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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Edward Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
801 SOUTH WASHINGTON STREET

City or town, state or country, and ZIP + 4
NAPERVILLE, IL 60540

D Employer identification number
36-3297173

E Telephone number
(630) 527-3000

G Gross receipts $ 545,518,753

F Name and address of principal officer
PAMELA MEYER DAVIS CEO
801 SOUTH WASHINGTON STREET
NAPERVILLE,IL 60540

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW EDWARD ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1984 | **M** State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
The mission of Edward Hospital is to support health and strengthen communities by providing outstanding health care services

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of employees (Part V, line 2a)	5	3,243
6	Total number of volunteers (estimate if necessary)	6	878
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	444,926
b	Net unrelated business taxable income from Form 990-T, line 34	7b	84,498

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	1,015,373	4,040,628
9	Program service revenue (Part VIII, line 2g)	453,580,404	469,874,634
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,095,354	7,730,514
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	253,166	221,408
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	462,944,297	481,867,184
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	165,275,249	176,090,864
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	279,050,553	280,908,298
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	444,325,802	456,999,162
19	Revenue less expenses Subtract line 18 from line 12	18,618,495	24,868,022

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	596,963,395	625,159,365
21	Total liabilities (Part X, line 26)	420,360,487	428,405,441
22	Net assets or fund balances Subtract line 21 from line 20	176,602,908	196,753,924

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-05-11

Vince Pryor Sr VP Finance/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
ERNST & YOUNG US LLP
111 MONUMENT CIRCLE SUITE 2600
INDIANAPOLIS, IN 46204

EIN ▶

Phone no ▶ (317) 681-7000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

The mission of Edward Hospital is to support health and strengthen communities by providing outstanding health care services

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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 $ 355,424,566 including grants of $) (Revenue $ 469,431,981)

Edward Hospital is a 309-bed, full-service, regional healthcare provider with 1,000 physicians on its medical staff and more than 4,300 employees Edward serves residents of the west and southwest suburbs of Chicago including Naperville, Aurora, Bolingbrook, Downers Grove, Homer Glen, Joliet, Lemont, Lisle, Lockport, Minooka, Oswego, Plainfield, Romeoville, Shorewood, Warrenville, Wheaton, Woodridge and Yorkville The physicians on the medical staff represent more than 70 medical and surgical specialties and subspecialties More than 98 percent (the national average is 62 percent) of them are board certified in their respective fields, a designation awarded only to physicians who complete rigorous post-medical school training and pass an extensive certification test Accredited by the Joint Commission, Edward has earned a reputation as a leader in complex medical specialties and innovative programming including, but not limited to the following -- Minimally invasive and beating heart surgery in the regions most up-to-date surgical suites -- HeartAware, an online test so people can determine their risk for heart disease to enhance and promote prevention -- Edward provides world class stroke care through the Edward Neurosciences Institute in affiliation with the Northwestern Medical Faculty Foundation The Institute features the most advanced interventional neurosurgery techniques and drug therapies to treat strokes and other neurological disorders --Edward Cancer Center opened a Multidisciplinary Thoracic Oncology Clinic, the first of its kind, for coordinated, faster, more efficient treatment of patients with lung cancer and other malignancies and abnormalities of the chest -- Edward was re-designated as a Magnet hospital for nursing excellence in 2010 after receiving its original designation in 2005 Edward is one of only three hospitals in DuPage County and the only one serving Will County to have earned the prestigious recognition --Care for the most critically ill newborns in its Level III NICU --Expert emergency services for adult and pediatric patients in its Level II emergency department and pediatric emergency department --State-of-the-art imaging technology at numerous community locations --Access to the latest clinical trials for cancer and heart disease --Innovated animal-assisted therapy, music therapy and art therapy through its healing arts program During the fiscal year ended June 30, 2010, Edward Hospital provided nearly $78 million in community benefits, nearly 12% higher than FY 2009 Charity care increased 38% between FY 2009-2010 to $12,304,465 Edwards charity care expenditure has more than doubled over the past five years For fiscal year 2010 Edward Hospital had 75,957 patient days and 510,961 emergency room and outpatient visits For more information about Edward Hospital, visit www edward org

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 355,424,566

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No)	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	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	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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**	192		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	3,243		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 15		
b	Enter the number of voting members that are independent . .	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

VINCE PRYOR
801 S WASHINGTON STREET
NAPERVILLE,IL 60540
(603) 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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	3,429,585	5,051,718	621,346

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 111

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Edward Health Services Corporation 801 S Washington St NAPERVILLE, IL 60540	management fees	51,211,500
Aramark PO Box 651009 CHARLOTTE, NC 282651009	food service	5,427,750
Power Construction 2360 Palmer Drive SCHAUMBURG, IL 601733819	construction	5,323,739
Biocare Clinical Engineering Mgmt 12031 Smith Drive HUNTLEY, IL 60142	biomedical eng svcs	4,962,010
Cardinal Health 23177 Network Place CHICAGO, IL 60673	pharmacy	4,911,028
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 106		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	3,342,496			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	698,132			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		4,040,628			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	621,990	327,529,498	327,529,498		
	b	MEDICARE/MEDICAID PAYMENTS	532,000	136,616,427	136,616,427		
	c	RENTAL INCOME	532,000	1,573,824	1,573,824		
	d	REFERENCE LAB	621,500	1,190,485	745,559	444,926	
	e	HEALTH SCREEN & AMBULATORY	623,990	253,902	253,902		
	f	All other program service revenue		2,710,498	2,710,498		
	g	**Total.** Add lines 2a–2f		469,874,634			
	3	Investment income (including dividends, interest and other similar amounts)		6,371,868			6,371,868
	4	Income from investment of tax-exempt bond proceeds		515,387			515,387
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	61,494,775	2,800,000			
	b	Less cost or other basis and sales expenses	61,750,260	1,701,256			
	c	Gain or (loss)	-255,485	1,098,744			
	d	Net gain or (loss)		843,259			843,259
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a 421,461				
	b	Less cost of goods sold	b 200,053				
	c	Net income or (loss) from sales of inventory		221,408			221,408
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See Instructions		481,867,184	469,429,708	444,926	7,951,922

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,343,084	1,343,084		
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	141,696,033	117,961,287	23,734,746	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,038,351	4,202,328	836,023	
9 Other employee benefits	17,796,966	14,740,343	3,056,623	
10 Payroll taxes	10,216,430	9,302,968	913,462	
11 Fees for services (non-employees)				
a Management	51,211,500		51,211,500	
b Legal	9,786		9,786	
c Accounting	0			
d Lobbying	42,584		42,584	
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	438,160		438,160	
g Other	28,158,895	19,386,690	8,772,205	
12 Advertising and promotion	388,922	334,062	54,860	
13 Office expenses	83,162,819	81,759,592	1,403,227	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	7,988,472	7,559,557	428,915	
17 Travel	70,768	51,634	19,134	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	176,219	129,267	46,953	
20 Interest	12,996,638	11,696,974	1,299,664	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	38,859,632	35,030,201	3,829,431	
23 Insurance	3,909,451	3,909,451		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Provision for Bad Debt	20,851,969	20,851,969		
b MEDICARE PROVIDER TAX	12,596,157	12,596,157		
c REPAIRS & MAINTENANACE	8,418,828	4,988,981	3,429,847	
d Medical Fees/Physician Intregr	7,760,617	7,760,617		
e Collection Fees	1,241,652		1,241,652	
f All other expenses	2,625,229	1,819,404	805,825	
25 **Total functional expenses.** Add lines 1 through 24f	456,999,162	355,424,566	101,574,597	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		26,226,499	1	15,193,555
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		57,861,550	4	55,498,030
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		37,676	7	0
	8	Inventories for sale or use		4,562,924	8	8,068,545
	9	Prepaid expenses and deferred charges		7,178,301	9	8,650,788
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 552,017,856			
	b	Less accumulated depreciation	10b 285,266,717	270,987,365	10c	266,751,139
	11	Investments—publicly traded securities		199,239,608	11	224,121,579
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		11,599,886	13	4,021,797
	14	Intangible assets		2,833,504	14	28,237,612
	15	Other assets See Part IV, line 11		16,436,082	15	14,616,320
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		596,963,395	16	625,159,365
Liabilities	17	Accounts payable and accrued expenses		52,888,383	17	48,307,886
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		291,283,380	20	282,065,390
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		76,188,724	25	98,032,165
	26	**Total liabilities.** Add lines 17 through 25		420,360,487	26	428,405,441
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		173,259,049	27	195,537,591
	28	Temporarily restricted net assets		3,031,397	28	903,871
	29	Permanently restricted net assets		312,462	29	312,462
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		176,602,908	33	196,753,924
	34	Total liabilities and net assets/fund balances		596,963,395	34	625,159,365

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Edward Hospital

Employer identification number
36-3297173

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 36-3297173
Name: Edward Hospital

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Pam Davis President	40.0	X		X				0	1,600,377	41,259
Rocco Martino Trustee	1.0	X		X				0	0	0
Joe Beatty Trustee	1.0	X		X				0	0	0
Gary Cianci MD Trustee	1.0	X						0	0	0
Scott Berger MD Trustee	1.0	X						40,000	0	0
Dave Delgado Trustee	1.0	X						0	0	0
Joe DePaulo Trustee	1.0	X						0	0	0
Dick Endress Trustee	1.0	X						0	0	0
Dennis Burke Trustee	1.0	X						0	0	0
Mary Kay Ladone Trustee	1.0	X						0	0	0
Thom Rooke MD Trustee	1.0	X						0	6,000	0
Tim Rivelli Trustee	1.0	X						0	0	0
Ron Schubel Trustee	1.0	X						0	0	0
Allison Ballew Smith Trustee	1.0	X						0	0	0
William Wheeler Trustee	1.0	X						0	0	0
Hoda El-Asmar MD Vice President	40.0			X				351,727	0	28,020
Nanette Bufalino Vice President	40.0			X				0	382,379	31,757
Brian Davis Vice President	40.0			X				0	233,689	33,087
Annette Kenney Vice President	40.0			X				0	249,539	33,407
Bill Kottman Vice President	40.0			X				0	358,066	37,763
Mary Lou Mastro Vice President	40.0			X				0	360,672	29,924
John Mordach Vice President	40.0			X				0	559,030	29,593
Maggie Shontz Vice President	40.0			X				0	367,384	24,021
Marianne Spencer Vice President	40.0			X				0	316,781	38,061
Dennise Vaughn Vice President	40.0			X				0	245,465	23,403

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Vince Pryor Sr VP Finance, CFO	10			X				0	0	0
Patti Ludwig-Beymer Chief Nursing Officer	40 0				X			188,021	0	12,785
Kim Stache Admin Dir - Surg/Radiology svc	40 0				X			193,082	0	11,274
Lynn Cochran Admin Dir - neuro svcs/nursing	40 0				X			151,187	0	22,497
Yvette Saba Admin Dir - Cardiac Services	40 0				X			179,485	0	26,105
Linda Devee Director, Radiology	40 0				X			154,933	0	17,474
George Koburov Physician	40 0					X		450,837	0	32,788
Peter Schubel Physician	40 0					X		444,447	0	30,735
Thomas Scaletta Physician	40 0					X		449,000	0	33,732
Michael Hartmann Physician	40 0					X		412,537	0	27,729
Michael Panfil Physician	40 0					X		414,329	0	30,084
Alan Kaplan MD Former Vice President							X	0	372,336	25,848

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PATIENT SERVICE REVENUE	621,990	327,529,498	327,529,498		
MEDICARE/MEDICAID PAYMENTS	532,000	136,616,427	136,616,427		
RENTAL INCOME	532,000	1,573,824	1,573,824		
REFERENCE LAB	621,500	1,190,485	745,559	444,926	
HEALTH SCREEN & AMBULATORY	623,990	253,902	253,902		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Provision for Bad Debt	20,851,969	20,851,969		
MEDICARE PROVIDER TAX	12,596,157	12,596,157		
REPAIRS & MAINTENANACE	8,418,828	4,988,981	3,429,847	
Medical Fees/Physician Intregr	7,760,617	7,760,617		
Collection Fees	1,241,652		1,241,652	

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
Edward Hospital	36-3297173

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		32,258
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			32,258
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Edward Hospital

Employer identification number
36-3297173

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	3,343,859	3,432,137			
b Contributions		278,130			
c Investment earnings or losses					
d Grants or scholarships	1,808,329				
e Other expenditures for facilities and programs	319,197	366,408			
f Administrative expenses					
g End of year balance	1,216,333	3,343,859			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ **0 %**
- b Permanent endowment ▶ **25.689 %**
- c Term endowment ▶ **74.311 %**

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,771,554		9,771,554
b Buildings		339,784,914	155,107,138	184,677,776
c Leasehold improvements				
d Equipment		183,850,384	126,334,278	57,516,106
e Other		18,611,004	3,825,300	14,785,703
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				266,751,139

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
EST THRID PARTY PAYOR SETTLEMENTS	60,881,959
PROF & GENERAL LIABILITY	8,480,246
INTEREST RATE SWAP	24,757,652
DEFERRED COMPENSATION	2,554,609
LONG TERM LEASE PAYABLE	991,908
FEDERAL INCOME TAXES	365,213
FICA TAXES	578
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	98,032,165

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Uses of the Organizations's Endowment Funds	Schedule D, Part V, Endowment Funds	There are three permanent endowment funds and the interest earned on the funds is intended to use as follows 1) Cardiovascular - to be used for the Edward Hospital Cardiovascular Program, 2) Animal Assisted Therapy - to be used to support the use of dogs visiting patients to help relieve stress and improve healing times, 3) The Book Scholarship Fund - to help nurses educationally by supplementing their further higher educational expenses

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Edward Hospital

Employer identification number
36-3297173

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other 300 %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500 %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			10,927,837		10,927,837	2 510 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			34,326,562	21,268,542	13,058,020	2 990 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			45,254,399	21,268,542	23,985,857	5 500 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			479,925	40,175	439,750	0 100 %
f Health professions education (from Worksheet 5)			1,094,503	80,645	1,013,858	0 230 %
g Subsidized health services (from Worksheet 6)			2,538,803	2,050,077	488,727	0 110 %
h Research (from Worksheet 7)			412,401	35,399	377,002	0 090 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			20,313		20,313	
j **Total** Other Benefits			4,545,945	2,206,296	2,339,650	0 530 %
k **Total.** Add lines 7d and 7j			49,800,344	23,474,838	26,325,507	6 030 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			9,456		9,456	
9	Other						
10	**Total**			9,456		9,456	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense (at cost)	2	5,749,924		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	1,591,569		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	106,043,524		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	146,503,017		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-40,459,493		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
EDWARD HOSPITAL 801 S WASHINGTON ST NAPERVILLE,IL 60540	X	X					X		
PLAINFIELD FREE-STANDING EMERGENCY CTR 24600 W 127TH STREET PLAINFIELD,IL 60585							X		

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

See additional data

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

IL

Additional Data

Software ID:
Software Version:
EIN: 36-3297173
Name: Edward Hospital

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Edward Health Services Corporation, a related organization files the community benefit report with the State of Illinois

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The costs used in the Charity Care (7a) and Unreimbursed Medicaid (7b) sections were calculated using Worksheet 2 - Ratio of Patient Care to Charges The costs entered in the Subsidized Health Services section (7g) were calculated using a cost accounting system and addressed all patient segments The costs entered in sections 7e, 7f, 7h and 7i were calculated using a combination of a cost accounting system and actual costs

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Edward Hospital $20,851,969

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Accounts receivable are charged to the allowance for doubtful accounts when they are deemed uncollectible Costing methodology Ratio of Patient Care to Charges

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

It is considered a community benefit because if Edward Hospital did not incur this expense it would become the responsibility of the government or another provider to care for Medicare patients There would be access issues as we are seeing in physician offices today due to the losses that physicians incur for providing care to Medicare patients

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

It is our policy not to pursue collection practices against patients who qualify for financial assistance If a patient qualifies for financial assistance during the collection process, the collection efforts cease

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 Addressing the needs of the community is a strategic priority for the Corporation During this year's strategic planning process, "community commitment" was identified as one of its six strategic priorities in the 2011 - 2013 Strategic Plan The goal of this priority is to ensure that the Corporation purposefully plans, monitors and implements strategies to strengthen the community it serves by addressing targeted needs The Corporate Community Benefit Plan is based on a careful analysis of service area demographics and utilization patterns, community survey data, and information and recommendations generated from local county health department IPLANs (Illinois Project for the Local Assessment of Needs-- a requirement of local health departments in Illinois to conduct formal community health needs assessments, prioritization and action planning to maintain their certification with the state health department) Based on the assessment of area need along with consideration of corporate competencies, three primary areas of strategic focus for future community benefit activities and resource allocation were identified access to care, mental health, and obesity A management plan to address each of these areas was developed and will be monitored on an ongoing basis by the Community Benefit Steering Committee The tactics identified in the management plan will be updated annually

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 Informing our patients that financial assistance is available is an important part of Edward Hospital Financial Assistance program Financial assistance is available to the under-insured as well as the uninsured Information about our financial assistance program and the application is available on Edward's website in English and Spanish Patient statements also include the information in English and Spanish on how to obtain a financial assistance application Unisured inpatients are screens for eligibility through govermental programs Patients who do not qualify for such programs are given a financial assistance application Signage is posted at all outpaitent registration areas including the emergency department Also, our Customer Service department and Financial Counselors are available to assist patients who are having difficulty paying their bill including the need for financial assistance

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 Edward Hospital is a full-service, regional healthcare provider offering access to a full range of health care services, including primary care, complex medical specialties, and innovative programming for residents of Chicago's west and southwest suburbs, including Naperville, Aurora, Bolingbrook, Lisle, Oswego, Plainfield, Romeoville, Warrenville, Woodridge, and Yorkville These towns define Edward's primary service area which represents 75% of Edward's patient origin and has an estimated population of nearly 575,000 residents Edward's service area spans multiple counties, with the majority of patients residing in DuPage and Will Counties, 45% and 39% respectively Communities within Edward's Primary Service Area were among the fastest growing in the country over the past 20 years, and Edward spent significant resources during this period expanding programs and building facilities to accommodate this growth During the recent economic recession, there has been a slow-down in the number of new residents moving into the service area, however the latest population projections indicate that the area will grow by 60,800 residents by 2015-- an annual growth rate of 2% Note that this remains higher than both Illinois and the United States growth rates Edward will continue to monitor local growth rates to ensure that it 'right-sizes' its services to accommodate community need While Edward's service area is relatively young with an average age of 34 (compared to the Illinois and United States average of 37 and 38, respectively), the population is aging at a faster rate The 65 and older population is projected to grow 40% over the next 5 years This will present significant challenges considering the elderly consume the majority of health care resources-particularly inpatient beds and chronic disease services Edward has a significantly higher percentage of residents with Asian ethnicity than either Illinois or the United States, and 13% of area residents are of Hispanic/Latino ethnicity This diversity presents both language and cultural barriers that have the potential to compromise access to health care Edward has maintained a strong commitment to language assisted services, and has steadily increased the budget for these services The number and percentage of lower-income residents has increased in 2009 according to the most recently available data from the US Census Bureau The percentage of individuals at or below the poverty level is now at 6 5% in DuPage County and 6 9% in Will County While this is lower than the State average, it nevertheless represents a significant number of individuals-in fact, over 105,900-living at or below the poverty level in DuPage and Will Counties Requests for Public Aid assistance from DuPage county residents have increased by 60% over the past five years, which is straining the public system's ability to fund health care services for this vulnerable population The hospital sector has experienced the growing level of poverty firsthand Medicaid utilization within Edward's Primary Service Area increased from 9 5% to 11 9% of total inpatient hospital discharges between FY 2008 and 2009, while the number of Medicaid inpatient discharges increased 24%

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, line 5 The Corporation's mission is to support health and strengthen communities by providing outstanding health care services which expresses the important role the organization plays in contributing to the wellbeing of the communities it serves Employees are encouraged to serve on community boards and participate in programs and committees that address economic development, training, community health needs and improvement advocacy, and workforce development However, the majority of the Community Building Activities addressed in Part II are provided by corporate employees that support and act on behalf of Edward Hospital but are not recorded in the Edward Hospital filing because the expenses are incurred by Edward Health Services Corporation The expense for workforce development programs that are listed in Part II of this filing are provided by clinical employees of Edward Hospital Examples of these programs and the benefit that they provided are highlighted below Evidence Based Practice Conference at Edward - brings key speakers on research and evidence-based nursing practice to between 175 and 225 nurses and nursing students annually Northern Illinois Health Education Network - hosts continuing education opportunities for nurses and other health care professionals from northern Illinois College of DuPage Collaborative - resulted in the education of 40 additional nurses at College of DuPage

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 As a not-for-profit organization, Edward re-invests earnings in the organization to maintain and enhance services that benefit its community The organization develops and updates a Strategic Plan on a regular basis to identify needs and opportunities to deploy excess funds (revenue in excess of expenditures) Projects are evaluated based on organizational objectives and community needs, and are prioritized by senior management and the Board of Trustees Projects have been undertaken to improve patient safety and outcomes which may or may not have generated a return on investment per se, such as bedside medication verification system, and RFID tagging of surgical sponges This past year, Edward opened a Cancer Center and a Freestanding Emergency Department (PFED) in Plainfield to offer more convenient access to essential services for which residents would otherwise have to travel in excess of 30 minutes Edward also opened the Edward Neurosciences Institute, which provides the most advanced stroke care in Edward's service area This new program, which incorporates neuorinterventional treatment in a sophisticated biplane laboratory for patients with cerebrovascular anomalies, substantially expands the window of treatment for patients who otherwise might die or experience significant disability

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 Edward Hospital and Linden Oaks Hospital are part of an affiliated health system, Edward Health Services Corporation (EHSC) The community need assessment and the development and management of the community benefit strategic plan is provided by EHSC Both Hospitals play a vital role in implementing the initiatives set forth in the strategic plan by providing the community benefit services that are quantified in Part I and Part II of Schedule H for each of the Hospital tax filings The community benefit expenses that are accounted for by EHSC, which are not included in Part I and Part II, total $1,467,367 This includes community education, donations, and community benefit operations Further explanation and the allocation of the EHSC community benefit expense to the Hospital based on a management fee can be found in Schedule O

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Edward Hospital

Employer identification number
36-3297173

Part I Questions Regarding Compensation

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

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

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

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

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

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information		Reimbursement or provision of benefits Schedule J, Part I, Line 1A All EHSC employees are offered a membership at the Edward Health & Fitness Center, an affiliate of EHSC, as a taxable employee benefit Members of senior management (the President and Vice Presidents) are also provided this benefit for their spouse and children, also as a taxable benefit The value of this 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 Supplemental Compensation Information 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 Edward Hospital On an annual basis, the Committee reviews compensation arrangements, including the compensation award for the Edward Hospital 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 Edward Hospital does not have an "Executive Director" position Supplemental Compensation Information - Severance Payments Schedule J, Part I, Line 4A The individuals listed were part of a reduction in force that occurred during fiscal year 2010, but they were contractually entitled to severance payments at their rate of pay at the time of termination for a period of up to 12 months post discharge (6 months guaranteed, and an additional 6 months at full compensation if no alternate employment was procured or to be offset against employment which compensated the individual at less than their rate of pay at Edward), individuals who received severance were subject to a non-compete within a certain geographic radius around the organization Maggie Shontz received a severance payment of $165,141 Supplemental Compensation Information - SERP Schedule J, Part I, Line 4B 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 $45,241 Brian P Davis $11,164 Pamela M Davis $608,814 William G Kottman $24,911 Mary L Mastro $68,332 John P Mordach $84,197 Maggie Shontz $39,557 Marianne Spencer $45,431 Dennise Vaughn $10,627 Compensation Contingent of Net Earnings Schedule J, Part I, Questions 6A & B Officers (the President and Vice Presidents) and key employees participate in an incentive compensation plan, which rewards participants when EHSC, on a consolidated basis, achieves certain income from operations thresholds There are additional components of the incentive plan contingent on the achievement of certain levels of patient satisfaction and quality measures These two additional components of the incentive plan (patient satisfaction and quality measures) each account for 25% of the incentive, with the net earnings component accounting for the other 50% of the incentive pool The plans are reviewed and approved by the EHSC Executive Committee each year

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-3297173
Name: Edward Hospital

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Pam Davis	(I)	0	0	0	0	0	0	0
	(II)	714,187	178,577	707,613	8,575	32,684	1,641,636	0
Hoda El-Asmar MD	(I)	289,627	49,867	12,233	8,575	19,445	379,747	0
	(II)	0	0	0	0	0	0	0
Nanette Bufalino	(I)	0	0	0	0	0	0	0
	(II)	269,744	45,537	67,098	8,575	23,182	414,136	0
Brian Davis	(I)	0	0	0	0	0	0	0
	(II)	183,221	32,187	18,281	6,934	26,153	266,776	0
Annette Kenney	(I)	0	0	0	0	0	0	0
	(II)	203,873	35,875	9,791	7,794	25,613	282,946	0
Bill Kottman	(I)	0	0	0	0	0	0	0
	(II)	251,100	42,944	64,022	8,575	29,188	395,829	0
Mary Lou Mastro	(I)	0	0	0	0	0	0	0
	(II)	236,293	40,576	83,803	8,575	21,349	390,596	0
John Mordach	(I)	0	0	0	0	0	0	0
	(II)	327,875	86,329	144,826	8,575	21,018	588,623	0
Maggie Shontz	(I)	0	0	0	0	0	0	0
	(II)	172,567	41,744	153,073	7,597	16,424	391,405	0
Marianne Spencer	(I)	0	0	0	0	0	0	0
	(II)	207,164	47,587	62,030	8,154	29,907	354,842	0
Dennise Vaughn	(I)	0	0	0	0	0	0	0
	(II)	187,839	32,698	24,928	7,321	16,082	268,868	0
Patti Ludwig-Beymer	(I)	162,708	18,521	6,792	6,055	6,730	200,806	0
	(II)	0	0	0	0	0	0	0
Kim Stache	(I)	187,628	5,197	257	6,646	4,628	204,356	0
	(II)	0	0	0	0	0	0	0
Lynn Cochran	(I)	133,710	10,564	6,913	5,145	17,352	173,684	0
	(II)	0	0	0	0	0	0	0
Yvette Saba	(I)	165,238	13,468	779	6,003	20,102	205,590	0
	(II)	0	0	0	0	0	0	0
Linda Devee	(I)	141,011	7,959	5,963	5,200	12,274	172,407	0
	(II)	0	0	0	0	0	0	0
George Koburov	(I)	240,458	200,308	10,071	8,575	24,213	483,625	0
	(II)	0	0	0	0	0	0	0
Peter Schubel	(I)	256,631	179,259	8,557	8,575	22,160	475,182	0
	(II)	0	0	0	0	0	0	0
Thomas Scaletta	(I)	302,559	138,958	7,483	8,575	25,157	482,732	0
	(II)	0	0	0	0	0	0	0
Michael Hartmann	(I)	242,435	129,881	40,221	8,575	19,154	440,266	0
	(II)	0	0	0	0	0	0	0
Michael Panfil	(I)	241,339	148,353	24,637	8,575	21,509	444,413	0
	(II)	0	0	0	0	0	0	0
Alan Kaplan MD	(I)	0	0	0	0	0	0	
	(II)	198,439	0	173,897	7,266	18,582	398,184	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Edward Hospital

Employer identification number
36-3297173

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY SERIES 2008A	86-1091967	45200FFF1	04-09-2008	85,733,137	REVENUE BONDS - See schedule O		X		X
B	ILLINOIS FINANCE AUTHORITY SERIES 2008 b-1b-2& C	86-1091967	45200FFY0	04-30-2008	126,220,000	REVENUE REFUNDING BONDS - See sche		X		X
C	ILLINOIS FINANCE AUTHORITY SERIES 2009-A	86-1091967	45200FB65	10-28-2009	43,500,000	REVENUE REFUNDING BONDS - See sche		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	85,733,137	126,220,000	43,500,000		
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	707,220		707,220		
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion					

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X							
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	2 700 %		3 190 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5	2 700 %		3 190 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2	Is the bond issue a variable rate issue?		X	X		X					
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X	X		X					
b	Name of provider	CITIGRPGOLDMAN SACH		CITIGRPGOLDMAN SACH		JP MORGAN CHASE					
c	Term of hedge	33		33		30					
4a	Were gross proceeds invested in a GIC?		X		X		X				
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

Additional Data

Software ID:
Software Version:
EIN: 36-3297173
Name: Edward Hospital

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Edward Hospital

Employer identification number
36-3297173

Identifier	Return Reference	Explanation
Form 990, Part I, Question 6	Volunteers	Our volunteers work in a large majority of areas throughout the organization The responsibility the volunteer has varies, dependent on the area they are volunteering in and the projects to be completed Volunteers have assisted with clerical work, data entry, meeting and greeting, friendly visits, escorting and providing general information to patients and visitors We track our volunteer hours monthly All of the volunteers sign in and out each shift they come in and we collect the sign in sheets at the end of the month Throughout the organization, for the Fiscal Year ended June 30, 2010 our volunteers gave 98,000 hours of service

Identifier	Return Reference	Explanation
Form 990, Part VI, Question 6	Description of Classes of Members or Stockholders	Edward Hospital's sole corporate member is Edward Health Services Corporation, an Illinois not for profit and 501(c)(3) tax exempt corporation

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

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Question 11a	DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	A DRAFT OF THE FULL FORM 990 WAS PROVIDED TO THE EDWARD HEALTH SERVICES CORPORATION AUDIT COMMITTEE, AND WAS REVIEWED WITH THE ASSISTANCE OF ERNST & YOUNG, EHSC INDEPENDENT AUDITORS FOLLOWING REVIEW BY THE AUDIT COMMITTEE, AND PRIOR TO FILING, A FINAL DRAFT OF THE FORM 990 WAS THEN PROVIDED TO THE FULL BOARD OF TRUSTEES, AND KEY COMPONENTS OF THE FORM 990 WERE ALSO REVIEWED

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Question 15a and 15b	Offices & Positions for Which Process was Used, & Year Process was Begun	EXECUTIVE COMPENSATION, INCLUDING THE CEO AND ALL OFFICERS ("SENIOR MANAGEMENT"), IS MANAGED BY THE EHSC EXECUTIVE COMMITTEE ("COMMITTEE"), ON BEHALF OF EHSC AND ALL OF ITS AFFILIATES ON AN ANNUAL BASIS, THE COMMITTEE REVIEWS COMPENSATION ARRANGEMENTS, AND BASED ON SUCH REVIEW, THE COMMITTEE RECOMMENDS THE COMPENSATION AWARD FOR THE EHSC CEO FOR THE COMING YEAR TO THE EHSC BOARD FOR APPROVAL THE COMMITTEE CONDUCTS THE REVIEW IN A MANNER THAT WILL QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTION RULES OF SECTION 4958 OF THE INTERNAL REVENUE CODE TO THAT END - THE CEO AND ALL OTHER MEMBERS OF SENIOR MANAGEMENT MAY PARTICIPATE IN THIS REVIEW PROCESS AND BE PRESENT AT MEETINGS OF THE COMMITTEE ONLY IF AND TO THE EXTENT NECESSARY TO ANSWER QUESTIONS AND PROVIDE OTHER INFORMATION THE COMMITTEE NEEDS FOR ITS ANALYSIS, ASSESSMENT AND DELIBERATIONS, AND THEY MUST OTHERWISE RECUSE THEMSELVES FROM COMMITTEE MEETINGS DURING COMMITTEE DEBATE AND VOTING ON COMPENSATION ARRANGEMENTS - THE COMMITTEE CONFIRMS PRIOR TO COMMENCEMENT OF THE ANNUAL REVIEW THAT NO OTHER MEMBER OF THE COMMITTEE HAS A CONFLICT OF INTEREST WITH REGARD TO THE COMPENSATION MATTERS ADDRESSED IN THE REVIEW ANY MEMBER IDENTIFIED AS HAVING A CONFLICT SHALL PARTICIPATE IN THE PROCESS ONLY TO THE SAME EXTENT AS MEMBERS OF SENIOR MANAGEMENT - THE COMMITTEE CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT COMPENSATION FIRM, WHO SHALL SUMMARIZE ITS ANALYSIS AND FINDINGS IN WRITING TO THE EXECUTIVE COMMITTEE - THE COMMITTEE OBTAINS AND RELIES UPON CURRENT, COMPARABLE MARKET COMPENSATION DATA FOR APPROPRIATE PEER ORGANIZATIONS FOR EACH COMPENSATION COMPONENT PRIOR TO MAKING ITS DETERMINATION RELEVANT INFORMATION WILL INCLUDE COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SERVED BY EHSC, CURRENT COMPENSATION SURVEYS COMPILED BY AN INDEPENDENT FIRM, AND ACTUAL WRITTEN OFFERS FROM SIMILAR ORGANIZATIONS COMPETING FOR THE SERVICES OF THE MEMBERS OF SENIOR MANAGEMENT - THE EXECUTIVE COMMITTEE ALSO ADEQUATELY AND PROMPTLY DOCUMENTS ITS DECISION THE DOCUMENTATION STATES THE INTENTION TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS, THE SPECIFIC TERMS OF THE COMPENSATION ARRANGEMENT THAT WERE APPROVED, THE APPROVAL DATE, THE NAMES OF THE INDIVIDUALS PRESENT AND THOSE WHO VOTED, THE SPECIFIC COMPARABILITY DATA OBTAINED AND RELIED UPON, AND AN EXPLANATION AS TO WHY THE APPROVED AMOUNTS ARE CONSIDERED REASONABLE IF THE TERMS OF THE COMPENSATION ARRANGEMENT DIFFER FROM THE COMPARABILITY DATA IT ALSO REFLECTS THE STEPS TAKEN BY THE COMMITTEE TO CONFIRM THE ABSENCE OF CONFLICTS ON THE PART OF ANY COMMITTEE MEMBER AND TO MEET THE FOREGOING REQUIREMENTS CONCERNING THE NATURE AND EXTENT OF PARTICIPATION OF ANY CONFLICTED COMMITTEE MEMBER OF MEMBERS OF SENIOR MANAGEMENT IN ADDITION, THE EXECUTIVE COMMITTEE PERIODICALLY REVIEWS THE EXECUTIVE COMPENSATION PLAN, INCLUDING THE PHILOSOPHY, FOR (A) COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS, AND (B) ALIGNMENT WITH EHSC'S MISSION, CHARITABLE PURPOSES, GOALS AND STRATEGIES BASED ON THE REVIEW, THE COMMITTEE DEVELOPS AND RECOMMENDS TO THE FULL BOARD FOR ITS APPROVAL CHANGES IN ONE OR MORE COMPONENTS OF THE PLAN OR THE PLAN PHILOSOPHY THAT THE COMMITTEE CONSIDERS NECESSARY AND APPROPRIATE RELATIVE TO ONE OR BOTH OF THESE CRITERIA OTHER INDIVIDUALS WHO ARE KEY EMPLOYEES OF EDWARD HOSPITAL ARE COMPENSATED WITH A COMPETITIVE BASE SALARY, ALONG WITH AN INCENTIVE PLAN, WHICH IS REFLECTIVE OF EDWARD'S MARKET, AS DETERMINED BY A REVIEW OF INDEPENDENTLY GATHERED MARKET COMPENSATION SURVEY DATA - AT THE TIME OF HIRE, THE SALARY DETERMINATION IS MADE BY GIVING CONSIDERATION TO EXPERIENCE PERTINENT TO THE ROLE FOR WHICH THE INDIVIDUAL IS TO BE HIRED ALSO CONSIDERED ARE NICHE SKILLS OR EXPERIENCE THIS KEY EMPLOYEE BRINGS TO THE ORGANIZATION SUPPLY AND DEMAND WILL ALSO PLAY A ROLE IN DETERMINING THE HIRE IN RATE OF PAY BASED ON THESE FACTORS, EHSC HUMAN RESOURCES DEPARTMENT, WHICH SUPPORTS EHSC AND ALL OF ITS AFFILIATES, INCLUDING EDWARD HOSPITAL, WILL ASSIGN THE KEY EMPLOYEE TO AN APPROPRIATE PAY GRADE, AND A RATE OF PAY WILL BE OFFERED WITHIN THAT PAY GRADE - ON AN ANNUAL BASIS, EHSC HUMAN RESOURCES WORKS WITH AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT (SULLIVAN COTTER) TO CONDUCT A THOROUGH MARKET REVIEW OF ALL POSITIONS WHICH ARE NOT CONSIDERED SENIOR MANAGEMENT USING A VARIETY OF SOURCES, OUR SALARY RANGES ARE COMPARED TO THE CURRENT MARKET PAY GRADE ASSIGNMENTS, AND INDIVIDUAL RATES OF PAY, MAY CHANGE BASED ON THE RESULTS OF THIS ANNUAL MARKET REVIEW IN ADDITION, ANNUAL MERIT INCREASES MAY BE AWARDED BASED ON EDWARD'S BUDGET FOR THE YEAR

Identifier	Return Reference	Explanation
Form 990, Part VI, Question 16b	JOINT VENTURE ARRANGEMENTS	CURRENTLY, IT IS THE POLICY OF EHSC AND EDWARD HOSPITAL THAT PARTICIPATION BY THE HOSPITAL, OR ANY EDWARD AFFILIATE, IN A JOINT VENTURE REQUIRES REVIEW BY THE EHSC FINANCE COMMITTEE (REGARDLESS OF THE DOLLAR AMOUNT OF THE INVESTMENT) AND APPROVAL BY THE EHSC BOARD OF TRUSTEES REGARDLESS OF THE PERCENTAGE OWNERSHIP THAT ANY EDWARD ENTITY MAY HAVE IN THE JOINT VENTURE, THE VENTURE'S GOVERNING DOCUMENTS MUST INCLUDE THE FOLLOWING PROVISIONS RELATED TO THE ENTITY (1) IT IS TO BE OPERATED IN A MANNER CONSISTENT WITH EDWARD'S CHARITABLE MISSION, (2) THERE IS A COMMITMENT TO PROVIDE FREE OR UNCOMPENSATED CARE, TREAT MEDICAID AND MEDICARE PATIENTS AND MAINTAIN HEALTH CARE AND EDUCATION PROGRAMS FOR THE BENEFIT OF THE COMMUNITY, (3) THE ACTIVITIES OF SHOULD RESULT IN SIGNIFICANT COMMUNITY BENEFITS SUCH AS (A) THE CREATION OF A NEW PROVIDER OF HEALTHCARE SERVICES, (B) THE EXPANSION OF COMMUNITY HEALTHCARE RESOURCES, (C) THE IMPROVEMENT IN TREATMENT MODALITY, (D) THE REDUCTION IN HEALTHCARE COSTS, OR (E) THE IMPROVEMENT IN PATIENT CONVENIENCE AND ACCESS TO PHYSICIANS, AND (4) HEALTHCARE SERVICES MUST BE PROVIDED IN A NON-DISCRIMINATORY MANNER THE EHSC BOARD OF TRUSTEES, FOR ITSELF AND ALL OF ITS AFFILIATES, IS IN THE PROCESS OF REVIEWING AND APPROVING A JOINT VENTURE POLICY THAT WILL MORE FORMALLY SET FORTH THE PRACTICES DESCRIBED ABOVE, TO CONTINUE TO ENSURE THAT EDWARD WILL PURSUE ONLY THOSE JOINT VENTURES WHICH FURTHER ITS CHARITABLE MISSION AND STRENGTHEN EDWARD FINANCIALLY, ENSURING THAT QUALITY HEALTH CARE WILL CONTINUE TO BE AVAILABLE TO THE COMMUNITIES THAT EDWARD SERVES

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

Identifier	Return Reference	Explanation
Schedule K	Part I, Column (f) Description of purpose	ILLINOIS FINANCE AUTHORITY SERIES 2008A These revenue Bonds were used to refund the 7/1/1998 Bond Issue ILLINOIS FINANCE AUTHORITY SERIES 2008 b-1,b-2,& C These Revenue Refunding Bonds were used to refund the 3/7/2007 Bond issue ILLINOIS FINANCE AUTHORITY SERIES 2009-A These Revenue Refunding Bonds were used to refund the 4/4/2001 and the 7/1/2005 Bond issues

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Edward Hospital

Employer identification number
36-3297173

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
EDWARD HEALTH SERVICES CORPORATION 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3513954	PARENT	IL	501(c)(3)	11 TYPE II	N/A
NAPERVILLE PSYCHIATRIC VENTURES 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3965251	hospital	IL	501(c)(3)	3	EHV
EDWARD HEALTH VENTURES 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 58-1672987	SUPPORTNG ORG	IL	501(c)(3)	11 TYPE II	ehsc
EDWARD FOUNDATION 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3723705	FUNDRAISING	IL	501(c)(3)	7	ehsc
EDWARD HEALTH & FITNESS CENTER 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60565 36-3555528	HEALTH CARE	IL	501(c)(3)	9	EHV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
EDWARD PHYSICIAN OFFICE CENTER 801 SOUTH WASHINGTON STREET NAPERVILLE, IL60540 36-3524485	HEALTH CARE	IL	EHV	RELATED	426,375	2,954,705		No			No
EDWARD CARDIAC DIAGNOSTICS LLC 801 S Washington Street Naperville, IL60540 74-3246349	Nuclear ServiCES	IL	NA	RELATED	-39,464	0		No		Yes	
EDWARD CARDIOVASCULAR INSTITUTE 801 S WASHINGTON STREET NAPERVILLE, IL60540 36-3864123	HEALTH CARE	IL	NA	N/A							
THE CENTER FOR SURGERY LP 801 S WASHINGTON STREET NAPERVILLE, IL60540	HEALTH CARE	IL	NA	N/A							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
EDWARD MANAGEMENT CORPORATION 801 SOUTH WASHINGTON STREET Naperville, IL60540 36-3833311	MANAGEMENT CORP	IL	NA	C CORP			
NAPERVILLE HEALTH CARE ASSOC LTD 801 S WASHINGTON STREET NAPERVILLE, IL60540 36-3651180	HEALTH CARE	IL	NA	c corp	2,034,182	10,561,713	100 000 %
EHSC CAYMAN SEGREGATED PORTFOLIO FIRST CARRIBEAN HSE 3RD FL 10 MAIN STREET, GEORGE TOWN CJ 000000000	INSURANCE	CJ	NA	C CORP			

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-3297173
Name: Edward Hospital

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Naperville Psychiatric Ventures	k	561,676
(2)	Edward Health Ventures	l	4,322,671
(3)	Naperville Psychiatric Ventures	k	327,240
(4)	Naperville Psychiatric Ventures	k	552,516
(5)	Edward Health Ventures	a (iv	7,079,156
(6)	Edward Cardiac Diagnostics	k	725,883
(7)	Edward Health & Fitness Center	l	104,718
(8)	Edward Foundation	p	400,629
(9)	Edward Health & Fitness Center	k	70,176
(10)	Edward Foundation	k	254,280
(11)	Edward Foundation	C	2,941,867