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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)	OMB No 1545-0047 2009
	The organization may have to use a copy of this return to satisfy state reporting requirements	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 <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See Specific Instructions.		C Name of organization EDWARD FOUNDATION				D Employer identification number 36-3723705	
				Doing Business As				E Telephone number (630) 527-3000	
				Number and street (or P O box if mail is not delivered to street address) 801 S WASHINGTON STREET			Room/suite	G Gross receipts \$ 4,407,097	
				City or town, state or country, and ZIP + 4 NAPERVILLE, IL 60540					
				F Name and address of principal officer PAMELA MEYER DAVIS 801 S WASHINGTON STREET NAPERVILLE, IL 60540				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
		I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶			
		J Website: ▶ www.edward.org							
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						L Year of formation 1989		M State of legal domicile IL	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities to serve the healthcare needs of the Naperville area and surrounding communities by providing financial support for projects, programs and services affiliated with Edward Hospital		
	2	Check this box <input type="checkbox"/> 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 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	961,472	1,722,382
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	284,023	174,874
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-71,159	-134,995
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,174,336	1,762,261
	14	Benefits paid to or for members (Part IX, column (A), line 4)	541,956	3,594,343
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 58,605		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	172,033	206,185
	19	Revenue less expenses Subtract line 18 from line 12	713,989	3,800,528
			460,347	-2,038,267
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	8,001,095	6,717,105
	21	Total liabilities (Part X, line 26)	106,682	171,471
	22	Net assets or fund balances Subtract line 21 from line 20	7,894,413	6,545,634

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div></div> <div>Signature of officer</div> </div> <div> <div></div> <div>2011-05-11</div> </div> <div> <div></div> <div>Date</div> </div>
	<div> <div></div> <div>Vince Pryor SR VP Finance/CFO</div> </div> <div> <div></div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div></div> </div> <div> <div>Date</div> <div></div> </div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div>Preparer's identifying number (see instructions)</div> <div></div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>ERNST & YOUNG US LLP</div> <div>111 MONUMENT CIRCLE SUITE 2600</div> <div>INDIANAPOLIS, IN 46204</div> </div> </div> <div> <div>EIN</div> <div></div> </div>
	<div> <div>Phone no</div> <div>(317) 681-7000</div> </div>

Part III Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

To serve as the charitable fundraising arm of Edward Hospital & Health 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 \$ 50,547 including grants of \$ 50,547) (Revenue \$)

The Foundation Funded the Care Center, a clinic for the diagnosis, treatment and legal documentation of sexually abused children, the only center of its kind in the region, serving a six-county area The Care Center works as part of a continuum of care with social service agencies and, working with state's attorneys' offices, also assists in the successful prosecution of sexual predators A total of 80 clients were served in calendar year 2010 Short term objectives include increasing census through re-education of referring agencies and law enforcement Constant re-training is needed because of staff turnover at these agencies Longer term objectives include increasing the clinic availability as currently there is one clinic day per week for appointments plus emergency room visits There will also be an exam room added in the planned remodeling of the Pediatrics area and this will be used as needed to cross-train pediatric nurses to work with sexual abuse cases

4b

(Code) (Expenses \$ 36,750 including grants of \$ 36,750) (Revenue \$)

The Foundation Funded the Arabella House Scholarship Program to provide "scholarship beds" for residents of Arabella, a group home for women and girls who are recovering from eating disorders Arabella is a transitional step for women and girls who've been treated for eating disorders at Linden Oaks at Edward Life at Arabella helps participants establish and maintain healthy behaviors before returning to home, school and work A "scholarship bed" pays for up to six weeks of residence at Arabella for women and girls who could not otherwise afford the care 47 women were served in calendar year 2010 Short term goals include increasing census to capacity, which varies as length of stay may be between 4 weeks to 6 months An average length of stay is 4-6 weeks, setting a full capacity goal of 70-80 patients Longer term goals include increasing capacity in a larger facility or with a second house and establishing a half-way house for patients who, upon discharge, would have no safe home to return to and no means of financial support This program would provide shelter, job training and job search skills, etc

4c

(Code) (Expenses \$ 28,509 including grants of \$ 28,509) (Revenue \$)

The Nursing Professional Development Fund is a vehicle for advancing their practice through attendance at on-site programs and off-site conferences and seminars and in-house educational sessions We continue to focus on increasing the number of nurses certified in their area of expertise Research suggests that certification enhances patient care and improves outcomes With the new Illinois Nurse Practice Act, our 1,200 Edward Hospital nurses are now required to earn 20 contact hours every two years for licensure This has increased nurse requests to participate in continuing education activities and has also increased attendance at our internal programs The Nursing Professional Development Fund provided funds for nurses to attend 106 conferences and seminars in 2010

4d

Other program services (Describe in Schedule O)

(Expenses \$ 3,478,537 including grants of \$ 3,478,537) (Revenue \$)














4e

Total program service expenses

\$ 3,594,343

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		No					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5							
6	Did the organization maintain any donor advised funds or any 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	Yes						
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No					
10	Did the organization, 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, line 10? 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? <table><tr><td>Yes</td><td>No</td></tr><tr><td>12A</td><td>Yes</td><td></td></tr></table>	Yes	No	12A	Yes				
Yes	No								
12A	Yes								
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 								
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	Yes						
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		No					

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a15	1cYes	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c				
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a0	2b	
	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)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	No
b			3b	
If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				
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: <input type="text"/> 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			5b	No
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				
c			5c	
If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?				
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		6b	
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
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		7b	
If "Yes," did the organization notify the donor of the value of the goods or services provided?				
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		7d	
If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
	f		7f	No
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	
	h		7h	
For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?				
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		9b	
Did the organization make a distribution to a donor, donor advisor, or related person?				
10 Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12		10a	
	b		10b	
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11 Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders		11a	
	b		11b	
Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
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	13	
b	Enter the number of voting members that are independent . . .	1b	11	
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶IL
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ PAMELA MEYER DAVIS 801 SOUTH WASHINGTON STREET Naperville, IL 60540 (630) 527-3035

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

• 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

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

[illegible]

1b	Total	117,222	3,060,941	182,818
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization1

		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		No
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	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		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
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization0		

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	537,650			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,184,732			
	g	Noncash contributions included in lines 1a-1f \$ 137,873					
	h	Total. Add lines 1a-1f		1,722,382			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		184,826		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties		0			
6a		Gross Rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		-9,952			-9,952
8a		Gross income from fundraising events (not including \$ 537,650 of contributions reported on line 1c) See Part IV, line 18	a	104,525			
b		Less direct expenses	b	239,520			
c		Net income or (loss) from fundraising events . .		-134,995			-134,995
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				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . .		0			
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions		1,762,261			39,879	

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	3,562,343	3,562,343		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	32,000	32,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	65,231		65,231	
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	1,429		1,429	
g	Other	0			
12	Advertising and promotion	58,605			58,605
13	Office expenses	69,613		69,613	
14	Information technology	2,048		2,048	
15	Royalties	0			
16	Occupancy	0			
17	Travel	1,975		1,975	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,975		1,975	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	582		582	
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	Dues & Subscriptions	3,440		3,440	
b	EDUCATION	675		675	
c	Miscellaneous	612		612	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,800,528	3,594,343	147,580	58,605
26	Joint costs. Check here <input checked="" type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			788,645	1	363,992
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			636,450	3	733,528
	4	Accounts receivable, net				4	
	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				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			24,611	9	17,508
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities			6,365,047	11	5,423,679
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			116,242	13	108,298
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			70,100	15	70,100
	16	Total assets. Add lines 1 through 15 (must equal line 34)			8,001,095	16	6,717,105
Liabilities	17	Accounts payable and accrued expenses			55,720	17	48,331
	18	Grants payable				18	
	19	Deferred revenue			50,825	19	123,002
	20	Tax-exempt bond liabilities				20	
	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			137	25	138
	26	Total liabilities. Add lines 17 through 25			106,682	26	171,471
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			4,217,718	27	5,187,066
	28	Temporarily restricted net assets			3,284,170	28	966,043
	29	Permanently restricted net assets			392,525	29	392,525
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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			7,894,413	33	6,545,634
	34	Total liabilities and net assets/fund balances			8,001,095	34	6,717,105

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		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 . . .		

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 FOUNDATION	Employer identification number 36-3723705
---	--

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?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

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.")	1,513,384	1,387,168	1,370,563	961,472	1,726,907	6,959,494
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	1,513,384	1,387,168	1,370,563	961,472	1,726,907	6,959,494
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)						968,327
6 Public Support. Subtract line 5 from line 4						5,991,167

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	1,513,384	190,836	1,370,563	961,472	1,726,907	6,959,494
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	115,916	190,836	400,496	395,530	184,826	1,287,604
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)						8,247,098
12 Gross receipts from related activities, etc (See instructions)					12	463,422

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	72 646 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	86 536 %

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. 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

SCHEDULE D
(Form 990)

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 FOUNDATION

Employer identification number
36-3723705

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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
2a	
2b	
2c	
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▶ \$ _____70,100

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▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	347,475	366,111			
b Contributions					
c Investment earnings or losses	22,965	-3,745			
d Grants or scholarships					
e Other expenditures for facilities and programs	28,933	14,890			
f Administrative expenses					
g End of year balance	341,507	347,476			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100.000 %

c

Term endowment ▶ 0 %

3a

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

(i) unrelated organizations

3a(i)

☐ Yes☐ No

(ii) related organizations

3a(ii)

☐ Yes☐

b

If "Yes" 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				

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
Supplemental Information	Description of the Organizations Collection	Schedule D, Part III, Line 4 The Foundation maintains 3 paintings, 2 by artist R W Addison valued at \$30,100 and one by artist Eugene Boudin valued at \$40,000 These are on public display Intended Uses of the Organizations Endowment Funds Schedule D, Part V, Line 4 There are three permanent endowment funds Cardiovascular-to be used for the Edward Hospital Cardiovascular Program, Animal Assisted Therapy-to be used to support the use of dogs visiting patients to help relieve stress and improve healing times, and the Book Scholarship Fund - to help nurses educationally by supplementing their further higher educational expenses

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ 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 FOUNDATION

Employer identification number
36-3723705

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Gala Dinner (event type)	Golf Outing (event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	492,534	149,641	642,175
	2	Less Charitable contributions	422,034	115,616	537,650
	3	Gross income (line 1 minus line 2)	70,500	34,025	104,525
Direct Expenses	4	Cash prizes	1,633	2,012	3,645
	5	Non-cash prizes	4,899	6,038	10,937
	6	Rent/facility costs	0	4,175	4,175
	7	Food and beverages	39,754	20,297	60,051
	8	Entertainment	26,367	5,500	31,867
	9	Other direct expenses	112,345	16,500	128,845
	10	Direct expense summary Add lines 4 through 9 in column (d)			239,520
	11	Net income summary Combine lines 3, column d, and line 10.			-134,995

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1, column d, and line 7			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
EDWARD FOUNDATION

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
36-3723705

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

2

3

Enter total number of other organizations

0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

Software ID:
Software Version:
EIN: 36-3723705
Name: EDWARD FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Edward Hospital801 S WASHINGTON ST NAPERVILLE,IL 60540	36-3297173	501(c)(3)	159,068				wings of hope share garden
NAPERVILLE PSYCHIATRIC HEALTH VENTURES801 S WASHINGTON ST NAPERVILLE,IL 60540	36-3965251	501(C)(3)	160,000				linden oaks expansion
EDWARD HOSPITAL801 S WASHINGTON St NAPERVILLE,IL 60540	36-3297173	501(C)(3)	7,060				MUSCIANS IN plainfield/CANCER CENTER
EDWARD HOSPITAL801 S WASHINGTON ST NAPERVILLE,IL 60540	36-3297173	501(C)(3)	5,339				blanket warmer for short stay unit
EDWARD HOSPITAL801 S WASHINGTON ST NAPERVILLE,IL 60540	36-3297173	501(C)(3)	6,282				laboratory refrigerator
EDWARD HOSPITAL801 S WASHINGTON ST NAPERVILLE,IL 60540	36-3297173	501(C)(3)	8,514				statspin centrifuge
EDWARD HOSPITAL801 S WASHINGTON ST NAPERVILLE,IL 60540	36-3297173	501(C)(3)	8,849				dental drill
EDWARD HOSPITAL801 S WASHINGTON ST NAPERVILLE,IL 60540	36-3297173	501(C)(3)	20,000				care center cases
EDWARD HOSPITAL801 S WASHINGTON ST NAPERVILLE,IL 60540	36-3297173	501(C)(3)	7,000				EXAM TABLES
EDWARD HOSPITAL801 S WASHINGTON ST NAPERVILLE,IL 60540	36-3297173	501(C)(3)	7,638				HANDHELD SCANNERS FOR RESPIRATORY CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDWARD HOSPITAL801 S WASHINGTON ST NAPERVILLE,IL 60540	36-3297173	501(C)(3)	30,685				ADULT OSCILLATOR
EDWARD HOSPITAL801 S WASHINGTON ST NAPERVILLE,IL 60540	36-3297173	501(C)(3)	6,553				TREADMILLS AND STEP EQUIPMENT
EDWARD HOSPITAL801 S WASHINGTON ST NAPERVILLE,IL 60540	36-3297173	501(C)(3)	287,709				SUPPORT
NAPERVILLE PSYCHIATRIC HEALTH VENTURES801 S WASHINGTON ST NAPERVILLE,IL 60540	36-3965251	501(C)(3)	59,848				SUPPORT
EDWARD HOSPITAL801 S WASHINGTON ST NAPERVILLE,IL 60540	36-3297173	501(C)(3)	2,782,799				PLAINFIELD CANCER CENTER

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	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?	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		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> 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?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b Any related organization?		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?	Yes	
b Any related organization?	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		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

[illegible]

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	<p>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. The Edward Foundation President is also offered 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 Foundation. On an annual basis, the Committee reviews compensation arrangements, including the compensation award for the Edward Foundation President for the coming year. The Committee conducts the review in a manner that will qualify for the rebuttable presumption of reasonableness under the Intermediate Sanction Rules of Section 4958 of the Internal Revenue Code. As for the Executive Director, this individual is compensated with a competitive base salary, along with an incentive plan, which is reflective of Edward's market, as determined by a review of market compensation survey data. At the time of hire, the salary determination is made by giving consideration to experience pertinent to the role for which the individual is to be hired. Also considered are niche skills or experience this Executive Director brings to the organization. Supply and demand will also play a role in determining the hire in rate of pay. Based on these factors, EHSC Human Resources Department, which supports EHSC and all of its affiliates, including Edward Foundation, will assign the Executive Director to an appropriate pay grade, and a rate of pay will be offered within that pay grade. On an annual basis, EHSC Human Resources works with an independent third party compensation consultant (Sullivan Cotter) to conduct a thorough market review of all position 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.</p> <p>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; John P. Mordach \$84,197; Dennise Vaughn \$10,627.</p> <p>Compensation Contingent of Net Earnings Schedule J, Part I, Questions 6A & B The Edward Foundation President and Executive Director 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.</p> <p>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.</p> <p>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.</p>

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
EDWARD FOUNDATION

Employer identification number
36-3723705

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	137,873	cost/selling price
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 36-3723705
Name: EDWARD FOUNDATION

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493131022161
SCHEDULE O (Form 990)	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 FOUNDATION			Employer identification number 36-3723705

Identifier	Return Reference	Explanation
Supplemental Information	Form 990, Part III, Line 4d	Description of Other Program Services Other activities related to receiving donations and distributing funds in accordance with donor intent in support of 501(C)(3) health care organizations that are affiliated with Edward Health Services Corporation Form 990, Part VI, Question 6 Description of Classes of Members or Stockholders Edward Foundation's sole corporate member is Edward Health Services Corporation, an Illinois not for profit and 501(c)(3) tax exempt corporation Form 990, Part VI, Question 7a Description of Classes of Persons and the Nature of Their Rights Edward Foundation's sole corporate member, Edward Health Services Corporation, may elect, remove and replace Members of the Board of Directors of Edward Foundation Form 990, Part VI, Question 7b Approval Process of the Decisions of the Governing Body The Board of Directors of Edward Foundation's corporate member, Edward Health Services Corporation ("EHSC"), has the following exclusive powers over Edward Foundation ("Foundation") - Elect, remove, and replace, Directors of the Foundation - Approve amendments to the Articles of Incorporation proposed by the Board of Directors of the Foundation - Approve a plan of dissolution or liquidation of the Foundation or a plan of merger or consolidation of the Foundation with another corporation In addition, the Foundation Board of Directors may not take any of the actions listed below, without obtaining the prior approval of EHSC - Adopt, or permit the adoption of, any annual or long term capital or operational budget of the Foundation or of any affiliate or subsidiary of the Foundation, - Adopt, or permit the adoption of, any variance from any annual or long term capital or operational budget of the Foundation or of any affiliate or subsidiary of the Foundation previously approved by EHSC which would result in the expenditure of funds exceeding in the aggregate during the relevant term of any such budget the greater of ten percent (10%) of the total budgeted operating expenses or such dollar limit as EHSC may establish by resolution at the time it approves such budget, - Authorize or permit the Foundation or any affiliate or subsidiary of the Foundation to enter into any contract which is not provided for in an annual or long term capital or operational budget approved by EHSC where the amount involved exceeds in the aggregate One Hundred Thousand Dollars (\$100,000) or such other dollar limit as the EHSC may establish by resolution at the time it approves such budget, - Adopt, or permit the adoption of, any new, or any substantive changes to the strategic plans of the Foundation or of any affiliate or subsidiary of the Foundation, - Adopt, or permit the adoption of, any new, or any substantive changes to the marketing plans of the Foundation or of any affiliate or subsidiary of the Foundation, - Authorize the Foundation or any affiliate or subsidiary of the Foundation to enter into any transaction providing for or requiring a certificate of need which is not provided for in an annual capital or operational budget approved by EHSC, - Organize or acquire, or authorize or permit the organization or acquisition of, any affiliate or subsidiary of the Foundation, - Approve, or permit the approval of, any long term borrowing of money for capital needs by the Foundation or by any affiliate or subsidiary of the Foundation, and - Approve, or permit the approval of, any contributions, grants or loans to entities other than EHSC 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 Edward Foundation Board of Directors, 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 Foundation, monitors and enforces compliance with its conflict of interest policy through annual reporting, and ongoing education Each year, EHSC conducts an annual conflict of interest review This process involves requiring all Trustees/Directors, officers, key employees, contracted physicians and physicians in leadership roles, and management level employees to complete an electronic conflict of interest questionnaire The data are reported back to the Chief Compliance & Privacy Officer, who assesses the reported conflicts to determine whether they require any follow-up action, including divestiture of any business interest or possible termination of any business relationship The Chief Compliance & Privacy Officer ensures that all required individuals submit a completed questionnaire, and if no report is completed, the matter is reported to the EHSC Board of Trustees The EHSC Board of Trustees is also provided a summary report of all actual or potential conflicts of interest, so that they are aware of these relationships as the business of the Board is being conducted In cases where an actual or potential conflict is identified, the conflicted individual is educated about how they should raise this issue if they are ever in a position where their conflict may be implicated Conflicted individuals must recuse themselves from voting, but, at the discretion of the Board, may be permitted to participate in discussion about matters in which they have an actual or apparent conflict In addition to this annual reporting, all individuals noted above are advised that, pursuant to the conflicts policy, they are required to report to the Chief Compliance & Privacy Officer any actual or potential conflicts of interest as they may arise throughout the course of the year Form 990, Part VI, Question 15a and 15b Description of the process for determining compensation Executive compensation, including the CEO and all officers ("Senior Management"), is managed by the EHSC Executive Committee ("Committee"), on behalf of EHSC and all of its affiliates, including Edward Foundation On an annual basis, the Committee reviews compensation arrangements, including the compensation award for the Edward Foundation President/CEO for the coming year The Committee conducts the review in a manner that will qualify for the rebuttable presumption of reasonableness under the intermediate sanction rules of Section 4958 of the Internal Revenue Code To that end - The CEO and all other members of Senior Management may participate in this review process and be present at meetings of the Committee only if and to the extent necessary to answer questions and provide other information the Committee needs for its analysis, assessment and deliberations, and they must otherwise recuse themselves from Committee meetings during Committee debate and voting on compensation arrangements - The Committee confirms prior to commencement of the annual review that no other member of the Committee has a conflict of interest with regard to the compensation matters addressed in the review Any member identified as having a conflict shall participate in the process only to the same extent as members of Senior Management - The Committee conducts the review with the assistance of an experienced and independent compensation firm, who shall summarize its analysis and findings in writing to the Executive Committee - The Committee obtains and relies upon current, comparable market compensation data for appropriate peer organizations for each compensation component prior to making its determination Relevant information will include compensation levels paid by similarly situated organizations, both taxable and tax-exempt, for functionally comparable positions, the availability of similar services in the geographic area served by EHSC, current compensation surveys compiled by an independent firm, and actual written offers from similar organizations competing for the services of the members of Senior Management - The Executive Committee also adequately and promptly documents its decision The documentation states the intention to qualify for the rebuttable presumption of reasonableness, the specific terms of the compensation arrangement that were approved, the approval date, the names of the individuals present and those who voted, the specific comparability data obtained and relied upon, and an explanation as to why the approved amounts are considered reasonable if the terms of the compensation arrangement differ from the comparability data It also reflects the steps taken by the Committee to confirm the absence of conflicts on the part of any Committee member and to meet the foregoing requirements concerning the nature and extent of participation of any conflicted Committee member or members of Senior Management In addition, the Executive Committee periodically reviews the executive compensation plan, including the philosophy, for (a) compliance with applicable laws and regulations, and (b) alignment with EHSC's mission, charitable purposes, goals and strategies Based on the review, the Committee develops and recommends to the full Board for its approval changes in one or more components of the plan or the plan philosophy that the Committee considers necessary and appropriate relative to one or both of these criteria As for the Executive Director, this individual is compensated with a competitive base salary, along with an incentive plan, which is reflective of Edward's market, as determined by a review of market compensation survey data - At the time of hire, the salary determination is made by giving consideration to experience pertinent to the role for which the individual is to be hired Also considered are niche skills or experience this Executive Director brings to the organization Supply and demand will also play a role in determining the hire in rate of pay Based on these factors, EHSC Human Resources Department, which supports EHSC and all of its affiliates, including Edward Foundation, will assign the Executive Director to an appropriate pay grade, and a rate of pay will be offered within that pay grade - On an annual basis, EHSC Human Resources works with an independent third party compensation consultant (Sullivan Cotter) to conduct a thorough market review of all positions which are not considered Senior Management Using a variety of sources, our salary ranges are compared to the current market Pay grade assignments, and individual rates of pay, may change based on the results of this annual market review In addition, annual merit increases may be awarded based on Edward's budget for the year Form 990, Part VI, Question 19 Avail of Gov Docs, Conflict of Interest Policy, & Fin Strmts 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

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 FOUNDATION

Employer identification number

36-3723705

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 Hospital 801 South Washington Street Naperville, IL 60540 36-3297173	HOSPITAL	IL	501(c)(3)	3	EHSC
NAPERVILLE PSYCHIATRIC VENTURES 801 South Washington Street NAPERVILLE, IL 60540 36-3965251	HOSPITAL	IL	501(c)(3)	3	EHV
EDWARD HEALTH AND FITNESS CENTER 801 South Washington Street NAPERVILLE, IL 60540 36-3555528	HEALTH CARE	IL	501(c)(3)	9	EHV
EDWARD HEALTH VENTURES 801 South Washington Street NAPERVILLE, IL 60540 58-1672987	SUPPORTNG ORG	IL	501(c)(3)	11 TYPE II	EHSC
EDWARD HEALTH SERVICES CORPORATION 801 South Washington Street NAPERVILLE, IL 60540 36-3513954	parent	IL	501(c)(3)	11 TYPE II	NA

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
EDWARD PHYSICIAN OFFICE CENTER 801 S Washington St NAPERVILLE, IL60540 36-3524485	HEALTH CARE	IL	NA	N/A							
EDWARD CARDIAC DIAGNOSTICS LLC 801 S Washington St NAPERVILLE, IL60540 74-3246349	NUCLEAR SERVICES	IL	NA	n/a							
EDWARD CARDIOVASCULAR INSTITUTE 801 South Washington Street NAPERVILLE, IL60540 36-3864123	HEALTH CARE	IL	NA	n/a							
THE CENTER FOR SURGERY LP 801 S Washington St 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 South Washington Street NAPERVILLE, IL60540 36-3651180	HEALTH CARE	IL	na	C CORP			
EHSC CAYMAN SEGREGATED PORTFOLIO FIRST CARIBBEAN HSE 3RD FL 10 MAIN ST, GEORGE TOWN, CJ CJ 000000000	INSURANCE	CJ	na	C CORP			

Part V

Transactions With Related Organizations (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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

Yes

No

Yes

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) Edward Hospital	o	400,629
(2) Naperville Psychiatric Ventures	o	59,848
(3) Edward Hospital	l	254,280
(4) Naperville Psychiatric Ventures	b	160,000
(5) Edward Hospital	b	2,941,866
(6)		

Schedule R (Form 990) 2009

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

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 36-3723705

Name: EDWARD FOUNDATION

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				
Richard Anderson MD Trustee	1 0	X						0	0	0	
Jay Bergamini DDS Trustee	1 0	X						0	0	0	
Scott Berger MD Trustee	1 0	X						0	40,000	0	
Dennis Burke Chair	1 0	X		X				0	0	0	
Kevin Gensler Trustee	1 0	X		X				0	0	0	
Phil Gresh Trustee	1 0	X						0	0	0	
Tom Iskalis Trustee	1 0	X						0	0	0	
Ronald Nyberg Trustee	1 0	X						0	0	0	
William Petty Trustee	1 0	X						0	0	0	
Frank Slocumb Trustee	1 0	X						0	0	0	
Bonnie Valiant Trustee	1 0	X						0	0	0	
Don Niermeyer Trustee	1 0	X						0	0	0	
Lesley Powers Trustee	1 0	X						0	0	0	
Pam Davis President/CEO	1 0			X				0	1,600,377	41,259	
Nanette Bufalino Vice President	1 0			X				0	382,379	31,757	
John Mordach Vice President	1 0			X				0	559,031	29,593	
Brian Davis Vice President	1 0			X				0	233,689	33,087	
Dennise Vaughn Vice President	1 0			X				0	245,465	23,403	
Meghan Moreno Executive Director	40 0			X				117,222	0	23,719	
Vince Pryor Sr VP Finance, CFO	1 0			X				0	0	0	