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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

C Name of organization
EDWARD FOUNDATION

Doing Business As

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

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

D Employer identification number
36-3723705

E Telephone number
(630) 527-3000

G Gross receipts $ 3,685,534

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? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW EDWARD ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1989

M State of legal domicile IL

Part I Summary

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 AFFILITATED WITH EDWARD HOSPITAL

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	1
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,091,555	1,688,250
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,112	234,195
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-205,489	-99,039
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,913,178	1,823,406
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,504,389	3,053,885
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶109,847		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	255,344	314,602
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,759,733	3,368,487
19	Revenue less expenses Subtract line 18 from line 12	-1,846,555	-1,545,081

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,309,174	5,161,934
21	Total liabilities (Part X, line 26)	216,555	307,894
22	Net assets or fund balances Subtract line 21 from line 20	6,092,619	4,854,040

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2014-04-23
Signature of officer | Date

VINCENT E PRYOR SYSTEM EVP CFO/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
John V Woodhull				P01305268
Firm's name ▶ CROWE HORWATH LLP			Firm's EIN ▶	
Firm's address ▶ 70 West Madison Street Suite 700 Chicago, IL 606024903			Phone no (312) 899-7000	

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 43,711 including grants of $ 43,711) (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 110 CLIENTS WERE SERVED IN FISCAL YEAR 2013 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 $ 32,197 including grants of $ 32,197) (Revenue $)

THE NURSING PROFESSIONAL DEVELOPMENT FUND IS A VEHICLE FOR ADVANCING THEIR PRACTICE THROUGH ATTENDANCE AT ON-SITE PROGRAMS, 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

4c (Code) (Expenses $ 13,893 including grants of $ 13,893) (Revenue $)

THE FOUNDATION FUNDED THE ANIMAL ASSISTED THERAPY PROGRAM THIS PROGRAM PROVIDES OPPORTUNITIES FOR MOTIVATIONAL, EDUCATIONAL, RECREATIONAL, AND/OR THERAPEUTIC BENEFITS TO ENHANCE QUALITY OF LIFE SPECIFICALLY TRAINED PROFESSIONALS, AND/OR VOLUNTEERS IN ASSOCIATION WITH ANIMALS THAT MEET SPECIFIC CRITERIA, DELIVER ANIMAL ASSISTED THERAPY ANIMAL ASSISTED THERAPY IS DESIGNED TO PROMOTE IMPROVEMENT IN HUMAN PHYSICAL, SOCIAL, EMOTIONAL, AND COGNITIVE FUNCTION THIS PROGRAM HAS REACHED OVER 1,000 PATIENTS AT EDWARD HOSPITAL

(Code) (Expenses $ 2,964,084 including grants of $ 2,964,084) (Revenue $)

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

4d Other program services (Describe in Schedule O)

(Expenses $ 2,964,084 including grants of $ 2,964,084) (Revenue $)

4e **Total program service expenses** ▶ 3,053,885

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	19		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**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 governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Vince Pryor 801 South Washington Street Naperville, IL (630) 527-3000

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANK SLOCUMB Vice Chairman/Trustee	1 00 0	X		X				0	0	0
(2) PAMELA M DAVIS Trustee/President	1 00 39 00	X		X				0	1,196,045	229,566
(3) RONALD NYBERG Chairman/Trustee	1 00 2 00	X		X				0	0	0
(4) BONNIE VALIANT Trustee	1 00 0	X						0	0	0
(5) DENNIS BURKE Trustee	1 00 0	X						0	0	0
(6) DONALD NIERMEYER Trustee	1 00 0	X						0	0	0
(7) JOSEPH JUDD Trustee	1 00 0	X						0	0	0
(8) JULIE COLE CHIRICO Trustee	1 00 0	X						0	0	0
(9) MARK BIDLAKE Trustee	1 00 0	X						0	0	0
(10) PHILLIP GRESH Trustee	1 00 0	X						0	0	0
(11) RICHARD ANDERSON MD Trustee	1 00 0	X						2,480	0	0
(12) ROBERT BEYER Trustee	1 00 0	X						0	0	0
(13) SCOTT BERGER MD Trustee	1 00 0	X						0	0	0
(14) WILLIAM PETTY Trustee	1 00 0	X						0	0	0
(15) BARBARA P BYRNE MD Vice President	1 00 39 00			X				0	367,263	56,771
(16) BRIAN P DAVIS Vice President	1 00 39 00			X				0	269,263	32,538
(17) CHRIS J MOLLET System EVP, General Counsel, Secretary	1 00 39 00			X				0	113,785	8,388

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DENNISE VAUGHN Vice President	1 00 39 00			X				0	291,521	23,322
(19) VINCENT E PRYOR System EVP CFO/Treasurer	1 00 39 00			X				0	575,150	125,626
(20) MEGHAN MORENO Executive Director	39 00 1 00				X			0	163,742	10,284

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	2,480	2,976,768	486,495

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(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 of compensation from the organization ▶0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(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 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 718,966				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 969,284				
	g	Noncash contributions included in lines 1a-1f $	195,425				
	h	**Total.** Add lines 1a-1f		1,688,250			
Program Service Revenue			Business Code				
	2a	0		0			
	b	0		0			
	c	0		0			
	d	0		0			
	e	0		0			
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,143			7,143
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,800,842				
	b	Less cost or other basis and sales expenses	1,573,790				
	c	Gain or (loss)	227,052 / 0				
	d	Net gain or (loss)		227,052			227,052
	8a	Gross income from fundraising events (not including $ 718,996 of contributions reported on line 1c) See Part IV, line 18	a 189,299				
	b	Less direct expenses	b 288,338				
	c	Net income or (loss) from fundraising events		-99,039			-99,039
	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			0			
	b			0			
	c			0			
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See Instructions		1,823,406	0	0	135,156

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,001,885	3,001,885		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	52,000	52,000		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	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	0		
7 Other salaries and wages	0	0		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0		
9 Other employee benefits	0	0		
10 Payroll taxes	0	0		
11 Fees for services (non-employees)				
a Management	0	0		
b Legal	0	0		
c Accounting	0	0		
d Lobbying	0	0		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	2,365		2,365	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	70,750	0	70,750	0
12 Advertising and promotion	109,847			109,847
13 Office expenses	67,977		67,977	
14 Information technology	12,500		12,500	
15 Royalties . .	0			
16 Occupancy	0			
17 Travel	9,071		9,071	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DUES & SUBSCRIPTIONS	9,547		9,547	
b EDUCATION	1,972		1,972	
c ANNUITY PAYMENTS	7,944		7,944	
d				
e All other expenses	22,629	0	22,629	0
25 **Total functional expenses.** Add lines 1 through 24e	3,368,487	3,053,885	204,755	109,847
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	16,366	1	-3,291
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	783,988	3	583,162
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	37,133	9	81,416
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 0			
	b	Less accumulated depreciation — 10b: 0	0	10c	0
	11	Investments—publicly traded securities	5,309,177	11	4,346,081
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	92,410	13	84,466
	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)	6,309,174	16	5,161,934
Liabilities	17	Accounts payable and accrued expenses	57,015	17	68,677
	18	Grants payable		18	
	19	Deferred revenue	159,402	19	239,079
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	138	25	138
	26	**Total liabilities.** Add lines 17 through 25	216,555	26	307,894
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,752,505	27	3,414,723
	28	Temporarily restricted net assets	947,590	28	1,046,793
	29	Permanently restricted net assets	392,524	29	392,524
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	6,092,619	33	4,854,040
	34	Total liabilities and net assets/fund balances	6,309,174	34	5,161,934

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,823,406
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,368,487
3	Revenue less expenses Subtract line 2 from line 1	3	-1,545,081
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,092,619
5	Net unrealized gains (losses) on investments	5	306,502
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,854,040

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

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 described in **section 170(b)(1)(A)(i).**

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

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

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 - Non-functionally integrated

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	961,472	1,726,907	2,181,245	2,091,555	1,688,250	8,649,429
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	961,472	1,726,907	2,181,245	2,091,555	1,688,250	8,649,429
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)						1,406,434
6 **Public support.** Subtract line 5 from line 4						7,242,995

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	961,472	1,726,907	2,181,245	2,091,555	1,688,250	8,649,429
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	395,530	184,826	166,488	155,036	7,143	909,023
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	86,103	104,525	103,375	116,083	189,299	599,385
11 **Total support** (Add lines 7 through 10)						10,157,837

12 Gross receipts from related activities, etc (see instructions)	12	0

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 2012 (line 6, column (f) divided by line 11, column (f))	14	71 300 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	69 120 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

OTHER INCOME, SCHEDULE A, PART II, LINE 10, DESCRIPTION - FUNDRAISING EVENT REVENUE, COLUMN A - 86103, COLUMN B - 104525, COLUMN C - 103375, COLUMN D - 116083, COLUMN E - 189299, COLUMN F - 599385,,

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

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? ☐ Yes ☐ No

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 0

(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 (ASC 958) relating to these items

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

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	356,024	335,485	341,508	347,476	366,111
b	Contributions					
c	Net investment earnings, gains, and losses	11,520	22,415	22,556	22,965	-3,745
d	Grants or scholarships					
e	Other expenditures for facilities and programs	891	1,876	28,579	28,933	14,890
f	Administrative expenses					
g	End of year balance	366,653	356,024	335,485	341,508	347,476

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶ 0 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings				0
c Leasehold improvements				0
d Equipment				0
e Other				0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0

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

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

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
MALPRACTICE IBNR	138
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	138

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	2,740,397
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	306,502		
b	Donated services and use of facilities	2b	330,095		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	288,338		
e	Add lines **2a** through **2d**			2e	924,935
3	Subtract line **2e** from line **1**			3	1,815,462
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	7,944		
c	Add lines **4a** and **4b**			4c	7,944
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,823,406

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

1	Total expenses and losses per audited financial statements			1	1,339,334
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	330,095		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	288,338		
e	Add lines **2a** through **2d**			2e	618,433
3	Subtract line **2e** from line **1**			3	720,901
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	2,647,586		
c	Add lines **4a** and **4b**			4c	2,647,586
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	3,368,487

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Collections of art - description of collections	Schedule D, Part III, Line 4	THE FOUNDATION MAINTAINS 3 PAINTINGS, 2 BY ARTIST R W ADDISON VALUED AT $30,100 AND ONE BY ARTIST EUGENE BOUDIN VALUED AT $40,000 THESE ARE ON PUBLIC DISPLAY
Intended uses of endowment funds	Schedule D, Part V, Line 4	THERE ARE THREE PERMANENT ENDOWMENT FUNDS (1) CARDIOVASCULAR - TO BE USED FOR THE EDWARD HOSPITAL CARDIOVASCULAR PROGRAM, (2) ANIMAL ASSISTED THERAPY - TO BE USED TO SUPPORT THE USE OF DOGS VISITING PATIENTS TO HELP RELIEVE STRESS AND IMPROVE HEALING TIMES, AND (3) THE BOOK SCHOLARSHIP FUND - TO HELP NURSES EDUCATIONALLY BY SUPPLEMENTING THEIR FURTHER HIGHER EDUCATIONAL EXPENSES
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE CORPORATION, THE HOSPITAL, EHV, EHFC, THE FOUNDATION, AND LINDEN OAKS ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ON INCOME RELATED TO THEIR EXEMPT PURPOSES ACCORDINGLY, THERE IS NO MATERIAL PROVISION FOR INCOME TAX FOR THESE ENTITIES
Other revenues in audited financial statements not in form 990	Schedule D, Part XI, Line 2d	SPECIAL EVENTS - 288338,
Other revenues in form 990 not in audited financial statements	Schedule D, Part XI, Line 4b	ANNUITY PAYMENTS - 7944,
Other expenses in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	SPECIAL EVENTS - 288338,
Other expenses in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	NET ASSET TRANSFER TO EDWARD HOSPITAL - 2539642, NET ASSET TRANSFER TO NAPERVILLE PSYCHIATRIC VENTURES D/B/A LINDEN OAKS - 100000, ANNUITY PAYMENTS - 7944,

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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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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.

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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 services? ☐ **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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GALA (event type)	(b) Event #2 GOLF (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	695,304	212,962		908,266
	2 Less Contributions	599,404	119,563		718,967
	3 Gross income (line 1 minus line 2)	95,900	93,399	0	189,299
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	95,366	1,547		96,913
	6 Rent/facility costs		23,757		23,757
	7 Food and beverages	59,777	20,785		80,562
	8 Entertainment	27,360	3,750		31,110
	9 Other direct expenses	44,513	11,483		55,996
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(288,338)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-99,039

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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ 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? . . . . . ☐ Yes ☐ No

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 of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ 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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

Name of the organization
EDWARD FOUNDATION

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. Part II can be duplicated 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
(1) EDWARD HOSPITAL 801 S WASHINGTON STREET NAPERVILLE,IL 60540	36-3297173	501(C)(3)	2,785,650	0	N/A	N/A	SEE PART IV
(2) NAPERVILLE PSYCHIATRIC VENTURES 801 S WASHINGTON STREET NAPERVILLE,IL 60540	36-3965251	501(C)(3)	216,235	0	N/A	N/A	SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	36	52,000	0	N/A	N/A

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
GRANTS GREATER THAN $5,000	SCHEDULE I, PART IV	TOTAL GRANTS TO EDWARD HOSPITAL CONSIST OF THE FOLLOWING - $600,000 FOR THE GI LAB TECHOLOGY - $100,000 FOR HEALTH AWARE - $1,741,000 FOR DA VINCI ROBOT - $126,348 FOR KIDSCARE - $218,302 FOR SUPPORT TOTAL GRANTS TO NAPERVILLE PSYCHIATRIC VENTURES CONSISTS OF THE FOLLOWING - $166,235 FOR SUPPORT - $100,000 FOR LOH EXPANSION
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	WHEN AWARDING GRANTS TO INDIVIDUALS, THE EDWARD FOUNDATION HAS FORMS THAT NEED TO BE FILLED OUT BY POTENTIAL RECIPIENTS THESE FORMS INCLUDE THE REQUIREMENTS AND CRITERIA REQUIRED FOR AWARDS THE FINAL PROCESS OF NARROWING DOWN THE LIST TO THE FINAL CANDIDATES IS BASED UPON GPA AND YEARS OF SENIORITY THERE ARE TWO GRANTS THAT ARE GIVEN OUT ANNUALLY THE BOOK NURSING SCHOLARSHIP AWARDS, WHICH ARE FOR NURSES FURTHERING THEIR EDUCATION (16 AWARDS AT $2,000/EACH) AND STUDENT VOLUNTEER AWARDS FOR EDUCATION (20 AWARDS AT $1,000/EACH) THESE AWARDS ARE MADE DIRECTLY TO THE COLLEGES FOR EACH OF THE STUDENT'S ACCOUNTS WHEN AWARDING GRANTS TO AFFILIATED ORGANIZATIONS, EDWARD HOSPITAL AND NAPERVILLE PSYCHIATRIC VENTURES, ALL OF THESE AWARDS MUST BE APPROVED BY THE EXECUTIVE DIRECTOR OF THE EDWARD FOUNDATION AND THE ACCOUNTING DEPARTMENT AS TO CORRECT USAGE OF THE FUNDS FOR DESIGNATED PURPOSES IN THE RESTRICTED ACCOUNTS AND APPROVAL BY THE EDWARD FOUNDATION BOARD FOR UNRESTRICTED ACCOUNTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EDWARD FOUNDATION

Employer identification number
36-3723705

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)BARBARA P BYRNE MD VICE PRESIDENT	(i) (ii)	0 290,087	0 65,642	0 11,534	0 52,536	0 4,235	0 424,034	0 0
(2)BRIAN P DAVIS VICE PRESIDENT	(i) (ii)	0 193,001	0 45,209	0 31,053	0 12,167	0 20,371	0 301,800	0 0
(3)DENNISE VAUGHN VICE PRESIDENT	(i) (ii)	0 216,813	0 49,573	0 25,135	0 15,672	0 7,650	0 314,843	0 0
(4)MEGHAN MORENO EXECUTIVE DIRECTOR	(i) (ii)	0 137,715	0 15,964	0 10,063	0 7,713	0 2,571	0 174,026	0 0
(5)PAMELA M DAVIS TRUSTEE/PRESIDENT	(i) (ii)	0 758,342	0 255,320	0 182,383	0 217,500	0 12,066	0 1,425,610	0 0
(6)VINCENT E PRYOR SYSTEM EVP CFO/TREASURER	(i) (ii)	0 425,528	0 128,513	0 21,109	0 104,500	0 21,126	0 700,776	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a	ALL EDWARD HEALTH SERVICES CORPORATION EMPLOYEES ARE OFFERED A MEMBERSHIP AT THE EDWARD HEALTH & FITNESS CENTER, AN AFFILIATE OF EDWARD HEALTH SERVICES CORPORATION, AS A TAXABLE EMPLOYEE BENEFIT MEMBERS OF SENIOR MANAGEMENT (THE PRESIDENT AND VICE PRESIDENTS) ARE ALSO PROVIDED THIS BENEFIT FOR THEIR SPOUSE AND CHILDREN, ALSO AS A TAXABLE BENEFIT THE VALUE OF THIS BENEFIT IS DETERMINED BASED UPON THE FAIR MARKET VALUE OF THESE MEMBERSHIPS, WHICH IS IN TURN DETERMINED BASED UPON THE ACTUAL AMOUNT THAT THE EDWARD HEALTH & FITNESS CENTER CHARGES TO OTHER CORPORATE CUSTOMERS
Arrangement used to establish the top management official's compensation	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 EDWARD HEALTH SERVICES CORPORATION 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 EXECUTIVE DIRECTOR 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, EDWARD HEALTH SERVICES CORPORATION HUMAN RESOURCES DEPARTMENT, WHICH SUPPORTS EDWARD HEALTH SERVICES CORPORATION 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, EDWARD HEALTH SERVICES CORPORATION HUMAN RESOURCES WORKS WITH AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT 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
Supplemental nonqualified retirement plan	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 EDWARD HEALTH SERVICES CORPORATION 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 EDWARD HEALTH SERVICES CORPORATION UNTIL AGE 62 IN EXCHANGE FOR THIS LONG-TERM SERVICE, EDWARD HEALTH SERVICES CORPORATION 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 BYRNE, BARBARA P -- 42,535 DAVIS, PAMELA M -- 200,000 PRYOR, VINCENT E -- 94,500
Non-fixed payments	Schedule J, Part I, Line 7	SCHEDULE J, PART 1, LINE 7 IS ANSWERED 'YES' BECAUSE CERTAIN INDIVIDUALS, WHOSE SALARY AND BENEFITS ARE PAID BY THE REPORTING ORGANIZATION OR A RELATED ORGANIZATION, RECEIVED A NON-FIXED PAYMENT DURING THE YEAR THE NON-FIXED PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II)

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EDWARD FOUNDATION

Employer identification number
36-3723705

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	2	195,425	MARKET VALUE
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 | 0

			Yes	No
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		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 noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Explanations of reporting method for number of contributions	Schedule M, Part I	SECURITIES - PUBLICLY TRADED CONTRIBUTIONS
Explanation of revenues not reported	Schedule M, Part I, Line 33	EDWARD FOUNDATION DID NOT REPORT REVENUE FOR THE AUCTION AND RAFFLE ITEMS BECAUSE THESE ITEMS WERE RECEIVED AS CONTRIBUTIONS AND IMMEDIATELY AWARDED AS AUCTION/RAFFLE PRIZES DURING FUNDRAISING EVENTS
Number of contributions or items contributed	Schedule M, part I, column (b), Line 9	CONTRIBUTIONS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EDWARD FOUNDATION

Employer identification number
36-3723705

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	EDWARD FOUNDATION'S SOLE CORPORATE MEMBER IS EDWARD HEALTH SERVICES CORPORATION, AN ILLINOIS NOT FOR PROFIT AND 501(C)(3) TAX EXEMPT CORPORATION

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	EDWARD FOUNDATION'S SOLE CORPORATE MEMBER, EDWARD HEALTH SERVICES CORPORATION, MAY ELECT, REMOVE AND REPLACE MEMBERS OF THE BOARD OF DIRECTORS OF EDWARD FOUNDATION

Identifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	THE BOARD OF DIRECTORS OF EDWARD FOUNDATION'S CORPORATE MEMBER, EDWARD HEALTH SERVICES CORPORATION ("EHSC"), HAS THE FOLLOWING EXCLUSIVE POWERS OVER EDWARD FOUNDATION ("FOUNDATION") - ELECT, REMOVE, AND REPLACE, DIRECTORS OF THE FOUNDATION - APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION PROPOSED BY THE BOARD OF DIRECTORS OF THE FOUNDATION - APPROVE A PLAN OF DISSOLUTION OR LIQUIDATION OF THE FOUNDATION OR A PLAN OF MERGER OR CONSOLIDATION OF THE FOUNDATION WITH ANOTHER CORPORATION IN ADDITION, THE FOUNDATION BOARD OF DIRECTORS MAY NOT TAKE ANY OF THE ACTIONS LISTED BELOW, WITHOUT OBTAINING THE PRIOR APPROVAL OF EHSC - ADOPT, OR PERMIT THE ADOPTION OF, ANY ANNUAL OR LONG 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

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	A DRAFT OF THE FULL FORM 990 WAS PROVIDED TO THE EDWARD HEALTH SERVICES CORPORATION AUDIT COMMITTEE, AND WAS REVIEWED WITH THE ASSISTANCE OF CROWE HORWATH FOLLOWING REVIEW BY THE AUDIT COMMITTEE, AND PRIOR TO FILING, A FINAL COPY OF THE FORM 990 WAS THEN PROVIDED TO THE FULL BOARD OF TRUSTEES, AND KEY COMPONENTS OF THE FORM 990 WERE ALSO REVIEWED

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	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, EDWARD HEALTH SERVICE CORPORATION CONDUCTS AN ANNUAL CONFLICT OF INTEREST REVIEW THIS PROCESS INVOLVES REQUIRING ALL TRUSTEES, OFFICERS, KEY EMPLOYEES, CONTRACTED PHYSICIANS AND PHYSICIANS IN LEADERSHIP ROLES, AND MANAGEMENT LEVEL EMPLOYEES TO COMPLETE AN ELECTRONIC CONFLICT OF INTEREST QUESTIONNAIRE THE DATA ARE REPORTED BACK TO THE DIRECTOR OF COMPLIANCE AND PRIVACY, 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 SYSTEM DIRECTOR OF AUDIT AND COMPLIANCE AND PRIVACY ENSURES THAT ALL REQUIRED INDIVIDUALS SUBMIT A COMPLETED QUESTIONNAIRE, AND IF NO REPORT IS COMPLETED, THE MATTER IS REPORTED TO THE BOARD OF TRUSTEES THE BOARD OF TRUSTEES IS ALSO PROVIDED A SUMMARY REPORT OF ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, SO THAT THEY ARE AWARE OF THESE RELATIONSHIPS AS THE BUSINESS OF THE BOARD IS BEING CONDUCTED IN CASES WHERE AN ACTUAL OR POTENTIAL CONFLICT IS IDENTIFIED, THE CONFLICTED INDIVIDUAL IS EDUCATED ABOUT HOW THEY SHOULD RAISE THIS ISSUE IF THEY ARE EVER IN A POSITION WHERE THEIR CONFLICT MAY BE IMPLICATED CONFLICTED INDIVIDUALS MUST RECUSE THEMSELVES FROM VOTING, BUT, AT THE DISCRETION OF THE BOARD, MAY BE PERMITTED TO PARTICIPATE IN DISCUSSION ABOUT MATTERS IN WHICH THEY HAVE AN ACTUAL OR APPARENT CONFLICT IN ADDITION TO THIS ANNUAL REPORTING, ALL INDIVIDUALS NOTED ABOVE ARE ADVISED THAT, PURSUANT TO THE CONFLICTS POLICY, THEY ARE REQUIRED TO REPORT TO THE DIRECTOR OF COMPLIANCE AND PRIVACY ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AS THEY MAY ARISE THROUGHOUT THE COURSE OF THE YEAR

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	EXECUTIVE COMPENSATION, INCLUDING THE CEO AND ALL OFFICERS (''SENIOR MANAGEMENT''), IS MANAGED BY THE EDWARD HEALTH SERVICES CORPORATION EXECUTIVE COMMITTEE (''COMMITTEE''), ON BEHALF OF EDWARD HEALTH SERVICES CORPORATION 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 EXECUTIVE DIRECTOR 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 EDWARD HEALTH SERVICES CORPORATION, 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 EDWARD HEALTH SERVICES CORPORATION'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, EDWARD HEALTH SERVICES CORPORATION HUMAN RESOURCES DEPARTMENT, WHICH SUPPORTS EDWARD HEALTH SERVICES CORPORATION 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, EDWARD HEALTH SERVICES CORPORATION HUMAN RESOURCES WORKS WITH AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT TO CONDUCT A THOROUGH MARKET REVIEW OF ALL POSITIONS WHICH ARE NOT CONSIDERED SENIOR MANAGEMENT USING A VARIETY OF SOURCES, OUR SALARY RANGES ARE COMPARED TO THE CURRENT MARKET PAY GRADE ASSIGNMENTS, AND INDIVIDUAL RATES OF PAY, MAY CHANGE BASED ON THE RESULTS OF THIS ANNUAL MARKET REVIEW IN ADDITION, ANNUAL MERIT INCREASES MAY BE AWARDED BASED ON EDWARD'S BUDGET FOR THE YEAR

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	PLEASE SEE THE NARRATIVE TO FORM 990, PART VI, LINE 15A

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	CURRENTLY, THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST IF A REQUEST IS RECEIVED FOR THIS INFORMATION, IT IS FORWARDED ON TO EITHER THE LEGAL DEPARTMENT OR THE FINANCE DEPARTMENT, AND THE MATERIALS WOULD THEN BE PROVIDED TO THE REQUESTOR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

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" to Form 990, Part IV, line 33.)

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) EDWARD HOSPITAL 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540	HOSPITAL	IL	501(C)(3)	3	EHSC		No
(2) NAPERVILLE PSYCHIATRIC VENTURES 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540	HOSPITAL	IL	501(C)(3)	3	EHV		No
(3) EDWARD HEALTH AND FITNESS CENTER 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540	HEALTH CARE	IL	501(C)(3)	9	EHV		No
(4) EDWARD HEALTH VENTURES 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540	SUPPORTING ORG	IL	501(C)(3)	11 - Type II	EHSC		No
(5) EDWARD HEALTH SERVICES CORPORATION 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540	PARENT	IL	501(C)(3)	11 - Type II	NA		No
(6) EDWARD AMBULANCE SERVICES LLC 801 SOUTH WASHINGTON NAPERVILLE, IL 60540	HEALTH CARE	IL	501(C)(3)	9	EH		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) EDWARD PHYSICIAN OFFICE CENTER 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3524485	HEALTH CARE	IL	NA	N/A								
(2) THE CENTER FOR SURGERY LP 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3776424	HEALTH CARE	IL	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) EDWARD MANAGEMENT CORPORATION 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3833311	MANAGEMENT CORP	IL	NA	C CORPORATION					
(2) NAPERVILLE HEALTH CARE ASSOC LTD 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3651180	HEALTH CARE	IL	NA	C CORPORATION					
(3) EHSC CAYMAN SEGREGATED PORTFOLIO 1ST CARIBBEAN HSE 3RD FL 10 MAIN ST GEORGE TOWN CJ	INSURANCE	CJ	NA	C CORPORATION					
(4) ILLINOIS HEALTH PARTNERS LLC 801 SOUTH WASHINGTON NAPERVILLE, IL 60540	HEALTH CARE	IL	NA	C CORPORATION					

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Additional Data

Return to Form

Software ID: 12000266
Software Version: v2012.1.0
EIN: 36-3723705
Name: EDWARD FOUNDATION

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

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