adopt, or permit the adoption of, any variance from any annual or long termicapital or operational budget of the Foundation previously approved by EHSC which would result in the expenditure of funds exceeding in the aggregate during the relevant termiof any such budget the greater of ten percent (10%) of the total budgeted operating expenses or such dollar limit as EHSC may establish by resolution at the time it approves such budget, - Authorize or permit the Foundation or any affiliate or subsidiary of the Foundation to enter into any contract which is not provided for in an annual or long termicapital or operational budget approved by EHSC where the amount involved exceeds in the aggregate One Hundred Thousand Dollars (\$100,000) or such other dollar limit as the EHSC may establish by resolution at the time it approves such budget, - Adopt, or permit the adoption of, any new, or any substantive changes to the strategic plans of the Foundation or of any affiliate or subsidiary of the Foundation, or of any affiliate or subsidiary of the Foundation to enter into any transaction providing for or requiring a certificate of need which is not provided for in an annual capital or operational budget approved by EHSC, - Organize or acquire,
---	--------------------------------------	--

ldentifier	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 w as provided to the Edward Health Services Corporation Audit Committee, and w as 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 w as then provided to the full Edward Foundation Board of Directors, and key components of the Form 990 were also reviewed.

Edw ard Health Services Corporation, on behalf of itself and all affiliates including Edw ard Foundation, 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/Directors, 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 EHSC 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.	ldentifier	Return Reference	Explanation
Compliance & Privacy Officer any actual or potential conflicts of interest as they may arise throughout the course of the year	Process to Monitor Transactions for Conflicts of	Part VI, Question	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/Directors, 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 EHSC Board of Trustees. The EHSC 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

Identifier Reference		Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, QUESTION 15A and 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, including Edw and Foundation On an annual basis, the Committee reviews compensation arrangements, including the compensation award for the Edw and Foundation President/CEO for the coming year. The Committee conducts the review in a manner that will qualify for the rebuttable presumption of reasonableness under the intermediate sanction rules of Section 4988 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 confurms 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 frim, 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 similar services in the geographic area served by EHSC, current compensation surveys completed by an independent firm, and actual written offers from similar organizations compening for the services of the members of Senior Management. The Executive Committee also adequa

ldentifier	Return Reference	Explanation
Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmts 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.

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

DLN: 93493132008290

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

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

Related Organizations and Unrelated Partnerships

Department of the Treasury ► See separate instructions. Internal Revenue Service

Name of the organization **Employer identification number** EDWARD FOUNDATION 36-3723705

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 Organizat	ions					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sec	tion (E) Public charity (if section 501)	status (c)(3))	(F) Direct controlling entity
Edward Hospital						
801 South Washington Street Naperville, IL60540 36-3297173	HOSPITAL	IL	501(c)(3)	3		EHSC
NAPERVILLE PSYCHIATRIC VENTURES 801 South Washington Street NAPERVILLE, IL60540 36-3965251	HOSPITAL	IL	501(C)(3)	3		EHV
EDWARD HEALTH AND FITNESS CENTER 801 South Washington Street NAPERVILLE, IL60540 36-3555528	HEALTH CARE	IL	501(C)(3)	9		EHV
EDWARD HEALTH VENTURES 801 South Washington Street NAPERVILLE, IL60540 58-1672987	SUPPORTNG ORG	IL	501(C)(3)	11 TYPE II		EHSC
EDWARD HEALTH SERVICES CORPORATION 801 South Washington Street NAPERVILLE, IL60540 36-3513954	PARENT	IL	501(C)(3)	3) 11 TYPE II		NA

Part III	Identification of Relate	d Organizations	Taxable as a	Partnership
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(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 Disprop allocati	rtionate	(I) Code V—UBI amount on Box 20 of K-1	Gene mar	(J) eral or naging tner?
							Yes	No		Yes	No
EDWARD PHYSICIAN OFFICE CENTER 801 South Washington Street NAPERVILLE, IL60540	HEALTH CARE	IL	NA	N/A							
EDWARD CARDIAC DIAGNOSTICS LLC 801 South Washington Street NAPERVILLE, IL60540	NUCLEAR SERVICES	IL	NA	N/A							
EDWARD CARDIOVASCULAR INSTITUTE 801 South Washington Street NAPERVILLE, IL60540	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) (B) (C) (C)

(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	NA	C CORP			
NAPERVILLE HEALTH CARE ASSOC LTD 801 South Washington Street NAPERVILLE, IL60540 36-3651180	HEALTH CARE	IL	NA	C CORP			
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
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Part V Transactions with Related Organizations				
Note. Complete line 1 if any entity is listed in Parts II, III or IV		7	Yes	No
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	17			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	а		No
b Gift, grant, or capital contribution to other organization(s)	1b	ь `	Yes	
c Gift, grant, or capital contribution from other organization(s)	10	c		No
d Loans or loan guarantees to or for other organization(s)	1d	d		No
e Loans or loan guarantees by other organization(s)	1e	е		No
f Sale of assets to other organization(s)	1f	F		No
g Purchase of assets from other organization(s)	1 g	g		No
h Exchange of assets	1h	h		No
i Lease of facilities, equipment, or other assets to other organization(s)	<u> 1i</u>	i		No
j Lease of facilities, equipment, or other assets from other organization(s)		j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	k		No
Performance of services or membership or fundraising solicitations by other organization(s)	11	ı		No
m Sharing of facilities, equipment, mailing lists, or other assets	1n	m		No
n Sharing of paid employees	1n	n '	Yes	
o Reimbursement paid to other organization for expenses	10	,	Yes	
p Reimbursement paid by other organization for expenses	1p	р		No
q Other transfer of cash or property to other organization(s)	19	9		No
r Other transfer of cash or property from other organization(s)	1r	_		No

2 I	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)	EDWARD HOSPITAL	0	482,791						
(2)	NAPERVILLE PSYCHIATRIC VENTURES	o	58,440						
(3)	EDWARD HOSPITAL	b	725,913						
(4)									
(5)									
(6)									

Part VI Unrelated Organizations Taxable as a Partnership

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

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(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No				
			•	•		•		Sabadula	D / Form					