

Return of Private Foundation
 or Section 4947(a)(1) Nonexempt Charitable Trust
 Treated as a Private Foundation

2000

Department of the Treasury
 Internal Revenue Service

Note The organization may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2000, or tax year beginning **07/01**, 2000, and ending **06/30/2001**

G Check all that apply: Initial return Final return Amended return Address change Name change

Use the IRS label Otherwise, print or type See Specific Instructions

Name of organization: **MICHAEL REESE HEALTH TRUST**

Room/suite: **760**

Number and street (or P O box number if mail is not delivered to street address): **20 NORTH WACKER DRIVE**

City or town, state, and ZIP code: **CHICAGO, IL 60606**

A Employer identification number: **36-2170910**

B Telephone number (see page 10 of the instructions): **(312) 726-1008**

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16): **90,743,537.**

J Accounting method: Cash Accrual Other (specify) _____

C If exemption application is pending check here

D 1 Foreign organizations check here
 2 Foreign organizations meeting the 85% test check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B) check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c) and (d) may not necessarily equal the amounts in column (a) (see page 10 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions gifts grants etc received (attach schedule)	274,376.	STMT 1		
2	Distributions from split-interest trusts				
3	Interest on savings and temporary cash investments	57,636.	57,636.		
4	Dividends and interest from securities	3,609,965.	3,609,965.		
5a	Gross rents				
b	(Net rental income or (loss) _____)				
6a	Net gain or (loss) from sale of assets not on line 10	3,478,505.			
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)		3,478,505.		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total Add lines 1 through 11	7,420,482.	7,146,106.		
13	Compensation of officers directors trustees etc	156,990.	62,796.		94,194.
14	Other employee salaries and wages	207,027.	22,925.		184,102.
15	Pension plans, employee benefits	61,936.	16,988.		44,948.
16a	Legal fees (attach schedule)	10,049.			10,049.
b	Accounting fees (attach schedule) STMT 2	36,152.	23,411.	NONE	12,741.
c	Other professional fees (attach schedule) STMT 3	174,136.	11,716.		162,420.
17	Interest				
18	Taxes (attach schedule) (see page 14 of the instructions) STMT 4	4,123.			
19	Depreciation (attach schedule) and depletion	33,615.	6,723.		
20	Occupancy	54,209.	10,842.		43,367.
21	Travel, conferences, and meetings	23,587.			23,587.
22	Printing and publications	68,981.			68,981.
23	Other expenses (attach schedule) STMT 5	34,613.	6,259.		28,354.
24	Total operating and administrative expenses Add lines 13 through 23	865,418.	161,660.	NONE	672,743.
25	Contributions gifts, grants paid	4,146,595.			3,549,908.
26	Total expenses and disbursements Add lines 24 and 25	5,012,013.	161,660.	NONE	4,222,651.
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	2,408,469.			
b	Net investment income (if negative, enter -0-)		6,984,446.		
c	Adjusted net income (if negative enter -0-)				

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments		595,524.	396,765.	396,765.
	3	Accounts receivable ▶	60,106.			
		Less allowance for doubtful accounts ▶		5,801.	60,106.	60,106.
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees and other disqualified persons (attach schedule) (see page 15 of the instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10 a	Investments - U S and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule)				
	c	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis ▶				
	Less accumulated depreciation ▶ (attach schedule)					
12	Investments - mortgage loans					
13	Investments - other (attach schedule)	STMT. 6	101,130,341.	90,183,775.	90,183,775.	
14	Land buildings and equipment basis ▶	158,014.				
	Less accumulated depreciation ▶ (attach schedule)	100,695.	76,022.	57,319.	57,319.	
15	Other assets (describe ▶	STMT 7)	NONE	45,572.	45,572.	
16	Total assets (to be completed by all filers - see page 16 of the instructions Also, see page 1, item I)		101,807,688.	90,743,537.	90,743,537.	
Liabilities	17	Accounts payable and accrued expenses		2,442,797.	2,996,088.	
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers directors, trustees and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶	STMT 8)	NONE	NONE	
	23	Total liabilities (add lines 17 through 22)		2,442,797.	2,996,088.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31					
	24	Unrestricted		71,038,661.	71,281,447.	
	25	Temporarily restricted		20,296,097.	7,315,748.	
	26	Permanently restricted		8,030,133.	9,150,254.	
	Organizations that do not follow SFAS 117, check here and complete lines 27 through 31 <input type="checkbox"/>					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus or land bldg, and equipment fund				
29	Retained earnings accumulated income endowment or other funds					
30	Total net assets or fund balances (see page 17 of the instructions)		99,364,891.	87,747,449.		
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)		101,807,688.	90,743,537.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	99,364,891.
2	Enter amount from Part I, line 27a	2	2,408,469.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	101,773,360.
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 9	5	14,025,911.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b) line 30	6	87,747,449.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo day, yr)	(d) Date sold (mo day, yr)
1a SEE PART IV SCHEDULE					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k) but not less than -0-) or Losses (from col (h))		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	3,478,505.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8			3		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the organization does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
1999	3,740,581.	81,339,234.	0.04598741365
1998	3,126,621.	71,826,758.	0.04353003097
1997	2,620,678.	69,899,294.	0.03749219556
1996	982,314.	58,472,535.	0.01679957949
1995			
2 Total of line 1, column (d)			2 0.14380921967
3 Average distribution ratio for the 5-year base period-divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.03595230492
4 Enter the net value of noncharitable-use assets for 2000 from Part X, line 5			4 96,103,105.
5 Multiply line 4 by line 3			5 3,455,128.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 69,844.
7 Add lines 5 and 6			7 3,524,972.
8 Enter qualifying distributions from Part XII, line 4			8 4,234,581.

If line 8 is equal to or greater than line 7 check the box in Part VI line 1b and complete that part using a 1% tax rate See the Part VI instructions on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling letter _____ (attach copy of ruling letter if necessary - see instructions)		
b	Domestic organizations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	69,844.
c	All other domestic organizations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12 col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2	3	69,844.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	69,844.
6	Credits/Payments		
a	2000 estimated tax payments and 1999 overpayment credited to 2000	6a	105,736.
b	Exempt foreign organizations - tax withheld at source	6b	NONE
c	Tax paid with application for extension of time to file (Form 8868)	6c	NONE
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	105,736.
8	Enter any penalty or underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	35,892.
11	Enter the amount of line 10 to be credited to 2001 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	35,892.

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		N/A
5		X
6	X	
7	X	
8b	X	
9		X
10		X
11		N/A

12 The books are in care of MICHAEL REESE HEALTH TRUST Telephone no (312) 726-1008
 Located at 20 N. WACKER DR., CHICAGO, IL ZIP+4 60606

13 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the year 13

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies

		Yes	No
1 a	During the year did the organization (either directly or indirectly)		
	(1) Engage in the sale or exchange or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of a disqualified person?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1 b	(6) Agree to pay money or property to a government official? (Exception Check "No" if the organization agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If any answer is "Yes" to 1a(1)-(6) did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here		<input checked="" type="checkbox"/>
1 c	Did the organization engage in a prior year in any of the acts described in 1a other than excepted acts that were not corrected before the first day of the tax year beginning in 2000?		<input checked="" type="checkbox"/>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
	a At the end of tax year 2000, did the organization have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2000? If "Yes," list the years ▶ 19 _____, 19 _____, 19 _____, 19 _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	b Are there any years listed in 2a for which the organization is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 20 of the instructions)		<input checked="" type="checkbox"/>
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a list the years here ▶ 19 _____, 19 _____, 19 _____, 19 _____			
3 a	Did the organization hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	b If "Yes" did it have excess business holdings in 2000 as a result of (1) any purchase by the organization or disqualified persons after May 26 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest or (3) the lapse of the 10-, 15- or 20-year first phase holding period? (Use Schedule C Form 4720 to determine if the organization had excess business holdings in 2000)		<input checked="" type="checkbox"/>
4 a	Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes?		<input checked="" type="checkbox"/>
4 b	Did the organization make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2000?		<input checked="" type="checkbox"/>
5 a	During the year did the organization pay or incur any amount to		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1) (2), or (3) or section 4940(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5 b	(5) Provide for any purpose other than religious, charitable scientific literary, or educational purposes or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here		<input checked="" type="checkbox"/>
c	If the answer is "Yes" to question 5a(4) does the organization claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d)	N/A <input type="checkbox"/> Yes	<input type="checkbox"/> No
6 a	Did the organization, during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	b Did the organization, during the year, pay premiums directly or indirectly, on a personal benefit contract? If you answered "Yes" to 6b, also file Form 8870		<input checked="" type="checkbox"/>

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 19 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 and deferred compensation	(e) Expense account other allowances
SEE STATEMENT 14		156,990.	2,486.	NONE

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 21 of the instructions) If 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 and deferred compensation	(e) Expense account other allowances
JENNIFER MCDONOUGH 20 NORTH WACKER DR. CHGO IL	PROGRAM OFFICER FULL TIME	57,788.	5,576.	NONE
DANIEL DORR 20 NORTH WACKER DRIVE, CHGO IL	PROGRAM OFFICER	50,854.	3,204.	NONE

Total number of other employees paid over \$50,000 ▶ NONE

3 Five highest-paid independent contractors for professional services - (see page 21 of the instructions) If none, enter "NONE"

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
THOMAS W. MOLONEY 1170 N. OCEAN BLVD, PALM BEACH, FLORIDA	CONSULTING	99,762.
ANDERSON, BENETT & PARTNERS	LEGAL	105,820.

Total number of others receiving over \$50,000 for professional services ▶ NONE

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 22 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>NONE</u>	
2	
All other program related investments See page 22 of the instructions	
3 <u>NONE</u>	

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see page 22 of the instructions)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1a	96,530,775.
b Average of monthly cash balances	1b	1,035,829.
c Fair market value of all other assets (see page 23 of the instructions)	1c	NONE
d Total (add lines 1a, b, and c)	1d	97,566,604.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2 Acquisition indebtedness applicable to line 1 assets	2	NONE
3 Subtract line 2 from line 1d	3	97,566,604.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 23 of the instructions)	4	1,463,499.
5 Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	96,103,105.
6 Minimum investment return Enter 5% of line 5	6	4,805,155.

Part XI Distributable Amount (see page 23 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part)

1 Minimum investment return from Part X, line 6	1	4,805,155.
2a Tax on investment income for 2000 from Part VI line 5	2a	69,844.
b Income tax for 2000 (This does not include the tax from Part VI)	2b	
c Add lines 2a and 2b	2c	69,844.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	4,735,311.
4a Recoveries of amounts treated as qualifying distributions	4a	NONE
b Income distributions from section 4947(a)(2) trusts	4b	
c Add lines 4a and 4b	4c	NONE
5 Add lines 3 and 4c	5	4,735,311.
6 Deduction from distributable amount (see page 23 of the instructions)	6	NONE
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	4,735,311.

Part XII Qualifying Distributions (see page 24 of the instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	4,222,651.
b Program-related investments - total of lines 1-3 of Part IX-B	1b	NONE
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	11,930.
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3a	NONE
b Cash distribution test (attach the required schedule)	3b	NONE
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8 and Part XIII, line 4	4	4,234,581.
5 Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 24 of the instructions)	5	69,844.
6 Adjusted qualifying distributions Subtract line 5 from line 4	6	4,164,737.

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see page 24 of the instructions)

	(a) Corpus	(b) Years prior to 1999	(c) 1999	(d) 2000
1 Distributable amount for 2000 from Part XI line 7				4,735,311.
2 Undistributed income if any as of the end of 1999				
a Enter amount for 1999			3,045,026.	
b Total for prior years		NONE		
3 Excess distributions carryover, if any to 2000				
a From 1995	NONE			
b From 1996	NONE			
c From 1997	NONE			
d From 1998	NONE			
e From 1999	NONE			
f Total of lines 3a through e	NONE			
4 Qualifying distributions for 2000 from Part XII line 4 4,234,581.				
a Applied to 1999 but not more than line 2a			3,045,026.	
b Applied to undistributed income of prior years (Election required - see page 25 of the instructions)		NONE		
c Treated as distributions out of corpus (Election required - see page 25 of the instructions)	NONE			
d Applied to 2000 distributable amount				1,189,555.
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2000 (if an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE
6 Enter the net total of each column as indicated below				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			
b Prior years' undistributed income Subtract line 4b from line 2b		NONE		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		NONE		
d Subtract line 6c from line 6b Taxable amount - see page 25 of the instructions		NONE		
e Undistributed income for 1999 Subtract line 4a from line 2a Taxable amount - see page 23 of the instructions				
f Undistributed income for 2000 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2001				3,545,756.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see page 25 of the instructions)	NONE			
8 Excess distributions carryover from 1995 not applied on line 5 or line 7 (see page 25 of the instructions)	NONE			
9 Excess distributions carryover to 2001 Subtract lines 7 and 8 from line 6a	NONE			
10 Analysis of line 9				
a Excess from 1996	NONE			
b Excess from 1997	NONE			
c Excess from 1998	NONE			
d Excess from 1999	NONE			
e Excess from 2000	NONE			

Part XIV Private Operating Foundations (see page 25 of the instructions and Part VII-A, question 9) **NOT APPLICABLE**

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation and the ruling is effective for 2000, enter the date of the ruling					
b Check box to indicate whether the organization is a private operating foundation described in section		4942(j)(3) or	4942(j)(5)		
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	
b 85% of line 2a					
c Qualifying distributions from Part XII line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test. Enter 2/3 of minimum investment return shown in Part X line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)) or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(w)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year -- see page 26 of the instructions)

- 1 **Information Regarding Foundation Managers**
- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
- N/A
- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
- N/A
- 2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs**
- Check here if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see page 26 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
- a The name, address, and telephone number of the person to whom applications should be addressed
- SEE STATEMENT 15
- b The form in which applications should be submitted and information and materials they should include
- SEE STATEMENT 16
- c Any submission deadlines
- SEE STATEMENT 17
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
- SEE STATEMENT 18

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> SEE STATEMENT 19				
Total			▶ 3a 3,549,908.	
b <i>Approved for future payment</i> SEE STATEMENT 20				
Total			▶ 3b 1,417,662.	

FORM 990PF, PART I - CONTRIBUTIONS, GIFTS AND GRANTS RECEIVED

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
VARIOUS		6,577.
FOREMAN TRUST C/O THE NORTHERN TRUST COMPANY 50 S. LASALLE STREET, CHICAGO, IL 60675		36,265.
LAZARUS TRUST C/O THE NORTHERN TRUST COMPANY 50 S. LASALLE STREET, CHICAGO, IL 60675		33,382.
KIRCHHEIMER TRUST C/O BANK OF AMERICA PRIVATE BANK PO BOX 830259, DALLAS, TX 75283		53,152.
NATHAN & EMILY BLUM C/O THE HARRIS 111 W. MONROE, CHICAGO, IL 60603		145,000.
TOTAL CONTRIBUTION AMOUNTS		274,376.

FORM 990PF, PART I - ACCOUNTING FEES
=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
ACCOUNTING FEES	36,152.	23,411.		12,741.
TOTALS	36,152.	23,411.	NONE	12,741.

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
PROGRAM CONSULTING FEES	147,497.		147,497.
INVESTMENT MANAGEMENT FEES	9,126.	9,126.	
OTHER	17,513.	2,590.	14,923.
TOTALS	174,136.	11,716.	162,420.

FORM 990PF, PART I - TAXES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----
EXCISE TAX	4,123.
TOTALS	----- 4,123. =====

FORM 990PF, PART I - OTHER EXPENSES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	CHARITABLE PURPOSES -----
OFFICE SUPPLIES	13,394.	2,015.	11,379.
INSURANCE	10,880.	2,176.	8,704.
POSTAGE AND SHIPPING	7,215.	1,443.	5,772.
COMPUTER SUPPLIES AND EXPENSE	3,124.	625.	2,499.
TOTALS	34,613. =====	6,259. =====	28,354. =====

FORM 990PF, PART II - OTHER INVESTMENTS
 =====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
FUNDS INVESTED IN THE JEWISH FEDERATION OF METROPOLITAN CHICAGO MANAGED FUNDS PROGRAM	101,130,341.	90,183,775.	90,183,775.
TOTALS	101,130,341.	90,183,775.	90,183,775.

FORM 990PF, PART II - OTHER ASSETS

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
PREPAID EXPENSES	NONE	45,572.	45,572.
TOTALS	NONE	45,572.	45,572.

Michael Reese Health Trust

Form 990-PF, Part II - Other Liabilities

<u>Description</u>	<u>Beginning Book Value</u>	<u>Ending Book Value</u>
Self-Insurance Trust		
Self-Insurance Trust Fund Investments	11,188,444	12,069,681
Less Accrued Self-Insurance Liability	<u>11,188,444</u>	<u>12,069,681</u>
Net Value of Self-Insurance Trust	<u>-</u>	<u>-</u>

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
NET UNREALIZED LOSS	13219428.
SELF INSURANCE DECREASE	806,483.

TOTAL	14025911.
	=====

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN F. BENJAMIN C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	CHAIRMAN	NONE	NONE	NONE
ROBERT J. GREENEBAUM C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	VICE CHAIRMAN	NONE	NONE	NONE
HERBERT S. WANDER C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	SECRETARY	NONE	NONE	NONE
FRANK D. MAYER, JR. C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TREASURER	NONE	NONE	NONE
DOROTHY H. GARDNER C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	PRESIDENT	156,990.	2,486.	NONE
ENRIQUE BECKMAN, M.D., PH.D.	TRUSTEE	NONE	NONE	NONE

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES
 =====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TRUSTEE	NONE	NONE	NONE
ANDREW K. BLOCK C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TRUSTEE	NONE	NONE	NONE
JOHN C. COLEMAN C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TRUSTEE	NONE	NONE	NONE
LESTER CROWN C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TRUSTEE	NONE	NONE	NONE
ROBERT G. DONNELLEY C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TRUSTEE	NONE	NONE	NONE
SIDNEY EPSTEIN C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE	TRUSTEE	NONE	NONE	NONE

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SUITE 760 CHICAGO, IL 60606				
ALAN S. GRATCH C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TRUSTEE	NONE	NONE	NONE
STEVEN A. HELFAND C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TRUSTEE	NONE	NONE	NONE
SIDNEY J. HESS, JR. C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TRUSTEE	NONE	NONE	NONE
LUCILE ISH C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TRUSTEE	NONE	NONE	NONE
FREDERICK J. MANNING C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TRUSTEE	NONE	NONE	NONE

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MICHAEL M. MITCHEL C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TRUSTEE	NONE	NONE	NONE
STEVEN B. NASATIR, PH.D. C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TRUSTEE	NONE	NONE	NONE
ELLARD PFAELZER, JR. C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TRUSTEE	NONE	NONE	NONE
GORDON S. PRUSSIAN C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TRUSTEE	NONE	NONE	NONE
KENNETH SCHUG C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606	TRUSTEE	NONE	NONE	NONE
MARC H. SLUTSKY, M.D.	TRUSTEE	NONE	NONE	NONE

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES
 =====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606				
DANIEL R. SWETT	TRUSTEE	NONE	NONE	NONE
C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606				
MARGARET C. TELFER, M.D.	TRUSTEE	NONE	NONE	NONE
C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606				
WALTER R. NATHAN	TRUSTEE	NONE	NONE	NONE
C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606				
BILLIE WRIGHT ADAMS, M.D.	TRUSTEE	NONE	NONE	NONE
C/O MICHAEL REESE HEALTH TRUST 20 NORTH WACKER DRIVE SUITE 760 CHICAGO, IL 60606				
GRAND TOTALS		156,990.	2,486.	NONE

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS
=====

DOROTHY H. GARDNER, PRESIDENT
MICHAEL REESE HEALTH TRUST
20 NORTH WACKER DRIVE, SUITE 760
CHICAGO, IL 60606
TELEPHONE: (312) 726-1008

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS
=====

A LETTER OF INQUIRY SHOULD BE NO MORE THAN TWO PAGES IN LENGTH AND INCLUDE THE FOLLOWING INFORMATION:

- * ANTICIPATED AMOUNT TO BE REQUESTED.
- * PERIOD OF TIME FOR WHICH FUNDS ARE REQUESTED.
- * PURPOSE OF THE PROJECT.
- * PROBLEM OR ISSUE TO BE ADDRESSED.
- * DESCRIPTION OF PROPOSED PROJECT.
- * GENERAL THOUGHTS FOR EVALUATION OF PROJECT.
- * ORGANIZATIONAL BACKGROUND AND QUALIFICATIONS.

THE LETTER OF INQUIRY ALSO SHOULD INCLUDE THE NAME, ADDRESS, PHONE, FAX, AND E-MAIL (IF AVAILABLE) OF THE GRANT-SEEKING ORGANIZATION, AS WELL AS THE NAME OF THE PRINCIPAL CONTACT PERSON FOR THE PROPOSED PROJECT.

IF THE LETTER OF INQUIRY MEETS THE INTERESTS OF THE MICHAEL REESE HEALTH TRUST THEN A LETTER REQUESTING A FORMAL PROPOSAL WILL BE SENT TO THE APPLICANT. SUCH LETTER WILL DETAIL THE PROPOSAL REQUIREMENTS.

990PF, PART XV - SUBMISSION DEADLINES

=====

THE DEADLINE FOR RECEIVING LETTERS OF INQUIRY FOR THE FALL FUNDING CYCLE IS JUNE 15. LETTERS OF INQUIRY RECEIVED AFTER THAT DATE AND UNTIL DECEMBER 15 WILL BE PROCESSED FOR THE SPRING CYCLE.

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

=====

ORGANIZATIONS MUST BE QUALIFIED UNDER SECTION 501(C)(3) AND HAVE A NON-PRIVATE FOUNDATION DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE. THE TAXPAYER FUNDS ORGANIZATIONS IN METROPOLITAN CHICAGO, WITH AN EMPHASIS ON THE CITY OF CHICAGO. CURRENTLY, GRANTMAKING WILL EMPHASIZE THE DIRECT DELIVERY OF COMMUNITY BASED HEALTH SERVICES INTENDED TO REACH VULNERABLE AND UNDERSERVED POPULATIONS.

FORM 990FP, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS

AND

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

SEE ATTACHED SCHEDULE

GENERAL

3,549,908

GRANTEES ARE PUBLIC CHARITIES

TOTAL CONTRIBUTIONS PAID

3,549,908

MICHAEL REESE HEALTH TRUST
GRANTS PAID SUMMARY
FOR FISCAL YEAR 2000-2001

DESCRIPTION	DATE	Purpose	AMOUNT
UNIVERSITY OF CHICAGO-PLANNING GRANT	JULY 11 2000	Continuation of Planning Grant	50,000.00
ASSOCIATION OF SMALL FOUNDATIONS-CONFERENCE SUPPORT	JULY 11 2000	Conference Support	1,000.00
INNER VOICER-COMMUNITY RESPONSE GRANT	JULY 11 2000	Homeless shelter support for women and children	5,000.00
RUSH PRESBYTERIAN ST LUKES MED CENTER-MEDICINE FELLOWSHIP	JULY 11 2000	Fellowship for one year adolescent program	60,080.00
SUNLIGHT YOUTH CENTER-COMMUNITY RESPONSE GRANT	JULY 11 2000	Support services to African American women	8,000.00
ST BENEDICT CHURCH-COMMUNITY RESPONSE GRANT	AUG 1 2000	Support for emergency health needs for disabled	6,000.00
ADVOCATE CHARITABLE FOUNDATION-GRANT PROPOSAL REVIEW FEE	SEPT 19 2000	Grant Proposal Fee	1,050.00
DONORS FORUM OF CHICAGO-MEMBER CONTRIBUTION	SEPT 19 2000	Membership Contribution	7,000.00
THE FOUNDATION CENTER	OCT 2 2000	Annual membership support	1,200.00
FUND FOR IMMIGRANTS & REFUGEES-DONORS FORUM	OCT 12 2000	Conference support	2,774.94
MT SINAI HOSP & MED CENTER-COMMUNITY RESPONSE GRANT	OCT 12 2000	Language skills program support	5,000.00
UNIVERSITY OF CHICAGO-KISSEL SPECIAL PURPOSE FUND	NOV 1 2000	Annual Pancreatic Cancer Research Grant	8,640.00
ADVOCATE CHARITABLE FOUNDATION-GRANT PROPOSAL REVIEW FEE	NOV 7 2000	Grant Proposal Fee	500.00
NORTHWESTERN MEMORIAL FOUNDATION GRANT PROPOSAL REVIEW FEE	NOV 7 2000	Grant Proposal Fee	500.00
MT SINAI HOSPITAL & MEDICAL CENTER FALL GRANT AWARD	NOV 20 2000	Urban Health Institute program support	100,000.00
CENTER FOR IMPACT RESEARCH-FALL GRANT AWARD	NOV 21 2000	Prostitution research and advocacy program support	50,000.00
INTERFAITH HOUSING DEVELOPMENT CORP FALL GRANT AWARD	NOV 21 2000	Planning for creation of daycare center	20,000.00
RAINBOW HOUSE-FALL GRANT AWARD	NOV 21 2000	Staff salary support for domestic violence training	36,305.00
ADVOCATE CHARITABLE FOUNDATION-FALL GRANT AWARD	NOV 29 2000	Parish Counseling Center-St. Sylvester	30,000.00
CHICAGO CENTER FOR FAMILY HEALTH-FALL GRANT AWARD	NOV 29 2000	Peer counselor and training placement program support	40,000.00
CHICAGO HEALTH CONNECTION-FALL GRANT AWARD	NOV 29 2000	Educational and transportation expenses	20,000.00
CHICAGO YOUTH PROGRAMS-FALL GRANT AWARD	NOV 29 2000	Educational and transportation expenses	25,000.00
HEALTH & MEDICINE POLICY RESEARCH GROUP-FALL GRANT AWARD	NOV 29 2000	Stipend for Schweizer Fellows program	25,000.00
HORIZON HOSPICE FALL GRANT AWARD	NOV 29 2000	Support for educational program addition in hospital	50,000.00
HOWARD AREA COMMUNITY CENTER-FALL GRANT AWARD	NOV 29 2000	Community Health Education	30,000.00
JUVENILE PROTECTIVE ASSOCIATION-FALL GRANT AWARD	NOV 29 2000	Clinical Social Worker salary support	52,140.00
MOBILE CARE FOUNDATION-FALL GRANT AWARD	NOV 29 2000	Asthma Management Program-staff salary support	25,000.00
PARK RIDGE CENTER FOR HEALTH FAITH & ETHICS-FALL GRANT AWARD	NOV 29 2000	Program support for Jewish Healthcare issues group	68,249.00
SWEDISH COVENANT HOSPITAL-FALL GRANT AWARD	NOV 29 2000	Salary support for clinical psychologist at Roosevelt High School	41,000.00
VIENTIANE ASSOCIATION OF ILLINOIS-FALL GRANT AWARD	NOV 29 2000	Community health training support	40,000.00
WESTSIDE HEALTH AUTHORITY-FALL GRANT AWARD	NOV 29 2000	Community health training for women	55,000.00
YOUTH GUIDANCE-FALL GRANT AWARD	NOV 29 2000	Salary support for social worker staff position in W. Englewood	20,000.00
COUNCIL FOR JEWISH ELDERLY-PARTNERS IN CARE INSTALLMENT	DEC 7 2000	Partners in Care installment	27,337.00
CENTRO ROMERO-FALL GRANT AWARD	DEC 7 2000	Latina HIV/AIDS Peer Education program support	19,000.00
EQUIP FOR EQUALITY-FALL GRANT AWARD	DEC 7 2000	Alzheimer's Initiative planning grant for third year	35,000.00
RESEARCH & EDUCATION FOUNDATION-INSTALLMENT	DEC 7 2000	Enhancing safety outreach program for private psychiatric hospitals & Chic Metro psychiatric units	25,000.00
CHICAGO CHRISTIAN INDUSTRIAL LEAGUE-FALL GRANT AWARD	DEC 8 2000	Homeless in transition-expense cost for lab medications supplies	25,000.00
OAK PARK-RIVER FOREST INFANT WELFARE CLINIC-FALL GRANT AWARD	DEC 14 2000	Support for dental clinic for low income children	44,485.00
FUND FOR IMMIGRANTS & REFUGEES-DONORS FORUM FALL GRANT AWARD	DEC 14 2000	Support for planning of health related grants for immigrants & refugees	50,000.00
CENTER FOR ENRICHED LIVING-COMMUNITY RESPONSE GRANT	DEC 20 2000	Mentally disabled adult program support	7,000.00
CHEROKEE TRAINING CENTER MEMORIAL DONATION	DEC 20 2000	Memorial donation	100.00
CHINESE AMERICAN SERVICE LEAGUE-FALL GRANT AWARD	DEC 20 2000	Salary support for health outreach program coordinator position	25,000.00
HEALTH & MEDICINE POLICY RESEARCH GROUP	DEC 20 2000	Long term care research	25,000.00
ILLINOIS EYE INSTITUTE-FALL GRANT AWARD	DEC 20 2000	Intervention eye care model for at risk, underserved Chicago communities	20,000.00
YOUTH FEDERATION OF METROPOLITAN CHICAGO-FALL GRANT AWARD	DEC 20 2000	Informing public policy for better health program	47,048.00
YOUTH COVENANT-COMMUNITY RESPONSE GRANT	DEC 20 2000	Youth Mentoring Program	5,000.00
COMMUNITY HEALTH-FALL GRANT AWARD	JAN 2 2001	Support for technology consultant & software to aid in program growth and development-Douglas Project	15,000.00
UNIVERSITY OF CHICAGO FALL GRANT AWARD	JAN 2 2001	Support for peer training for disadvantaged teen mothers	45,061.00
DEBORAH'S PLACE-FALL GRANT AWARD	JAN 8 2001	Salary support for coordinator position and general health services program	20,000.00
EL VALOR-FALL GRANT AWARD	JAN 11 2001	Direct costs for families with children with disabilities and salary support for staff positions	58,000.00
ADVOCATE CHARITABLE FOUNDATION-GRANT PROPOSAL REVIEW FEE	JAN 17 2001	Education grant to support conference on critical issues of patient safety	45,000.00
ADVOCATE CHARITABLE FOUNDATION-GRANT PROPOSAL REVIEW FEE	JAN 17 2001	Grant Proposal Fee	1,000.00
COUNCIL FOR JEWISH ELDERLY-PROACTIVE GRANT	JAN 17 2001	Grant Proposal Fee	1,000.00
MCHC-CHICAGO HOSPITAL COUNCIL-PROACTIVE GRANT	JAN 28 2001	Partners in Care Installment	27,336.00
	JAN 29 2001	Children's Health Insurance Project Kidcare Enrollment	36,423.00

**MICHAEL REESE HEALTH TRUST
GRANTS PAID SUMMARY
FOR FISCAL YEAR 2000-2001**

DESCRIPTION	DATE	Purpose	AMOUNT
HOWARD BROWN HEALTH CENTER-COMMUNITY RESPONSE GRANT	FEB 12 2001	New women's health clinic support	6 500 00
SCHWAB REHABILITATION HOSPITAL-GRANT REVIEW DONATED	FEB 12 2001	Grant review contribution-donation back to org	300 00
PARK RIDGE CENTER-COMMUNITY RESPONSE GRANT	FEB 12 2001	Conference Support	6 000 00
ADVOCATE CHARITABLE GRANT REVIEW CONTRIBUTION	MAR 28 2001	Grant review contribution-donation back to org	600 00
INSTITUTE FOR DIVERSITY IN HEALTH RESTRICTED EDUCATION FUND	APR 9 2001	Mount Sinai Hospital Community Health Institute	14 000 00
SEGUIN SERVICES	APR 9 2001	Support for new regulations for nursing training-state mandated programs	25 000 00
INTERFAITH HOUSE	APR 16 2001	Strategic planning support	8 000 00
SSI COALITION PROJECT ACCESS	APR 30 2001	Project Access	125 000 00
SCHWAB REHABILITATION HOSPITAL-PEDIATRIC REINTEGRATION PROGRAM	MAY 24 2001	Pediatric Re-integration program-for families w/children w/disabilities to assimilate back into regular life	98 484 00
DONORS FORUM OF CHICAGO-COMMUNITY RESPONSE GRANT	MAY 31 2001	Council on Foundations planning grant	8 000 00
NW MEMORIAL FOUNDATION-SPECIAL PURPOSE GRANT	MAY 31 2001	Annual Bendix lecture	18 000 00
JEWISH FEDERATION-JEWISH GENETIC PROJECT	JUNE 4 2001	Jewish Genetic Project Year 3	150 665 00
OUNT SINAI HOSPITAL-PEDIATRIC ASTHMA PROJECT	JUNE 4 2001	Pediatric Asthma Project	62 129 00
THE ARK-SPECIAL PURPOSE GRANT	JUNE 6 2001	Annual grant to eye care clinic for disadvantaged	6 250 00
AIDS FOUNDATION OF CHICAGO-EVAL FOR EXCELLENCE	JUNE 14 2001	Support for research for evaluation model for determining efficacy of program	15 000 00
CHICAGO ABUSED WOMEN COALITION-HOSP INTERVENTION PROJECT	JUNE 14 2001	Support for Cook County hospital program staff salaries and strategic planning	30 000 00
CORNERSTONE COMMUNITY OUTREACH PARISH NURSE SUPPLIES	JUNE 14 2001	Parish nurse salary and supplies	16 000 00
FRIENDS OF BATTERED WOMEN AND THEIR CHILDREN-HOSP OUTREACH/EDUC PROGRAM	JUNE 14 2001	Hospital outreach and education-and staff salary support	20 000 00
HEARTLAND ALLIANCE-PATHWAYS HOME	JUNE 14 2001	Associate Director salary support	50 000 00
INTERFAITH COUNCIL FOR THE HOMELESS-SHELTER GRATUITATES NETWORK	JUNE 14 2001	Shelter Graduates Network program	20 000 00
NATIONAL CENTER ON POVERTY LAW-HEALTH INSURANCE PROJECT	JUNE 14 2001	Health insurance project advocacy program to assist low-income indivs access to healthcare	125 000 00
THE NIGHT MINISTRY-OUTREACH AND HEALTH MINISTRY	JUNE 14 2001	staff salary support for outreach positions for homeless and uninsured	50 000 00
OPEN HAND CHICAGO-MED NUTRITION THERAPY PROGRAM	JUNE 14 2001	Medical Nutrition Therapy Program-staff salary support	10 000 00
RESEARCH & EDUCATION FOUNDATION OF THE MIR MED STAFF-WOMEN'S HEALTH INITIATIVE	JUNE 14 2001	Women's Health Initiative-staff salary support	37 145 00
ACCESS COMMUNITY HEALTH NET-WOMEN'S HEALTH PROG EXP-ROGERS PK	JUNE 20 2001	Women's Health Program expansion - physician salary and supplies support	30 000 00
BRD OF TRUSTEES OF THE U OF CHIC PROJ FOR VIOLENCE PREV PUB EDU CAMPAIGN	JUNE 20 2001	Public Education Campaign-Educational Coordinator staff salary support and supplies	65 000 00
CHICAGO FOUNDATION FOR WOMEN-HIT TO END VIOLENCE TOWARDS WOMEN & GIRLS	JUNE 20 2001	Initiative to end violence toward women and girls	25 000 00
CHICAGO HEARING SOCIETY-AUDIOLOGY CLINIC & HEARING AID BANK	JUNE 20 2001	Hearing aid devices and staff salary support	15 000 00
CHICAGO METRO BATTERED WOMEN'S NETWORK-CENTRALIZED TRAINING INSTITUTE	JUNE 20 2001	New training coordinator salary	15 000 00
FAMILY CHRISTIAN HEALTH CENTER-COMMUNITY BASED PRIMARY CARE	JUNE 20 2001	Community based primary care program	35 000 00
INFANT WELFARE SOCIETY OF CHICAGO-WHOLE WOMEN'S WELLNESS PROGRAM	JUNE 20 2001	New FTE mental health therapist	50 220 00
INTERFAITH HOUSE-RESPIRE/ASSESSMENT PROGRAM	JUNE 20 2001	Strategic planning and program support	25 000 00
JEWISH COUNCIL FOR YOUTH SERVICES-PLAN FOR RESID RESP PROG	JUNE 20 2001	Start-up research and planning phase and staff salary support	40 000 00
MT SINAI HOSPITAL MEDICAL CENTER ZIEGLER-GUTNECHT OPHTHALMOLOGY	JUNE 20 2001	Annual Ophthalmology focused grant	25 000 00
PLANNED PARENTHOOD-COLOSCOPY PROGRAM	JUNE 20 2001	Staff salary support, occupancy costs educational & promotional materials	25 000 00
POLISH AMERICAN ASSOCIATION	JUNE 20 2001	Salary support for two new outreach staff	20 000 00
CHILDREN'S RESEARCH TRIANGLE	JUNE 22 2001	Program expansion and development for Behavioral Health Project	99 888 00
METROPOLITAN CHICAGO HEALTHCARE COUNCIL PHASE III KIDCARE ENROLLMENT PROJ	JUNE 22 2001	Extension of outreach services to five hospitals	125 000 00
RUSH-PRESBYTERIAN-ST LUKES MED CENTER-ADOLESCENT FELLOWSHIP	JUNE 22 2001	Adolescent fellowship program	62 700 00
BRD OF TRUSTEES OF U OF HEALTHY STEPS PEDIATRIC PRIM CARE RES	JUNE 25 2001	Healthy steps specialist salary	50 742 00
JEWISH FEDERATION-FUND FOR INNOVATION IN HEALTH 1ST PAYMENT	JUNE 27 2001	Installation 1-Jewish Federation grantmaking for health related programs/projects	112 652 00
THE OUNCE OF PREVENTION FUND-HONOR OF IRVING B HARRIS	JUNE 27 2001	Grant to support existing endowment for disadvantaged children programs	333 333 00
TOTAL			\$3,549,907 94

FORM 990FP, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
COUNCIL FOR JEWISH ELDERLY	GENERAL	131,243
MOUNT SINAI HOSPITAL	GENERAL	361,605
SSI COALITION- PROJECT ACCESS	GENERAL	100,000
SINAI HOSPITAL- SINAI URBAN HEALTH INSTITUTE	GENERAL	282,158
SCHWAB REHABILITATION HOSPITAL- PEDIATRIC COMMUNITY	GENERAL	250,000
METROPOLITAN CHICAGO HEALTH CARE COUNCIL	GENERAL	125,000
JEWISH FEDERATION OF METRO CHICAGO	GENERAL	167,656

FORM 990PP, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
			1,417,662
TOTAL CONTRIBUTIONS APPROVED			1,417,662

All recipients are public charities as described in section 509(a)(1),(2) or (3).

All of the above contributions are for the general charitable, religious, scientific, literary or educational activities of each donee

FEDERAL FOOTNOTES

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PART X:

THE FAIR MARKET VALUE OF ASSETS EXCLUDES ASSETS HELD IN THE SELF INSURANCE TRUST SINCE THE VALUE, NET OF LIABILITIES, OF THE TRUST IS EQUAL TO ZERO.

FEDERAL FOOTNOTES

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PART I, LINE 16(A) AND PART VIII, LINE 3:
LEGAL EXPENSES IN CONNECTION WITH MALPRACTICE DEFENSE WERE CHARGED
AGAINST A SELF-INSURANCE RESERVE AND THEREFORE DO NOT APPEAR ON
PART 1, LINE 16(A).

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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 MICHAEL REESE HEALTH TRUST	Employer identification number 36-2170910
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 20 NORTH WACKER DRIVE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. CHICAGO, IL 60606	

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 |

- 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 02/15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year _____ or
- tax year beginning 07/01, 2000, and ending 06/30, 2001.

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

3a 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. \$ 69,844.

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. \$ 69,844.

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. \$ NONE

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 J Weil Title CPA Date 11/12/01

For Paperwork Reduction Act Notice, see instruction