

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)

2002

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Form 990 header section including: A For the 2002 calendar year, or tax year beginning and ending; B Check if applicable (Address change, Name change, Initial return, Final return, Amended return, Application pending); C Name of organization (Ravenswood Health Care Foundation, 2025 Windsor Drive, Oak Brook, Illinois, 60523-1586); D Employer identification number (36-3196628); E Telephone number ((630) 990-5164); F Accounting method (Accrual); G Web site (www.advocatehealth.com); J ORGANIZATION TYPE (501(c)(3)); K Check here (if gross receipts normally not more than \$25,000); L Gross receipts (0); M Check (if organization is NOT required to attach Sch B).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 Gross rents; 7 Other investment income; 8 Gross amount from sales of assets other than inventory; 9 Special events and activities; 10 Gross sales of inventory, less returns and allowances; 11 Other revenue; 12 TOTAL REVENUE; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 TOTAL EXPENSES; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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Part II

Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22	0		
23	Specific assistance to individuals (attach schedule)	23	0		
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc	25	0		
26	Other salaries and wages	26	0		
27	Pension plan contributions	27	0		
28	Other employee benefits	28	0		
29	Payroll taxes	29	0		
30	Professional fundraising fees	30	0		
31	Accounting fees	31	0		
32	Legal fees	32	0		
33	Supplies	33	0		
34	Telephone	34	0		
35	Postage and shipping	35	0		
36	Occupancy	36	0		
37	Equipment rental and maintenance	37	0		
38	Printing and publications	38	0		
39	Travel	39	0		
40	Conferences, conventions, and meetings	40	0		
41	Interest	41	0		
42	Depreciation, depletion, etc (attach schedule)	42	0		
43	Other expenses not covered above (itemize) a _____	43a	0		
	b _____	43b	0		
	c _____	43c	0		
	d _____	43d	0		
	e _____	43e	0		
	f _____	43f	0		
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	44	0	0	0

JOINT COSTS Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes" enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III

Statement of Program Service Accomplishments (See page 24 of the instructions)

What is the organization's primary exempt purpose? See attached schedule
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.

a	_____	(Grants and allocations \$ _____)	None
b	_____	(Grants and allocations \$ _____)	
c	_____	(Grants and allocations \$ _____)	
d	_____	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)		0

Part IV Balance Sheets (See page 24 of the instructions)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)	
				Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing		0	45	0	
	46	Savings and temporary cash investments		0	46		
	47 a	47a	0				
		b	Less allowance for doubtful accounts	0	0	47c	0
	48 a	48a	0				
		b	Less allowance for doubtful accounts	0	0	48c	0
	49	Grants receivable		0	49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0	
	51 a	51a	0				
		b	Less allowance for doubtful accounts	0	0	51c	0
	52	Inventories for sale or use		0	52		
	53	Prepaid expenses and deferred charges		0	53		
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0	
	55 a	55a	0				
		b	Less accumulated depreciation (attach schedule)	0	0	55c	0
56	Investments - other (attach schedule)		0	56	0		
57 a	57a	0					
	b	Less accumulated depreciation (attach schedule)	0	0	57c	0	
58	Other assets (describe _____)		0	58	0		
59	TOTAL ASSETS (add lines 45 through 58) (must equal line 74)		0	59	0		
Liabilities	60	Accounts payable and accrued expenses		0	60		
	61	Grants payable		0	61		
	62	Deferred revenue		0	62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0	
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0	
	64 b	Mortgages and other notes payable (attach schedule)		0	64b	0	
65	Other liabilities (describe _____)		0	65	0		
66	TOTAL LIABILITIES (add lines 60 through 65)		0	66	0		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		0	67		
	68	Temporarily restricted		0	68		
	69	Permanently restricted		0	69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds		0	70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		0	71		
	72	Retained earnings, endowment, accumulated income, or other funds		0	72		
73	TOTAL NET ASSETS OR FUND BALANCES (add lines 67 through 69 OR lines 70 through 72, column (A) MUST equal line 19, column (B) MUST equal line 21)		0	73	0		
74	TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)		0	74	0		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)	N/A	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	N/A	
a Total revenue, gains, and other support per audited financial statements	a	0	a	0
b Amounts included on line a but not on line 12, Form 990	b	0	b	0
(1) Net unrealized gains on investments \$				
(2) Donated services and use of facilities \$				
(3) Recoveries of prior year grants \$				
(4) Other (specify) _____ \$				
Add amounts on lines (1) through (4)	b	0	b	0
c Line a minus line b	c	0	c	0
d Amounts included on line 12, Form 990 but not on line a	d	0	d	0
(1) Investment expenses not included on line 6b, Form 990 \$				
(2) Other (specify) _____ \$				
Add amounts on lines (1) and (2)	d	0	d	0
e Total revenue per line 12, Form 990 (line c plus line d)	e	0	e	0
a Total expenses and losses per audited financial statements	a	0	a	0
b Amounts included on line a but not on line 17, Form 990	b	0	b	0
(1) Donated services and use of facilities \$				
(2) Prior year adjustments reported on line 20, Form 990 \$				
(3) Losses reported on line 20, Form 990 \$				
(4) Other (specify) _____ \$				
Add amounts on lines (1) through (4)	b	0	b	0
c Line a minus line b	c	0	c	0
d Amounts included on line 17, Form 990 but not on line a	d	0	d	0
(1) Investment expenses not included on line 6b, Form 990 \$				
(2) Other (specify) _____ \$				
Add amounts on lines (1) and (2)	d	0	d	0
e Total expenses per line 17, Form 990 (line c plus line d)	e	0	e	0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (IF NOT PAID ENTER -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See attached schedule				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If "Yes," attach schedule-see page 26 of the instructions

Part VII Other Information (See page 27 of the instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on FORM 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <u>See attached list</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
b	Did the organization file FORM 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85 501(c)(4), (5), or (6) organizations a	Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, DO NOT complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86 501(c)(7) orgs Enter a	Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs Enter a	Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>		
d	Enter Amount of tax on line 89c, above reimbursed by the organization <u>0</u>		
90 a	List the states with which a copy of this return is filed <u>Illinois</u>		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	0
91	The books are in care of <u>Advocate Health Care Network</u> Telephone no <u>(630) 990-5164</u> Located at <u>2025 Windsor Drive, Oak Brook, Illinois</u> ZIP + 4 <u>60523-1586</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of FORM 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>0</u>	92	N/A

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note	Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue					
a						
b						
c						
d						
e						
104	Subtotal (add columns (B), (D) and (E))		0		0	0
105	TOTAL (add line 104 columns (B) (D), and (E))					0

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(A) Name address and EIN of corporation, partnership or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year receive any funds directly or indirectly from a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note If "Yes" to (b), file Form 8870 AND Form 4720 (see instructions)

Under penalties of perjury I declare that I have examined this return and believe it is true, correct and complete Declaration of preparer (other than the taxpayer) is based on all the information provided to the preparer with respect to this return.

Please Sign Here

Signature of officer: *Larry Wroebel*

Type or print name and title: Larry Wroebel, Vice President

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: _____

Firm's name (or your individual name if self-employed) address and ZIP + 4: Ernst and Young, LLP, 233 South Wacker Drive, Chicago

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2002

Name of the organization Ravenswood Health Care Foundation	Employer identification number 36-3196628
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

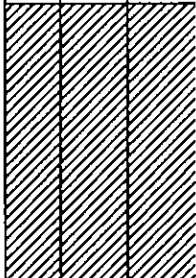
Part III

Statements About Activities (See page 2 of the instructions)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 0 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X



Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See NOTE below)

3 X

4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments



Part IV

Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) ENTER THE HOSPITAL'S NAME, CITY, AND STATE _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the SUPPORT SCHEDULE in Part IV-A)

11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A)

11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A)

12 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 charitable, etc , 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) (Also complete the SUPPORT SCHEDULE in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) USE CASH METHOD OF ACCOUNTING

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	0	0	0	449,210	449,210
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	0	248,138	248,138
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	0	0	0	697,348	697,348
24 Line 23 minus line 17	0	0	0	697,348	697,348
25 Enter 1% of line 23	0	0	0	6,973	
26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11 a Enter 2% of amount in column (e), line 24					26a 13,947
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the total of all these excess amounts.					26b 228,505
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 697,348
d Add: Amounts from column (e) for lines 18 <u>248,138</u> 19 <u>0</u> 22 <u>0</u> 26b <u>228,505</u>					26d 476,643
e Public support (line 26c minus line 26d total)					26e 220,705
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					26f 31.65%
27 ORGANIZATIONS DESCRIBED ON LINE 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the sum of such amounts for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of and amount received for each year, that was more than the LARGER of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) DO NOT FILE THIS LIST WITH YOUR RETURN. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines 15 <u>0</u> 16 <u>0</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u>					27c 0
d Add: Line 27a total <u>0</u> and line 27b total <u>0</u>					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27f 0
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27g 0.00%
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27h 0.00%
28 UNUSUAL GRANTS For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. DO NOT FILE THIS LIST WITH YOUR RETURN. Do not include these grants in line 15.					

Part V

Private School Questionnaire (See page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)	0	0
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0
41	Lobbying nontaxable amount Enter the amount from the following table -		
	If the amount on line 40 is -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		0	0
42	Grassroots nontaxable amount (enter 25% of line 41)	0	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0	0

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B

Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

- (i) Cash
- (ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Ravenwood Health Care Foundation
Fein Number 36-3196628
Form 990, Part III
Organization's Primary Exempt Purpose
12/31/02

The primary exempt purpose of Ravenwood Health Care Foundation is to support Healthcare organizations
Ravenwood Health Care Foundation made a contribution of all of its assets to Advocate Charitable Foundation in 1998
Advocate Charitable Foundation will continue to carry out the mission of Ravenwood Health Care Foundation
with the support it received

Ravenswood Health Care Foundation
FEIN 36-3196628
For the period ended December 31, 2002

<u>Form 990, Part VI, List of Affiliated Organizations</u>	<u>Tax Status</u>
Advocate Charitable Foundation 2025 Windsor Drive Oak Brook, Illinois 60523	Tax-exempt
Advocate Health & Hospitals Corporation 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Advocate Health Centers, Inc 2025 Windsor Drive Oak Brook, Illinois 60523	Non - exempt
Advocate Health Care Network 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Advocate Health Partners 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt
Advocate Bethany Health Partners 3435 West Van Buren Chicago, Illinois 60624	Non-exempt
Advocate Chrst Hospital Health Partners, Ltd 4440 West 95th Street, 110 North Oak Lawn, Illinois 60453	Non - exempt
Advocate Good Samaritan Health Partners 3815 Highland Avenue Downers Grove, Illinois 60515	Non - exempt
Advocate Good Shepherd Health Partners 450 West Highway 22 M081, Suite 16 Barrington, Illinois 60010	Non - exempt
Advocate Lutheran General Health Partners 1661 Feehanville Drive Suite 200 Mt Prospect, Illinois 60056	Non - exempt
Advocate Ravenswood Health Partners, Inc 4550 North Winchester Avenue Chicago, Illinois 60640-5205	Non - exempt
Advocate South Suburban Health Partners 17800 South Kedzie Hazel Crest, Illinois 60429	Non-exempt
Advocate Tnnity Health Partners 2320 East 93rd Street Chicago, Illinois 60617	Non - exempt

Ravenswood Health Care Foundation
FEIN 36-3196628
For the period ended December 31, 2002

<u>Form 990, Part VI, List of Affiliated Organizations</u>	<u>Tax Status</u>
Advocate Home Care Products, Inc 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt
Advocate Home Health Care Services, Inc 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Advocate Professional Group, S C 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt
Chicago North Surgery Center, L L C 4211 N Cicero Chicago, Illinois 60641	Non-exempt
Clinic Corporation 1877 W Downer Place Aurora, IL 60506	Non-exempt
Advocate North Side Health Network 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Dreyer Clinic, Inc 1877 W Downer Place Aurora, IL 60506	Non-exempt
Dreyer/Mercy Amulatory Surgery Center Partnership 1221 N Highland Avenue Aurora, Illinois 60506	Non-exempt
Evangelical Health Systems Benefit Trust 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Advocate Network Services 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt
High Technology, Inc 2025 Windsor Drive Oak Brook, Illinois 60523	Non - exempt
Lutheran General Behavioral Health Corporation 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Lutheran General Medical Group S C 1775 West Dempster Street Park Ridge, IL 60068	Tax - exempt

Ravenswood Health Care Foundation
FEIN 36-3196628
For the period ended December 31, 2002

<u>Form 990, Part VI, List of Affiliated Organizations</u>	<u>Tax Status</u>
Lutheran General Neomedica Chronic Dialysis Center 8865 West Dempster Street Niles, Illinois 60714	Non-exempt
Mendian Hospice 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Naperville Surgical Centre, Inc 2025 Windsor Drive Oak Brook, Illinois 60523	Non - exempt
Parkside Center Condo Association 1775 West Dempster Street Park Ridge, Illinois 60068	Non - exempt
Parkside Development Corporation 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Practice Resources, Inc 2025 Windsor Drive Oak Brook, Illinois 60523	Non - exempt
Advocate Health Care Insurance Corporation HSBC Insurance Management Midland Bank Trust Corp (Caymen), Ltd P O Box 1109GT Mary Street, Grand Caymen Caymen Islands, B W I	Non - exempt
The Park Ridge Center 676 North St Clair Chicago, Illinois 60611	Tax - exempt
The Parkside Associates, Inc 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt
Ravenswood Hospital Medical Center General/Professional Liability Loss Fund 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
AMG of Illinois, Inc 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt
Advocate Southwest Ambulatory Surgery Center, LLC 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt

Ravenswood Health Care Foundation
FEIN 36-3196628
For the period ended December 31, 2002

<u>Form 990, Part VI, List of Affiliated Organizations</u>	<u>Tax Status</u>
Hispano Care, Inc 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Illinois Masonic Insurance Company, Inc P O Box 2196, Grand Caymans, Cayman Islands British West Indies	Tax - exempt
Masonicare 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt
Lakeview 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt

RAVENSWOOD HEALTH CARE FOUNDATION
FEIN 36-3196628

Form 990 Part V - List of Officers, Directors Trustees and Key Employees

Advocate Health Care Network is the umbrella organization for several exempt and nonexempt organizations. Exempt entities include Advocate Health and Hospitals Corporation, Advocate Home Health Care Services, Inc., Meridian Hospice, Advocate Charitable Foundation, The Park Ridge Center, Parkside Development Corporation, Lutheran General Behavioral Health Corp and Lutheran General Medical Group S.C., Advocate Northside Health Network, Illinois Masonic Community Health Plan Corporation and Hispano Care, Inc. Non exempt entities that fall under the Advocate Health Care Network umbrella include Advocate Network Services, Inc., Advocate Home Care Products, Inc., High Technology, Inc., Parkside Associates, Inc., Advocate Health Centers, Inc., and Dreyer Clinic, Inc. and Subsidiaries.

Executive compensation at Advocate Health Care Network and Subsidiaries is based on a Board of Directors approved strategy that guides the corporation in establishing compensation opportunities for executives, managers, professionals and all employees. In this strategy, specific market comparisons are identified and the desired level of competitiveness in those markets specified. In addition, the linkage of executive pay to performance is articulated and how this relationship is to be maintained is outlined.

To support and implement the compensation strategy, five basic elements are utilized. These elements are:

- A solid, reliable and tested job evaluation methodology,
- Accurate, quality and relevant compensation survey information,
- A consistent annual process for updating the compensation levels,
- An active Board review process that assures compliance with the compensation strategy and on-going review of the performance of the organization, and
- Active, external review and auditing of compensation by external independent consultants.

Column C of the US Form 990, Part V, which documents total compensation paid to certain individuals in 2002, breaks down executive compensation into two categories. It distinguishes regular compensation from the additional one-time amounts distributed in 2002. The chart highlights the following:

- Regular base compensation and incentive compensation
- Other - Represents certain one time nonrecurring payments (earned over a two year period) made due to retirement of former President and Chief Executive Officer or retention payment agreed to at time of hire.

Column D - Advocate Health Care Network has purchased an excess benefit loss endorsement for its directors, officers and trustees liability insurance policy that provides liability insurance to organization managers of Advocate for the taxes imposed under Section 4958(a)(2). In accordance with Proposed Regulation § 53.4958-4 (a)(iv), Advocate is treating \$1,400, the portion of the total insurance premium allocable to the excess benefit loss endorsement, as compensation in the aggregate to such organization managers. In accordance with Proposed Regulation § 53.4958-4(c)(ii), Advocate is hereby establishing its intent to treat that portion of the premium as compensation for services by reporting the benefit on this Form 990. The value of the excess benefit loss endorsement is excludable from the gross income of the organization managers, because it qualifies as a working condition fringe benefit within the meaning of Section 132(a)(3) of the Code. See Reg. § 1.132-5(a)(1)(iii) and Reg. § 1.132-5(s)(4), Example.

Ravenswood Health Care Foundation
 FEIN 36-3196628
 For the year ended December 31 2002

Form 990 Part V List of Officers Directors and Trustees

(A)	(B)	(C)	(C)	(D)	(E)
Name & Address	Title and Average Hours Per Week Devoted To Position	Base salary and incentive	Other	Contribution to benefit plan	Expense account and other Allowances
Kenneth Rojek Advocate North Side Health Network 2025 Windsor Drive Oak Brook IL 60523	President 1 hour	\$0	\$0	\$0	\$0
Marion Siskiewicz Advocate North Side Health Network 2025 Windsor Drive Oak Brook IL 60523	Chairperson 1 hour	0	0	0	0
Thomas E. McGough Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Secretary Treasurer 1 hour	0	0	0	0
William B. Browne Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0	0
Sarah Jane Knoy Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Treasurer 1 hour	0	0	0	0
Rev. Bonnie Perry Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Secretary 1 hour	0	0	0	0
Mark Pittas Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0	0
Dr. Angelique Sallas Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0	0
Richard R. Risk Advocate Health Care 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0	0
James Skogsbergh Advocate Health Care 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0	0
Larry Wrobel Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0	0

Ravenswood Health Care Foundation
 FEIN 36-3196628
 For the year ended December 31, 2002

Form 990 Part V List of Officers, Directors and Trustees

(A)	(B)	(C)	(C)	(D)	(E)
Name & Address	Title and Average Hours Per Week Devoted To Position	Base salary and incentive	Other	Contribution to benefit plan	Expense account and other Allowances
Karen Kansfield Advocate Health Care 2025 Windsor Drive Oak Brook IL 60523	Director 1 hour	\$0	\$0	\$0	\$0
Charles Coughlin Advocate Health Care 2025 Windsor Drive Oak Brook IL 60523	Director 1 hour	0	0	0	0
Nahlah Daddino Advocate North Side Health Network 2025 Windsor Drive Oak Brook IL 60523	Director 1 hour	0	0	0	0
Jose Elizondo M.D. Advocate North Side Health Network 2025 Windsor Drive Oak Brook IL 60523	Director 1 hour	0	0	0	0

Ravenswood Health Care Foundation
 FEIN 16-1196628
 For the year ended December 31, 2002

Form 990 Part X Officers, Directors and Trustees Receiving
 Compensation From Related Organizations

(A)	(B)	(C)	(D)	(E)	
Name & Related Organization	Related Organization	Base salary and incentive	Other	Expense account and other Allowances	
Ken Rojek Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Advocate North Side Health Network EIN# 36-3196629	\$676,417	\$359,201 (2)	\$141,876	\$0
James Skogsbergh Advocate Health Care 2025 Windsor Drive Oak Brook, IL 60523	Advocate Health and Hospitals Corporation EIN# 36-2169147	883,192	125,000 (2)	131,734	0
Richard R. Risk Advocate Health Care 2025 Windsor Drive Oak Brook, IL 60523	Advocate Health and Hospitals Corporation EIN# 36-2169147	1,416,679	(1)	155,471	0
Larry Wrobel Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Advocate North Side Health Network EIN# 36-3196629	216,917	0	53,139	0
Karen Kansfield Advocate Health Care 2025 Windsor Drive Oak Brook, IL 60523	Advocate Health and Hospitals Corporation EIN# 36-2169147	23,315	0	27,174	0
Charles Coughlin Advocate Health Care 2025 Windsor Drive Oak Brook, IL 60523	Advocate Health and Hospitals Corporation EIN# 36-2169147	112,270	0	19,978	0

(1) Payment of the present day value of a net supplement retirement benefit totaling \$4,717,173. The value of this benefit was previously reported on Form 990 in the year and amount as follows: \$30,000 in 1993, \$140,000 in 1994, \$120,000 in 1995, \$130,000 in 1996, \$100,000 in 1997, \$250,000 in 1998, \$662,000 in 1999, \$951,000 in 2000, and \$1,341,000 in 2001.

(2) Represents one time retention payments (earned over a two year period) made due to retirement of former President and Chief Executive Officer or retention payment agreed to at time of hire.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return

- * If you are filing for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I and check this box
 - * If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II (on page 2 of this form)
- NOTE DO NOT COMPLETE PART II UNLESS YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868**

PART I AUTOMATIC 3-MONTH EXTENSION OF TIME - Only submit original (no copies needed)

NOTE FORM 990-T CORPORATIONS requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

TYPE OR PRINT	Name of Exempt Organization Ravenswood Health Care Foundation	EMPLOYER IDENTIFICATION NUMBER 36-3196628
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions 2025 Windsor Drive	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Oakbrook, Illinois 60523-1586	

CHECK TYPE OF RETURN TO BE FILED (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- * If the organization does NOT have an office or place of business in the United States, check this box
- * If this is for a GROUP RETURN, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the WHOLE group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T CORPORATION) extension of time until 8/15/2002 to file the exempt organization return for the organization named above The extension is for the organization's return for calendar year 2002 or tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____ 0

c BALANCE DUE Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____ 0

SIGNATURE AND VERIFICATION

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Cary Wrobel Title _____ Date 4/28/03

(HTA)

* If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II and check this box
NOTE ONLY COMPLETE PART II IF YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868
* If you are filing for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I (on page 1)

PART II ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION OF TIME - MUST FILE ORIGINAL AND ONE COPY

Table with 3 columns: TYPE OR PRINT, Name of Exempt Organization, EMPLOYER IDENTIFICATION NUMBER. Includes address: Ravenswood Health Care Foundation, 2025 Windsor Drive, Oak Brook, Illinois 60523-1586.

CHECK TYPE OF RETURN TO BE FILED (File a separate application for each return)
[X] Form 990 [] Form 990-EZ [] Form 990-T (sec 401(a) or 408(a) trust) [] Form 1041-A [] Form 5227 [] Form 8870
[] Form 990-BL [] Form 990-PF [] Form 990-T (trust other than above) [] Form 4720 [] Form 6069

STOP DO NOT COMPLETE PART II IF YOU WERE NOT ALREADY GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868

* If the organization does NOT have an office or place of business in the United States, check this box []
* If this is for a GROUP RETURN, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the WHOLE group, check this box [] If it is for PART of the group, check this box [] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/2003
5 For calendar year 2002, or other tax year beginning _____ and ending _____
6 If this tax year is for less than 12 months, check reason [] Initial return [] Final return [] Change in accounting period
7 State in detail why you need the extension We respectfully request an extension of time to file due to additional time needed to accumulate the information necessary to prepare a correct and accurate return and have our auditors review the return

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits See instructions \$ 0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 0
c BALANCE DUE Subtract line 8b from line 8a Include your payment with this form or if required deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

SIGNATURE AND VERIFICATION
Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form

Signature: Larry S. Wrobel Title: Vice President Date: 7/28/03

NOTICE TO APPLICANT-TO BE COMPLETED BY THE IRS

- [X] We HAVE approved this application Please attach this form to the organization's return
[] We HAVE NOT approved this application However we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
[] We HAVE NOT approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
[] We CANNOT CONSIDER this application because it was filed after the due date of the return for which an extension was requested
[] Other

EXTENSION APPROVED
AUG 19 2003
LINDA WELSKOFF, FIELD DIRECTOR
SUBMISSION PROCESSING, OGD

By _____ Date _____

ALTERNATE MAILING ADDRESS - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Table with 3 rows: NAME, NUMBER AND STREET (INCLUDE SUITE, ROOM, OR APT NO) OR A P O BOX NUMBER, CITY OR TOWN, PROVINCE OR STATE, AND COUNTRY (INCLUDING POSTAL OR ZIP CODE)