

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

A For the 2005 calendar year, or tax year beginning , and ending

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

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

C Name of organization
Ravenswood Health Care Foundation

Number and street (or P O box if mail is not delivered to street address) Room/suite
2025 Windsor Drive

City or town State or country ZIP + 4
Oak Brook IL 60523-1586

D Employer identification number
36-3196628

E Telephone number
(630) 990-5155

F Accounting method: Cash Accrual
 Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: ▶ www.ravenswoodhealthcarefoundation.org

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 0

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

SCANNED DEC 05 2006

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	0		
	b Indirect public support	1b	0		
	c Government contributions (grants)	1c	0		
	d Total (add lines 1a through 1c) (cash \$ 0 noncash \$ 0)	1d	0		0
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	0
	3 Membership dues and assessments			3	0
	4 Interest on savings and temporary cash investments			4	0
	5 Dividends and interest from securities			5	0
Revenue	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			0
	7 Other investment income (describe ▶)	7			0
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	0	(B) Other	0
	b Less: cost or other basis and sales expenses	8a	0	8b	0
	c Gain or (loss) (attach schedule)	8c	0	8c	0
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			0
Revenue	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a	0		
	b Less: direct expenses other than fundraising expenses	9b	0		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			0
Revenue	10a Gross sales of inventory, less returns and allowances	10a	0		
	b Less: cost of goods sold	10b	0		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			0
Revenue	11 Other revenue (from Part VII, line 103)	11			0
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11)	12			0
	13 Program services (from line 44, column (B))	13			0
	14 Management and general (from line 44, column (C))	14			0
Expenses	15 Fundraising (from line 44, column (D))	15			0
	16 Payments to affiliates (attach schedule)	16			0
	17 Total expenses (add lines 16 and 44, column (A))	17			0
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			0
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			0
	20 Other changes in net assets or fund balances (attach explanation)	20			0
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			0

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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 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 \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22	0	0	
23	Specific assistance to individuals (attach schedule)	23	0	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	0	0
43	Other expenses not covered above (itemize):				
a	.....	43a	0	0	0
b	.....	43b	0	0	0
c	.....	43c	0	0	0
d	.....	43d	0	0	0
e	.....	43e	0	0	0
f	.....	43f	0	0	0
g	.....	43g	0	0	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 \$ 0; (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 the instructions.)

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.

What is the organization's primary exempt purpose? **See attachment**

Program Service Expenses

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

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.)

a N/A

(Grants and allocations \$) If this amount includes foreign grants, check here

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **0**

Part IV Balance Sheets (See 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	0	
	47 a	Accounts receivable	47a	0			
	b	Less: allowance for doubtful accounts	47b	0	47c	0	
	48 a	Pledges receivable	48a	0			
	b	Less: allowance for doubtful accounts	48b	0	48c	0	
	49	Grants receivable		0	49	0	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0	
	51 a	Other notes and loans receivable (attach schedule)	51a	0			
	b	Less: allowance for doubtful accounts	51b	0	51c	0	
	52	Inventories for sale or use		0	52	0	
	53	Prepaid expenses and deferred charges		0	53	0	
	54	Investments—securities (attach schedule)		0	54	0	
					<input type="checkbox"/> Cost	<input type="checkbox"/> FMV	
	55 a	Investments—land, buildings, and equipment: basis	55a	0			
	b	Less: accumulated depreciation (attach schedule)	55b	0	55c	0	
	56	Investments—other (attach schedule)		0	56	0	
	57 a	Land, buildings, and equipment: basis	57a	0			
	b	Less: accumulated depreciation (attach schedule)	57b	0	57c	0	
58	Other assets (describe)		0	58	0		
59	Total assets (must equal line 74) Add lines 45 through 58		0	59	0		
Liabilities	60	Accounts payable and accrued expenses		0	60	0	
	61	Grants payable		0	61	0	
	62	Deferred revenue		0	62	0	
	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	
	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	0	
	68	Temporarily restricted		0	68	0	
	69	Permanently restricted		0	69	0	
	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	0	
	71	Paid-in or capital surplus, or land, building, and equipment fund		0	71	0	
	72	Retained earnings, endowment, accumulated income, or other funds		0	72	0	
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		

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
Name See attachment Str City ST IL ZIP	Title Hr/WK	0	0	0
Name Str City ST IL ZIP	Title Hr/WK			
Name Str City ST IL ZIP	Title Hr/WK			
Name Str City ST IL ZIP	Title Hr/WK			
Name Str City ST IL ZIP	Title Hr/WK			
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Name Str City ST IL ZIP	Title Hr/WK			
Name Str City ST IL ZIP	Title Hr/WK			
Name Str City ST IL ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
		13
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c	X
Note. Related organizations include section 509(a)(3) supporting organizations.		
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.		
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST IL ZIP _____		0	0	0
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				
Name _____ Str _____ City _____ ST ZIP _____				

Part VI Other Information (See 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?	78b	N/A
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 ► See attachment _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures. (See line 81 instructions)	81a	
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	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		X
88			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
90 a	List the states with which a copy of this return is filed ▶		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		0
90b			
91 a	The books are in care of ▶ Name Advocate Health Care Network Telephone no. ▶ (630) 990-5155 Located at ▶ 2025 Windsor Drive City Oak Brook ST IL ZIP + 4 ▶ 60523-1586		
b	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)?		X
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
91b			
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶		X
91c			
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 ▶ 92		N/A

Part VII Analysis of Income-Producing Activities (See 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 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 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	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on 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, including attachments, and believe it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Please Sign Here

Signature of officer: Larry S. Wroble

Type or print name and title: Larry S. Wroble

Paid Preparer's Use Only

Preparer's signature: Jydia Letosky CPA

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

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2005

Supplementary Information—(See separate instructions.)

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **Ravenswood Health Care Foundation** Employer identification number: **36-3196628**

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		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
Total number of other employees paid over \$50,000 ▶		0		

Part II-A 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		0
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
<p>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 ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>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</p>		X
<p>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)</p>		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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 ► _____ City _____ ST _____ Country _____
- 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
Advocate Healthcare Network	7

- 14 An organization organized and operated to test for public safety Section 509(a)(4). (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					0	
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	
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	0	0	0	0	
23 Total of lines 15 through 22	0	0	0	0	0	
24 Line 23 minus line 17	0	0	0	0	0	
25 Enter 1% of line 23	0	0	0	0	0	
26 Organizations described on lines 10 or 11:						
a Enter 2% of amount in column (e), line 24					26a 0	
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 0	
d Add: Amounts from column (e) for lines	18 0	19 0			26d 0	
	22 0	26b 0			26e 0	
e Public support (line 26c minus line 26d total)					26e 0	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 0.00%	
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:						
(2004) _____ (2003) _____ (2002) _____ (2001) _____						
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 11b, 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:						
(2004) _____ (2003) _____ (2002) _____ (2001) _____						
c Add Amounts from column (e) for lines:	15 0	16 0			27c 0	
	17 0	20 0	21 0			27d 0
d Add Line 27a total _____ and line 27b total _____					27e 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 2001 through 2004, 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		
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) 2005	(b) 2004	(c) 2003	(d) 2002	(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.)
- If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Ravenswood Health Care Foundation
FEIN Number 36-3196628
Form 990, Part III
Organization's Primary Exempt Purpose
12/31/2005

The primary tax-exempt purpose of the Ravenswood Health Care Foundation is to award grants that foster, promote, support, develop and encourage community health and wellness in the greater Ravenswood area of Chicago, Illinois.

The Ravenswood Health Care Foundation supports only nonprofit organizations that are tax-exempt under section 501(c)(3) of the Internal Revenue Code and that are consistent with and complementary to the mission and charitable, tax-exempt purposes of Advocate Health Care Network. Grants are not made to individuals, businesses, or private providers. Grants are awarded solely for health and wellness activities that take place in the greater Ravenswood area of Chicago, Illinois.

The current Ravenswood Health Care Foundation giving program arose out of the merger of the former Ravenswood Hospital Medical Center into Advocate Health Care. In 1999, Advocate Health Care formally delegated authority to the Ravenswood Health Care Foundation to allocate \$1 million a year of Advocate Health Care funds to provide grants to tax-exempt organizations that provide direct health care or health and wellness education. Annual allocation will continue through 2017. The Ravenswood Health Care Foundation Board of Directors determines the grant recipients and Advocate Health Care disburses the funds. The 2005 disbursements are as follows:

Apna Ghar
4753 N. Broadway, Suite 518, Chicago, 60640
\$40,000 for domestic violence services for South Asian women and children

Albany Park Neighborhood Council
4419 N. Kedzie, 3rd Floor, Chicago, 60625
\$25,000 for the Compassionate Care Network

Better Existence with HIV (Be-HIV)
PO Box 5171, Evanston, 60204-5171
\$20,000 for HIV/AIDS outreach to women in Rogers Park

Children's Memorial Hospital
2300 Children's Plaza, Chicago, IL 60614
\$30,000 for the Arai School Health Center

Centro Romero
6216 N. Clark, Chicago, 60660
\$15,000 for HIV/AIDS education and prevention

Chicago Women's Health Center
3435 N. Sheffield, Chicago, 60657
\$30,000 for well-woman gynecological health services

Erie Family Health Center
1701 W. Superior Street, Chicago, IL 60622
\$50,000 for the Helping Hands Health Center in Albany Park

Heartland Alliance, International FACES
208 W. LaSalle Street, Suite 1818, Chicago, 60604
\$25,000 for art therapy services to refugee youth

Howard Area Community Center
7648 N. Paulina Street, Chicago, 60626
\$15,000 for HIV/AIDS outreach program

Indian-American Medical Association
2645 West Peterson, Chicago, 60659
\$20,000 for the Health Clinic

Logan Square Neighborhood Association
2840 N. Milwaukee Avenue, Chicago, 60618
\$24,000 for the Health Outreach Team

Mobile C.A.R.E. Foundation
2244 S. Wolcott, Chicago, 60608
\$49,000 for the mobile asthma care program

Night Ministry
4711 North Ravenswood Avenue, Chicago, 60640-4407
\$25,000 for mobile delivery of medical services

Ravenswood Community Services
4550 N. Hermitage, Chicago, IL 60640
\$5,000 for 2005 Ravenswood Run 5k

St. Benedict School Health Promotion Program
2215 West Irving Park Road, Chicago, 60618
\$22,000 for the school nurse

White Crane Wellness Center
1355 W. Foster, Chicago, 60640
\$25,000 for senior health and wellness programs

Youth Guidance

122 S. Michigan Avenue, suite 1510, Chicago, 60603-6153
\$50,000 for the Northwest Wellness program

Advocate Illinois Masonic Community Health and Education Program

836 W. Wellington Avenue, Chicago, 60657-5193
\$100,000 for outreach

Advocate Illinois Masonic Family Practice on Ravenswood

836 W. Wellington, Avenue, Chicago, 60657-5193
\$35,000 for the Breastfeeding Support Program

Advocate Illinois Masonic Family Practice Geriatric Residency

836 W. Wellington Avenue, Chicago, 60657-5193
\$20,000 for medical care to the homebound elderly

Advocate Illinois Masonic Metro Outreach Deaf and Hard of Hearing Program

938 West Nelson, Chicago, 60657
\$25,000 for the creation of an educational video on diabetes using sign language

Advocate Illinois Masonic Mobile Dental Program

836 W. Wellington Avenue, Chicago, 60657-5193
\$15,000 for local dental services provided through the Mobil Dental Van

Advocate Illinois Masonic School Based Health Centers

836 W. Wellington Avenue, Chicago, 60657-5193
\$300,000 for healthcare centers at Amundsen and Lake View High Schools

These disbursements are not reflected on the Ravenswood Health Care Foundation's Form 990 as they are distributed by Advocate Health Care as directed by the Ravenswood Health Care Foundation. These awards are also not reflected in the current year Advocate Health Care Form 990 as Advocate Health Care reported the present value of its total Ravenswood Community Commitment as part of its grants and allocations on its 2002 Form 990. Grants in years subsequent to 2002 are treated as reductions of this previously reported commitment.

Ravenswood Health Care Foundation website:

www.ravenswoodhealthcarefoundation.org

Ravenswood Health Care Foundation
FEIN: 36-3196628
For the year ended December 31, 2005

Form 990, Part V-A, Current Officers, Directors, Trustees and Key Employees

(A)	(B)	(C)	(D)	(E)
Name & Address	Title and average hours per week devoted to position	Compensation	Contribution to employee benefit plans and deferred compensation plans	Expense account and other allowances
Larry Wrobel Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	President and Director 1 hour	\$0	\$0	\$0
Marion Sitkewicz Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Chairperson 1 hour	0	0	0
Marc Pittas Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Vice Chairperson 1 hour	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
Alenjandro Aparicio, M D Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0
Jose Elizandro, M D Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0
James Hohner Advocate Health Care 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0
Michael Kerns Advocate Health Care 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0
Sarah Jane Knoy Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0
Rev Bonnie Perry Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0
Kenneth Rojek Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0
Dr Angelique Sellas Advocate Health Care 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0
Yman H Vien Advocate Health Care 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0

RAVENSWOOD HEALTH CARE FOUNDATION
FEIN 36-3196628

Form 990 Part IV - 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 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.; Advocate Health Centers, Inc.; and Dreyer Clinic, Inc.

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) Base compensation and incentive compensation

- 2005 base salary and incentive pay amounts shown in Column C include incentive pay earned in 2004 and prior years paid out in 2005.

Column (D) – Deferred compensation and future severance payments

- Includes 2005 accrued incentive plan earnings. Payments on these plans will be made in 2006 and 2007 once certain performance and operating goals are achieved and approved by the Executive Committee of the Board of Directors. If achieved these accrued incentive plan earnings will be paid in 2006 and 2007, and reported as compensation in Column C of the 2006 or 2007 US Form 990.
- Includes future severance payments to associates who terminated their employment with Advocate in 2005 and will continue to receive severance payments in 2006 and thereafter.

Ravenswood Health Care Foundation
 FEIN Number 36-3196628
 For the Year Ended December 31, 2005

Form 990, Part V-A, Line 75 (c), List of Officers, Directors, Trustees and Key Employees
Receiving Compensation From a Related Organization

(A)	(C)	(D) Contribution to employee benefit plans and deferred compensation plans	(E)
<u>Name and Address</u>	<u>Related Organization</u>	<u>Compensation</u>	<u>Expense account and other allowances</u>
Larry Wrobel Advocate North Side Health Network 2025 Windsor Drive Oak Brook, Illinois 60523	Advocate North Side Health Network EIN # 36-3196629	\$ 232,057	\$ 136,708 \$ -
James Hohner Advocate Health Care 2025 Windsor Drive Oak Brook, Illinois 60523	Advocate Health and Hospitals Corporation EIN # 36-2169147	108,795	61,262 -
Michael Kerns Advocate Health Care 2025 Windsor Drive Oak Brook, Illinois 60523	Advocate Health and Hospitals Corporation EIN # 36-2169147	250,344	144,510 -
Kenneth Rojek Advocate Health Care 2025 Windsor Drive Oak Brook, Illinois 60523	Advocate Health and Hospitals Corporation EIN # 36-2169147	631,937	1,283,741 -

Ravenswood Health Care Foundation
FEIN: 36-3196628
For the period ended December 31, 2005

<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, Ltd. 3435 West Van Buren Chicago, Illinois 60624	Non-exempt
Advocate Christ Hospital Health Partners, Ltd. 4440 West 95th Street, 110 North Oak Lawn, Illinois 60453	Non - exempt
Good Samaritan Physician Hospital Organization, Ltd. 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, Inc. 1661 Feehanville Drive Suite 200 Mt. Prospect, Illinois 60056	Non - exempt
Advocate-South Suburban Health Partners 17800 South Kedzie Hazel Crest, Illinois 60429	Non-exempt
Advocate Trinity Health Partners, Ltd. 2320 East 93rd Street Chicago, Illinois 60617	Non - exempt

Ravenswood Health Care Foundation
FEIN: 36-3196628
For the period ended December 31, 2005

<u>Form 990, Part VI, List of Affiliated Organizations</u>	<u>Tax Status</u>
Advocate Home Care Products, Incorporated 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt
EHS Home Health Care Service, Inc. d/b/a Advocate Home Health Care Services, Inc. 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - 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
Evangelical Services Corporation 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
Lutheran General Neomedica Chronic Dialysis Center 8865 West Dempster Street Niles, Illinois 60714	Non-exempt
Meridian Hospice 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt

Ravenswood Health Care Foundation
FEIN: 36-3196628
For the period ended December 31, 2005

<u>Form 990, Part VI, List of Affiliated Organizations</u>	<u>Tax Status</u>
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
Advocate Insurance Segregated Portfolio Company 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
Ravenswood Hospital Medical Center General/Professional Liability Loss Fund 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Advocate Southwest Ambulatory Surgery Center, LLC 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt
Hispano Care, Inc. 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Illinois Masonic Insurance Company, Ltd. P.O Box 2196, Grand Caymans, Cayman Islands British West Indies	Tax - exempt

- 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.

Type or print	Name of Exempt Organization Ravenswood Health Care Foundation	Employer identification number 36-3196628
	Number, street, and room or suite no. If a P.O. box, see instructions. 2025 Windsor Drive	For IRS use only
File by the extended due date for filing the return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Oak Brook, IL 60523	

- Check type of return to be filed** (File a separate application for each return):
- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- The books are in the care of James Doheny
Telephone No. 630-990-5155 FAX No. 630-990-4791
- 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 11/15/2006

5 For calendar year 2005, 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. Additional time is requested to familiarize with E-file tax software and first time electronic filing of our tax 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 Wobal Title President Date 8/10/06

Notice to Applicant—To Be Completed by the IRS

- 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 extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ **EXTENSION APPROVED**

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. **AUG 28 2006**

Type or print	Name	FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN
	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)	

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).
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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. Oak Brook, IL 60523	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input 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 checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ James Doheny

Telephone No. ▶ 630-990-5155 FAX No. ▶ 630-990-4791

• 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-months for a **Form 990-T corporation**) extension of time until 8/15/2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2005 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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.