## Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

### Revenue

1. Contributions, gifts, grants, and similar amounts received
   - Direct public support
   - Indirect public support
   - Government contributions (grants)
   - Total (add lines 1a through 1c)

2. Program service revenue including government fees and contracts (from Part VII, line 93)
3. Membership dues and assessments
4. Interest on savings and temporary cash investments
5. Dividends and interest from securities
6. Gross rents
   - Less rental expenses
   - Net rental income or (loss) (subtract line 6b from line 6a)
7. Other investment income (describe)
   - Investment Income
     - Securities
     - Other

### Expenses

8. Gross amount from sale of assets other than inventory
   - Less cost or other basis and sales expenses
   - Gain or (loss) (attach schedule)
   - Net gain or (loss) (combine line 8c and line 8b)
9. Special events and activities (attach schedule)
   - Gross revenue (not including $84,485 of contributions reported on line 1a)
   - Less cost of goods sold
   - Net income or (loss) from special events (subtract line 9b from line 9a)
10. Gross sales of inventory less returns and allowances
    - Less cost of goods sold
11. Other revenue (from Part VII, line 103)
12. Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9, 10c, 11, and 12)
13. Program services (from line 44, column (B))
14. Management and general (from line 44, column (C))
15. Fundraising (from line 44, column (D))
16. Payments to affiliates (attach schedule)
17. Total expenses (add lines 16 and 44, column (A))
18. Excess (or deficit) for the year (subtract line 17 from line 12)
19. Net assets or fund balances at beginning of year (from line 73, column (A))
20. Other changes in net assets or fund balances (attach explanation)
21. Net assets or fund balances at end of year (combine lines 18, 19, and 20)

### Revenue Details

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$1,209,657</td>
</tr>
<tr>
<td>Investment Income</td>
<td>$96,580</td>
</tr>
</tbody>
</table>

### Expenses Details

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Revenue</td>
<td>$84,485</td>
</tr>
<tr>
<td>Less Cost of Goods Sold</td>
<td>$204,407</td>
</tr>
<tr>
<td>Net Income from Special Events</td>
<td>$370,003</td>
</tr>
<tr>
<td>Part II Statement of Functional Expenses</td>
<td>(A) Total</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>22 Grants and allocations (attach schedule)</td>
<td>1,593,725</td>
</tr>
<tr>
<td>23 Specific assistance to individuals (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>24 Benefits paid to or for members (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>25 Compensation of officers, directors, etc</td>
<td>61,250</td>
</tr>
<tr>
<td>26 Other salaries and wages</td>
<td>45,100</td>
</tr>
<tr>
<td>27 Pension plan contributions</td>
<td>12,400</td>
</tr>
<tr>
<td>28 Other employee benefits</td>
<td>13,368</td>
</tr>
<tr>
<td>29 Payroll taxes</td>
<td>8,442</td>
</tr>
<tr>
<td>30 Professional fundraising fees</td>
<td></td>
</tr>
<tr>
<td>31 Accounting fees</td>
<td>4,478</td>
</tr>
<tr>
<td>32 Legal fees</td>
<td></td>
</tr>
<tr>
<td>33 Supplier</td>
<td></td>
</tr>
<tr>
<td>34 Telephone</td>
<td>2,288</td>
</tr>
<tr>
<td>35 Postage and shipping</td>
<td>3,603</td>
</tr>
<tr>
<td>36 Occupancy</td>
<td>21,847</td>
</tr>
<tr>
<td>37 Equipment rental and maintenance</td>
<td></td>
</tr>
<tr>
<td>38 Printing and publications</td>
<td>26,503</td>
</tr>
<tr>
<td>39 Travel</td>
<td></td>
</tr>
<tr>
<td>40 Conferences, conventions, and meetings</td>
<td>20,084</td>
</tr>
<tr>
<td>41 Interest</td>
<td></td>
</tr>
<tr>
<td>42 Depreciation, depletion, etc (attach schedule)</td>
<td>809</td>
</tr>
<tr>
<td>43 Other expenses (itemize)</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>e See Statement 2</td>
<td></td>
</tr>
<tr>
<td>44 Total other expenses (lines 22 through 43)</td>
<td>1,849,895</td>
</tr>
</tbody>
</table>

Reporting of Joint Costs: Did you report in column (B) (Program services) any joint costs from a combined educational and fundraising solicitation? [ ] Yes [x] No

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? [ ] See Statement 3

Program Service Expenses (Required for 501(c)(3) and 4947(a)(1) non-exempt charitable trusts but optional for others)

a Donations to Billings Hospital University of Chicago

| (Grants and allocations $ | 1,593,725 |
| b | | |
| c | | |
| d | | |
| e Other program services (attach schedule) | | |
| (Grants and allocations $ | 1,593,725 |
### Part IV  Balance Sheets

**Note:** Where required attached schedules and amounts within the description column should be for end-of-year amounts only

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(A) Beginning of year</th>
<th></th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Cash - non-interest-bearing</td>
<td>380,952</td>
<td>45</td>
<td>182,876</td>
</tr>
<tr>
<td>46</td>
<td>Savings and temporary cash investments</td>
<td>2,035,224</td>
<td>46</td>
<td>1,547,674</td>
</tr>
<tr>
<td>47 a</td>
<td>Accounts receivable</td>
<td>111,300</td>
<td>47b</td>
<td>34,550</td>
</tr>
<tr>
<td>b</td>
<td>Less allowance for doubtful accounts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48 a</td>
<td>Pledges receivable</td>
<td>1,868,462</td>
<td>48b</td>
<td>1,299,724</td>
</tr>
<tr>
<td>b</td>
<td>Less allowance for doubtful accounts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Grants receivable</td>
<td></td>
<td></td>
<td>49</td>
</tr>
<tr>
<td>50</td>
<td>Receivables from officers, directors, trustees and key employees</td>
<td></td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>51 a</td>
<td>Other notes and loans receivable</td>
<td>51a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less allowance for doubtful accounts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Inventories for sale or use</td>
<td></td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>53</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
<td></td>
<td>53</td>
</tr>
<tr>
<td>54</td>
<td>Investments - securities Stmt 5</td>
<td>□ Cost</td>
<td>□ FMV</td>
<td>737,571</td>
</tr>
<tr>
<td>55 a</td>
<td>Investments - land buildings and equipment basis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less accumulated depreciation</td>
<td>55b</td>
<td>55c</td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>Investments - other</td>
<td></td>
<td></td>
<td>56</td>
</tr>
<tr>
<td>57 a</td>
<td>Land buildings and equipment basis</td>
<td></td>
<td>57a</td>
<td>4,047</td>
</tr>
<tr>
<td>b</td>
<td>Less accumulated depreciation</td>
<td></td>
<td></td>
<td>57b</td>
</tr>
<tr>
<td>58</td>
<td>Other assets (describe)</td>
<td></td>
<td></td>
<td>58</td>
</tr>
<tr>
<td>59</td>
<td>Total assets (add lines 45 through 58; must equal line 7.5)</td>
<td>4,488,830</td>
<td>59</td>
<td>4,932,478</td>
</tr>
<tr>
<td>60</td>
<td>Accounts payable and accrued expenses</td>
<td>53,620</td>
<td>60</td>
<td>65,874</td>
</tr>
<tr>
<td>61</td>
<td>Grants payable</td>
<td>2,374,669</td>
<td>61</td>
<td>2,979,718</td>
</tr>
<tr>
<td>62</td>
<td>Deferred revenue</td>
<td></td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>Loans from officers, directors, trustees and key employees</td>
<td></td>
<td></td>
<td>63</td>
</tr>
<tr>
<td>64 a</td>
<td>Tax-exempt bond obligations</td>
<td>64a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Mortgages and other notes payable</td>
<td>64b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>Other liabilities (describe)</td>
<td></td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>66</td>
<td>Total liabilities (add lines 60 through 65)</td>
<td>2,428,289</td>
<td>66</td>
<td>3,045,592</td>
</tr>
</tbody>
</table>

**Organizations that follow SFAS 117 check here □ and complete lines 67 through 69 and lines 73 and 74**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>69 and lines 73 and 74</th>
</tr>
</thead>
<tbody>
<tr>
<td>67</td>
<td>Unrestricted</td>
<td>1,624,896</td>
</tr>
<tr>
<td>68</td>
<td>Temporarily restricted</td>
<td>435,645</td>
</tr>
<tr>
<td>69</td>
<td>Permanently restricted</td>
<td></td>
</tr>
</tbody>
</table>

**Organizations that do not follow SFAS 117, check here □ and complete lines 70 through 74**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>70 through 74</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>Capital stock trust principal or current funds</td>
<td>70</td>
</tr>
<tr>
<td>71</td>
<td>Paid-in capital surplus, or land building and equipment fund</td>
<td>71</td>
</tr>
<tr>
<td>72</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>72</td>
</tr>
<tr>
<td>73</td>
<td>Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 column (A) must equal line 19 and column (B) must equal line 21)</td>
<td>2,060,541</td>
</tr>
<tr>
<td>74</td>
<td>Total liabilities and net assets, or fund balances (add lines 66 and 73)</td>
<td>4,488,830</td>
</tr>
</tbody>
</table>

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

- **a.** Total revenue gains and other support per audited financial statements
  - **b.** Amounts included on line a but not on line 12 Form 990
  - **1.** Net unrealized gains on investments $________
  - **2.** Donated services and use of facilities $________
  - **3.** Recoveries of prior year grants $________
  - **4.** Other (specify) $________

**Add amounts on lines (1) through (4) ▶ b**

- **c.** Line a minus line b ▶ c
- **d.** Amounts included on line 12 Form 990 but not on line a
  - **1.** Investment expenses not included on line 17 Form 990 $________
  - **2.** Other (specify) $________

**Add amounts on lines (1) and (2) ▶ d**

- **e.** Total revenue per line 12 Form 990 (line c plus line d) ▶ e

### Part IV-B | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

- **a.** Total expenses and losses per audited financial statements
  - **b.** Amounts included on line a but not on line 17 Form 990
  - **1.** Donated services and use of facilities $________
  - **2.** Prior year adjustments reported on Form 990 $________
  - **3.** Losses reported on line 20 Form 990 $________
  - **4.** Other (specify) $________

**Add amounts on lines (1) through (4) ▶ b**

- **c.** Line a minus line b ▶ c
- **d.** Amounts included on line 17 Form 990 but not on line a
  - **1.** Investment expenses not included on line 18 Form 990 $________
  - **2.** Other (specify) $________

**Add amounts on lines (1) and (2) ▶ d**

- **e.** Total expenses per line 17 Form 990 (line c plus line d) ▶ e

### Part V | List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

- **Judy Mc Ardle**
  - **Executive Director**
  - 27 N. Cornell
  - Villa Park, IL 60181
  - See List Attached
  - **As Required**
  - **40**
  - **61,250**
  - **7,141**
  - **0**

---

75. Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations of which more than $10,000 was provided by the related organizations? If Yes, attach schedule ▶ **Yes [X] No**

**Form 990 (2000)**
<table>
<thead>
<tr>
<th>Part VI</th>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>Did the organization engage in any activity not previously reported to the IRS?</td>
</tr>
<tr>
<td>77</td>
<td>Were any changes made in the governing or governing documents but not reported to the IRS?</td>
</tr>
<tr>
<td>78</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?</td>
</tr>
<tr>
<td>79</td>
<td>Was there a liquidation, dissolution, termination, or substantial contraction during the year?</td>
</tr>
<tr>
<td>80</td>
<td>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?</td>
</tr>
<tr>
<td>81</td>
<td>Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81:</td>
</tr>
<tr>
<td>82</td>
<td>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?</td>
</tr>
<tr>
<td>83</td>
<td>Did the organization comply with the public inspection requirements of the act and exemption applications?</td>
</tr>
<tr>
<td>84</td>
<td>Did the organization solicit any contributions or gifts that were not tax-deductible?</td>
</tr>
<tr>
<td>85</td>
<td>501(c)(4), (5), or (16) organizations:</td>
</tr>
<tr>
<td>86</td>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
</tr>
<tr>
<td>88</td>
<td>At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity described as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3, or did it 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?</td>
</tr>
<tr>
<td>90</td>
<td>List the states with which a copy of this return was filed:</td>
</tr>
</tbody>
</table>

**Gastro Intestinal Research Foundation Inc.**

**Location:** 70 E. Lake St., Chicago, Illinois

**Telephone:** 312-332-1350

**Federal Tax ID:** 60601

**Form 990 (2000)**

**Date:** 12/12/00

**Year:** 2000.070000

**GIRF:** 1
### Part VII | Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated:

<table>
<thead>
<tr>
<th>(A) Business code</th>
<th>(B) Amount</th>
<th>(C) crashed code</th>
<th>(D) Amount</th>
<th>(E) Related or exempt function income</th>
</tr>
</thead>
<tbody>
<tr>
<td>93 Program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>94 Membership dues and assessments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95 Interest on savings and temporary cash investments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>96 Dividends and interest from securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97 Net rental income (loss) from real estate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Debt-financed property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Not debt-financed property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>98 Net rental income (loss) from personal property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99 Other investment income</td>
<td></td>
<td></td>
<td></td>
<td>96,580.</td>
</tr>
<tr>
<td>100 Gain (loss) from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
<td>370,003.</td>
</tr>
<tr>
<td>101 Net income (loss) from special events</td>
<td></td>
<td></td>
<td></td>
<td>466,583.</td>
</tr>
<tr>
<td>102 Gross profit (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>103 Other income</td>
<td></td>
<td></td>
<td></td>
<td>466,583.</td>
</tr>
</tbody>
</table>

**Note:** Line 105 plus line 101 Part II should equal the amount of line 12 Part II.

### Part VIII | Relationship of Activities to the Accomplishment of Exempt Purposes

**Line No.**

Explain how each activity for which income is reported in column (E) of Part VII contributes importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

**95 Interest From Investments**

### Part IX | Information Regarding Taxable Subsidiaries and Disregarded Entities

<table>
<thead>
<tr>
<th>(A) Name address and EIN of corporation, partnership or disregarded entity</th>
<th>(B) Percentage of ownership interest</th>
<th>(C) Nature of activities</th>
<th>(D) Total income</th>
<th>(E) End-of-year assets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part X | Information Regarding Transfers Associated with Personal Benefit Contracts**

(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), the Form 9970 and Form 4720 (see instructions).

**Date:** 12/17/01

**Type or print name and title:**

**(Signature):**

**Check if requires SSN or EIN:**

**Date:**

**Check if:**
**Organization Exempt Under Section 501(c)(3)**

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

Supplementary Information

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

### Part I  Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one if there are none, enter None.)

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $50,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Part II  Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter None.)

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $50,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of others receiving over $50,000 for professional services: 0

Schedule A (Form 990 or 990-EZ) 2000

LHA  For Paperwork Reduction Act Notice see page 1 of the Instructions for Form 990 and Form 990-EZ

15571205 783114 Gif 2000.07000 Gastro Intestinal Research GIRF_1
Part III  Statements About Activities

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? Yes  No  1  X

If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities $ ________________

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

2  During the year has the organization, either directly or indirectly engaged in any of the following acts with any of its 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?

a  Sale, exchange, or leasing of property? Yes  No  2a  X

b  Lending of money or other extension of credit? Yes  No  2b  X

c  Furnishing of goods, services, or facilities? Yes  No  2c  X

d  Payment of compensation (or payment or reimbursement of expenses in excess of $1,000)? Yes  No  2d  X

e  Transfer of any part of its income or assets? Yes  No  2e  X

If the answer to any question is "Yes," attach a detailed statement explaining the transaction(s).

3  Does the organization make grants for scholarships, fellowships, student loans, etc.? Yes  No  3  X

4a  Do you have a section 403(b) annuity plan for your employees? Yes  No  4a  X

b  Attach a statement explaining how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) See Statement 7

Part IV  Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

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

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

6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)

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

8  A Federal or state or local government or governmental unit. Section 170(b)(1)(A)(iv)

9  X  A research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(v) Enter the hospital's name, city, and state: Billings Hospital, University of Chicago, Chicago, IL

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

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

11b  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 functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

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

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

<table>
<thead>
<tr>
<th>(a) Name(s) of supported organization(s)</th>
<th>(b) Line number from above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14  X  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)
<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 1999</th>
<th>(b) 1998</th>
<th>(c) 1997</th>
<th>(d) 1996</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Gifts, grants and contributions received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Do not include unusual grants. See line 26.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Membership fees received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Net income from unrelated business activities not included in line 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Tax revenues, interest for the organization's benefit and other paid to or not expressed as such</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 The value of services or facilities furnished to the organization by a governmental unit without change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not include the value of services or facilities generally furnished to the public without change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Other income (attach a schedule D) not including any from same local area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Total of lines 15 through 22</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>24 Line 23 minus line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Enter 1% of line 23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Organizations described on lines 10 or 11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Enter 4% of amount in column (e) line 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization, whose total gift for 1996 through 1999 exceeds the amount shown in line 26a. Enter the sum of all these excess amounts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26c Total support for section 539(a)(1) test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Add amounts from column (e) for lines 26a and 26c</td>
<td>18</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Public support (line 26c minus line 26d total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Public support percentage (line 26c numerator divided by line 26c denominator)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Organizations described on line 12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. For amounts included in lines 15, 16, and 17 that were received from a &quot;disqualified person&quot;, attach a list (which is not open to public inspection) showing the name of and amount contributed by each person. Enter the sum of such amounts for each year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. For any amount included in line 17 that was received from a &quot;disqualified person&quot;, attach a list to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Add amounts from column (e) for lines 27a</td>
<td>15</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27b Add Line 27a total</td>
<td>20</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Add Line 27a total minus line 27d total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Public support (line 27c numerator divided by line 27d denominator)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27f Total support for section 539(a)(2) test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Public support percentage (line 27c numerator divided by line 27d denominator)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Investment income percentage (line 18, column (e) numerator divided by line 27f denominator)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Unusual grants</td>
<td>For an organization described in line 10, 11 or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)</td>
<td></td>
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<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instruments or in a resolution of its governing body?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>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?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>31 Has the organization published its racially nondiscriminatory policy through newspapers 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?</td>
<td></td>
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<tr>
<td>If Yes, please describe; if No, please explain (If you need more space, attach a separate statement)</td>
<td></td>
<td></td>
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<tr>
<td>32 Does the organization maintain the following:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Records indicating the racial composition of the student body, faculty, and administrative staff?</td>
<td>32a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</td>
<td>32b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</td>
<td>32c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Copies of all material used by the organization or on its behalf to solicit contributions?</td>
<td>32d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you answered No to any of the above, please explain (If you need more space, attach a separate statement)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>33 Does the organization discriminate by race in any way with respect to</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Students' rights or privileges?</td>
<td>33a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Admissions policies?</td>
<td>33b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Employment of faculty or administrative staff?</td>
<td>33c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Scholarships or other financial assistance?</td>
<td>33d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Educational policies?</td>
<td>33e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Use of facilities?</td>
<td>33f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Athletic programs?</td>
<td>33g</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Other extracurricular activities?</td>
<td>33h</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you answered Yes to any of the above, please explain (If you need more space, attach a separate statement)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Does the organization receive any financial aid or assistance from a governmental agency?</td>
<td>34a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Has the organization's right to such aid ever been revoked or suspended?</td>
<td>34b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you answered Yes to either 34a or b, please explain using an attached statement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2000
Part VI-A  Lobbying Expenditures by Electing Public Charities
(To be completed ONLY by an eligible organization that filed Form 5768)

Check here  If the organization belongs to an affiliated group
Check here  If you checked "a" above and "limited control provisions apply"

<table>
<thead>
<tr>
<th>Limits on Lobbying Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>(The term &quot;expenditures&quot; means amounts paid or incurred.)</td>
</tr>
<tr>
<td>(a) Affiliated group totals (b) To be completed for ALL electing organizations</td>
</tr>
<tr>
<td>36  Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
</tr>
<tr>
<td>37  Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
</tr>
<tr>
<td>38  Total lobbying expenditures (add lines 36 and 37)</td>
</tr>
<tr>
<td>39  Other exempt purpose expenditures</td>
</tr>
<tr>
<td>40  Total exempt purpose expenditures (add lines 38 and 39)</td>
</tr>
<tr>
<td>41  Lobbying nontaxable amount: Enter the amount from the following table</td>
</tr>
<tr>
<td>If the amount on line 40 is -</td>
</tr>
<tr>
<td>Not over $500,000</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $2,000,000</td>
</tr>
<tr>
<td>Over $2,000,000</td>
</tr>
<tr>
<td>42  Grassroots nontaxable amount (enter 25% of line 41)</td>
</tr>
<tr>
<td>43  Subtract line 42 from line 36. Enter -3 if line 42 is more than line 36</td>
</tr>
<tr>
<td>44  Subtract line 41 from line 38. Enter -3 if line 41 is more than line 38</td>
</tr>
</tbody>
</table>

Caution: If there is an amount on either line 43 or line 44, you must file Form 1120.

Part VI-B  Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A)

Calendar year (or fiscal year beginning in) | (a) 2000 | (b) 1994 | (c) 1993 | (d) 1Q | (e) Total
---|---|---|---|---|---
45 Lobbying nontaxable amount | | | | | 0
46 Lobbying ceiling amount (150% of line 45) | | | | | 0
47 Total lobbying expenditures | | | | | 0
48 Grassroots nontaxable amount | | | | | 0
49 Grassroots ceiling amount (130% of line 48) | | | | | 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)

N/A

During the year, did the organization 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 not 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  Other 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.

N/A

Schedule A (Form 990 or 990-EZ) 2000

15571205 783114 GIRF 2000.07000 Gastro Intestinal Research GIRF___1
### Part VII: Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sca(i)</td>
<td>X</td>
</tr>
<tr>
<td>a(n)</td>
<td>X</td>
</tr>
</tbody>
</table>

b  Other transactions

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>b(i)</td>
<td>X</td>
</tr>
<tr>
<td>b(ii)</td>
<td>X</td>
</tr>
<tr>
<td>b(vi)</td>
<td>X</td>
</tr>
<tr>
<td>b(vi)</td>
<td>X</td>
</tr>
<tr>
<td>b(vi)</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>X</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>(a) Line no.</th>
<th>(b) Amount involved</th>
<th>(c) Name of noncharitable exempt organization</th>
<th>(d) Description of transfers, transactions, and sharing arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

52  Is the organization directly or indirectly affiliated with or related to one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

b  If ‘Yes’, complete the following schedule:

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) Type of organization</th>
<th>(c) Description of relationship</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

15571205 783114 Girf  12  2000.07000  Gastro Intestinal Research  GIRF__1
General Instructions

Purpose of Form
Schedule B (Form 990 or 990-EZ) is used by organizations, required to file Form 990 Return of Organization Exempt From Income Tax or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax to provide the information regarding their contributors that is required for line 1b of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ) and the Schedule C (Form 990 or 990-EZ).

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of contributors required for Part IV-A of Schedule A (Form 990 or 990-EZ).

Public Inspection
Schedule B (Form 990 or 990-EZ) is:
- Open for public inspection for a section 527 political organization.
- Generally not open to public inspection for other organizations that must file this form.

Contributors Required To Be Listed On Part I
Contributor includes individuals, fiduciaries, partnerships, corporations, associations, trusts and exempt organizations.

General rule: Unless no organization is covered by one of the special rules below, it must list on Part I a new contributor who, during the year, gave the organization a gift or other property having a fair market value of $500 or more.

Section 501(c)(3) organizations: For an organization described in section 501(c)(3) that receives the $500 or more of a contribution from the contributor to the organization, the organization is required to list on Part I of Form 990 the contributor's name and address, the amount contributed, and the type of contribution.

If the amount contributed is $5,000 or more, the organization must also list the name and address of the contributor's attorney and the type of legal services provided.

If a contribution is made to a section 501(c)(3) organization that is not required to file Form 990, the organization must list the name and address of the contributor if the amount contributed is $5,000 or more.

Schedule B is not open to the public for section 501(c)(3) organizations.

Specific Instructions
Note: You may duplicate Parts I, II, and III if more columns are needed. Number each page of each Part.

Part I: In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number conclusively. Show the contributor's name, address, and type of contribution in the section that corresponds to the contributor's name. If a contributor contributes more than $5,000, list the name and address of the contributor's attorney and the type of legal services provided.

Part II: In column (a), show the number that corresponds to the contributor's name. In Part II, list the name and address of the contributor and the amount contributed.

Part III: In column (a), list the number that corresponds to the contributor's name. In Part III, list the name and address of the contributor and the amount contributed.

If a contribution is made to a section 501(c)(3) organization that is not required to file Form 990, the organization must list the name and address of the contributor if the amount contributed is $5,000 or more.

If an amount is set aside for a religious, charitable, etc. purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Schedule B (Form 990 or 990-EZ)
<table>
<thead>
<tr>
<th>No</th>
<th>Name, address and ZIP code</th>
<th>Aggregate contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$100,000</td>
<td>Individual (X)</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$100,000</td>
<td>Individual (X)</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$20,010</td>
<td>Individual (X)</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>Individual</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>Individual</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>Individual</td>
</tr>
<tr>
<td>Asset No.</td>
<td>Description</td>
<td>Date Acquired</td>
<td>Method</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------</td>
<td>---------------</td>
<td>--------</td>
</tr>
<tr>
<td></td>
<td>Machinery &amp; Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Computer Equipment</td>
<td>12/31/96SL</td>
<td>5.00</td>
</tr>
<tr>
<td></td>
<td>* 990 Page 2 Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Machinery &amp; Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Grand Total 990 Page 2 Depr</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(D) - Asset disposed
<table>
<thead>
<tr>
<th>Description of Event</th>
<th>Gross Receipts</th>
<th>Contribut. Included</th>
<th>Gross Revenue</th>
<th>Direct Expenses</th>
<th>Net Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dinner Dance</td>
<td>485,690</td>
<td>38,825</td>
<td>446,865</td>
<td>154,487</td>
<td>292,378</td>
</tr>
<tr>
<td>Fashion Show</td>
<td>103,230</td>
<td>18,600</td>
<td>84,630</td>
<td>32,168</td>
<td>52,462</td>
</tr>
<tr>
<td>Auction</td>
<td>40,075</td>
<td>19,800</td>
<td>20,275</td>
<td>5,550</td>
<td>14,725</td>
</tr>
<tr>
<td>Christmas Cards</td>
<td>33,900</td>
<td>11,260</td>
<td>22,640</td>
<td>12,202</td>
<td>10,438</td>
</tr>
<tr>
<td><strong>To Form 990, Part I, line 9</strong></td>
<td><strong>662,895</strong></td>
<td><strong>88,485</strong></td>
<td><strong>574,410</strong></td>
<td><strong>204,407</strong></td>
<td><strong>370,003</strong></td>
</tr>
<tr>
<td>Description</td>
<td>(A) Total</td>
<td>(B) Program Services</td>
<td>(C) Management and General</td>
<td>(D) Fundraising</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------</td>
<td>----------------------</td>
<td>---------------------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>4,417.</td>
<td></td>
<td>4,417.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seminars</td>
<td>7,417.</td>
<td></td>
<td>7,417.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office &amp; General</td>
<td>18,433.</td>
<td></td>
<td>18,433.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td>622.</td>
<td></td>
<td>622.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Messenger Service</td>
<td>1,460.</td>
<td></td>
<td>1,460.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank Credit Card Fees</td>
<td>3,649.</td>
<td></td>
<td>3,649.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total to Fm 990, ln 43</strong></td>
<td><strong>35,998.</strong></td>
<td></td>
<td><strong>35,998.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Explanation

The Organization Raises Funds For Medical Research At The University Of Chicago, Billings Hospital.
<table>
<thead>
<tr>
<th>Classification</th>
<th>Donee’s Name</th>
<th>Donee’s Address</th>
<th>Donee’s Relationship</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donation</td>
<td>Billings Hospital University Chgo</td>
<td>Chicago, Illinois</td>
<td>None</td>
<td>1593725.</td>
</tr>
</tbody>
</table>

Total Included on Form 990, Part II, line 22

1593725.
<table>
<thead>
<tr>
<th>Description</th>
<th>Corporate Stocks</th>
<th>Corporate Bonds</th>
<th>Other Publicly Traded Securities</th>
<th>Other Securities</th>
<th>Total Non-Gov't Securities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketable Securities</td>
<td>1,222,166.</td>
<td></td>
<td></td>
<td></td>
<td>1,222,166.</td>
</tr>
<tr>
<td>To Fm 990, In 54 Col B</td>
<td>1,222,166.</td>
<td></td>
<td></td>
<td></td>
<td>1,222,166.</td>
</tr>
<tr>
<td>Description</td>
<td>Cost or Other Basis</td>
<td>Accumulated Depreciation</td>
<td>Book Value</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------</td>
<td>---------------------------</td>
<td>------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Equipment</td>
<td>4,047.</td>
<td>4,047.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total to Form 990, Part IV, ln 57</td>
<td>4,047.</td>
<td>4,047.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Foundation Donates Only To 501C(3) Organizations.
October 2001

GASTRO-INTESTINAL RESEARCH FOUNDATION
BOARD OF DIRECTORS

BUSINESS

Amidur, Barbara (Steven)

RESIDENCE

905 Auburn
Highland Park IL 60035
847/681-4153

Binder Martin R (Marjorie)
Abbot Interfast Corporation
190 Abbott Drive
Wheeling IL 60090
847/459-0410 (ext 2200)
FAX 847/459-6815

1555 North Astor St 18W
Chicago IL 60610
312/337-5211
FAX 312/337-8898

Borden Ronald J (Barbara)
Ronald J Borden & Co, Ltd
212 North Wolf Road
Wheeling IL 60090
847/529-3890 (Ext 125)
FAX 847/520-8217

140 Dell Lane
Highland Park IL 60035

Brodsky, Irvin M (Charlottte)
Store Enterprises, Inc
925 N Milwaukee #30A
Wheeling IL 60090
847/541-8249
FAX same as phone

WINTER ADDRESS
4301 North Ocean Blvd
Boca Raton FL 33431
Phone & Fax 561/411-1725

SUMMER ADDRESS
1771 W Mission Hills Road #515
Northbrook IL 60062
847/498-1919

Brown, Earl C (Gloria)

1501 N State Parkway, #9A
Chicago IL 60610
312/337-3853

Carter, Alisa Binder (Wilham)

306 Alexis Court
Glenview IL 60025
847/998-8881
Chang, Eugene B  M D  (Susan)
The University of Chicago
Department of Medicine
5841 S Maryland, MC 6084
Chicago IL 60637-1470
773/702-6458
FAX 773/702-2284
16W683 96th Street
Hinsdale IL 60521
630/655-1457

Cogan Michael P  (Deborah)
Cogan & McNabola, P C
55 W Wacker Dr - 9th Fl
Chicago II 60691
312/629-2900
FAX 312/629-2916
675 Sycamore
Glencoe IL 60022

Cohen, Joel I  (Norma)
Email 1c2344@aol.com

WINTER ADDRESS
7829 Montecito Pl
DelRay Beach FL 33446
561/498-1677  FAX 561/498-8505

SUMMER ADDRESS
1440 N State Pkwy #17C
Chicago IL 60610
312/649-1064  FAX 312/649-1144

Coleman, Thomas D  (Jane)
Coleman Floor Co
7100 Tollview Drive
Rolling Meadows IL 60008
847/259-6100
FAX 847/259-9283
312 Regent Wood Road
Northfield IL 60093
847/441-6248

Cummings, Thomas N  (Berry)

Davidson, Steven R  (Carol)
Sonnenschein Nath & Rosenthal
8000 Sears Tower
Chicago IL 60606
312/876-8238
FAX 312/876-7934
Email sdavidson@sonnenschein.com
1555 N Astor #23W
Chicago IL 60610
312/943-1442
FAX 312/440-1014
1169 Plymouth Court #310
Chicago IL 60605
312/461-9607
de Souza, Mark
Midwest Pacific Consultants, Inc
30 S Wacker Drive #1720
Chicago IL 60606
312/648-5356
FAX 312/648-5366
2249 N Oakley
Chicago IL 60647

Diamond Paul (Robbie)
Wildman, Haarold Allen & Dixon
225 W Wacker, #3000
Chicago IL 60606
312/201-2000
FAX 312/201-2555
Email diamond@wildmanhaarold.com

Edelstein Marian (Mrs. Arthur)
156 East Pearson, #801
Chicago IL 60611
312/787-2029

Evans David (Joan)
Glencoe Capital
190 S LaSalle #230
Chicago IL 60603
312/795-5300
911 Elmwood
Wilmette IL 60091

Fisblein, Robert S (Betty)
Frenchman's Creek
13821 Le Havre Drive
Palm Beach Gardens, FL 33410
561/627-4105

Fisher, Kenneth H (Tran)
Fisher & Fisher
120 N LaSalle Ste 2520
Chicago IL 60602
312/372-4784
FAX 312/372-4398
1440 N State Parkway, #21C
Chicago IL 60610
312/649-0488

Frankel, Norman Ph D (Shila)
Scientific Industrial Supply Co
9405 West River Street
Schiller Park, IL 60176-1075
847/671-3004-3005
847/671-5908
FAX 847/671-5908
615 Buena Road
Lake Forest IL 60045
847/433-0394

Gidwitz, Gerald S (Jane)
325 N Wells
Chicago IL 60610
312/661-7229
FAX 312/836-0125
209 East Lake Shore Drive
Chicago 60611
312/787-3612
Glick, Lawrence E (Nancy)
Chuhak & Tecson PC
225 W Washington, #1300
Chicago IL 60606
312/444-9300 FAX 312/444-9027
1540 N Lake Shore drive
Chicago IL 60610
312/337-7455

Goldblatt, Bernice (Mrs Maurice)
1040 N Lake Shore Drive, #30C
Chicago IL 60611
312/944-3645

Gordon, Burton L (Elaine)
1431 N Astor
Chicago IL 60610
312/664-0927

Grammer, Susan F (Gavr)
PO Box 111
#2 Terminal Drive, Ste 17B
St Louis Regional Airport
Benthalo IL 62011
618/259-2113
FAX 618/259-2111 Email sfgrammer@aol.com

Grav, Melvin (Sue)
Gravcor, Inc
One Gravcor Drive
Homewood IL 60430
708/206-3610
FAX 708/206-0505

Grill, Howard (Rebecca)
Rootberg Business Services Inc
One South Wacker, #1800
Chicago IL 60606-4630
312/602-6804
FAX 312/602-6950
Email hgrill@chicagomail.com

Hanauer, Stephen B, M D (Jayne)
The University of Chicago
Department of Medicine
5841 S Maryland, MC 4076
Chicago IL 60637-1470
773/702-1466
FAX 773/702-1466
Email shanauer@medicinebsd.uchicago.edu
Heller, Joseph B (Pat)  5411 N Paseo Muzamitla Road
           Tucson AZ 85718
           520/294-8188

Jacobs, Clayton D (Kerry Ann)  19 Meadowwood Lane
           JB Partners, LLC Northfield IL 60063
           320 W Ohio St, #610  847/729-0122 & 847/729-0156
           Chicago IL 60610
           312/337-5149
           FAX 312/337-5130

Katz, Barry (Roberta)  2807 Lexington Lane
           Omnibus Real Estate, Inc Highland Park IL 60035
           2070 Maria Avenue #229
           Northbrook IL 60062
           847/290-0054
           FAX 847/480-9722

Katz, Harriet (Mrs Ethel)  Admitial's Cove
           110 Quayside
           Jupiter FL 33477
           561/748-0200
           FAX 561/748-0201

Kaufmann, Ralph (DeeDee)  3160 Summit Avenue
           Ralph Kaufmann & Associates Ltd Highland Park IL 60035
           3150 Summit Avenue
           Highland Park IL 60035
           847/433-0415
           FAX 847-433-0420

Kirsner, Joseph B, M D  5805 S Dorchester
           The University of Chicago Chicago IL 60637-1730
           Department of Medicine 773/702-6101
           5841 S Maryland, MC 2100
           773/702-4028

Krasny, Michael P (Janet)  41 Deere Park South
           Custom Woodworking Design Highland Park IL 60035
           812 Skokie Blvd
           Northbrook IL 60062
           847/498-1133
           FAX 847/498-1177
Poden, Robert D (Roseann)

**WINTER ADDRESS**
632 Village Road
North Palm Beach FL 33408-3330
561/694-6840

**SUMMER ADDRESS**
3230 Wild Dunes Path
Stevensville MI 49127
616/428-0870

Pogotsky, Larry A (Lynda)
USA Trading
141 W Jackson Blvd #1650
Chicago IL 60604
312/435-2800

**ALL MAIL TO HOME**

@ Roger Williams
Highland Park IL 60035
847/433-0394

Poncher, Diane (Mrs Jerry E)

3755 Peacock Circle
Rancho Mirage CA 92270
760/328-7022

Port, Sidney L
Lawson Products Inc
1600 East Touhy
Des Plaines IL 60018
847/827-9666
FAX 847/827-0892

Reuben Don H (Jeanette)

Casa Gabinetto
20 Jill Terrace
Rancho Mirage CA 92270

Ring, Howard N (Linda)
Susquehanna Invest Group
175 W Jackson, #1700
Chicago IL 60604
312/435-4188
FAX 312/362-0432 Email: ring@interaccess.com

Rosenthal, Albert Jay (Roddie)

1110 N Lake Shore Drive #32N
Chicago IL 60611
312/787-2606 & 312/787-2625
FAX 312/787-3317
Ross, Theodore S  (Mary Pat)
USI Midwest
100 S Wacker – 16th Floor
Chicago IL 60606
312/442-7200
FAX 312/442-7300

Rothschild, Robert S  (Judith)

1240 N Lake Shore Drive #16B
Chicago IL 60610
312/649-6804
FAX same as phone – call first

Rubin, David A  (Mindy)
Morgan Stanley Dean Witter
550 Dundee Rd, #180
Northbrook IL 60062
847/509-3595
FAX 847/509-0297

Sandler Martin N  (Lucie)

730 Grove Street
Glencoe IL 60022

Shaw, Robert G  (Christine)
International Jensen, Inc.
100 N Field Drive, #150
Lake Forest IL 60045
847/295-3777
FAX 847/295-7512

Sikolnik, Sanford (Judith)
Encore Investments LLC
101 W Grand Avenue #200
Chicago IL 60610
312/527-5334
FAX 312/527-5176

Singer, Gary
McKinsey & Co. Inc
55 East 52nd Street
New York NY 10055-0183
212/446-8818
FAX 212/891-3252
Email gary_singer@mckinsey.com

6500 N Kolmar
Lincolnwood IL 60712
847/679-5784
FAX 847/679-5780

503 W Wellington
Chicago IL 60657
773/248-3278

760 Smith Ridge Road
New Canaan CT 06840-3227
203/966-0360
FAX 203/966-0373
Email garysinger@yahoo.com
Smirnoff, Donald A (Jane)
Salomon Smith Barney
3 First National Plaza #5100
Chicago IL 60602-4205
312/419-3324
FAX 312/419-3515

Stone, Alan
645 N Michigan #800
Chicago IL 60611
312/981-5016
FAX 312/751-0313
Email stonealan@msn.com

Stone, Ida (Mrs. Norman)

Taxman, Seymour (Nanci)
The Taxman Corp
931 E 136th Place
Skokie IL 60077
847/674-4321
FAX 847/674-0230

Tegothoff, Jon (Mary Ann)

Valenti, Joseph E Jr (Marcie)
Valenti Builders, Inc
225 Northfield Road
Northfield IL 60093
847/446-2260
FAX 847/446-8255

Warshauer, Stanley (Janet)
705 Thackeray Drive
Highland Park IL 60035
847/432-7994
FAX 847/432-0832

Wolfson, Harriet (Mrs Howard)

1306 Hawthorne Lane
Hinsdale IL 60521

233 East Walton Place
Chicago IL 60611
312/649-5727

1550 N Lake Shore Drive
Chicago IL 60610
312/443-5678

5 Colton Lane
Winnetka IL 60093
847/784-0723

857 Glenbard Road
Glenn Ellyn IL 60437
630-790-3655
FAX 630/790-9122

6625 N Lightfoot
Chicago IL 60649
773/763-2326

1040 N Lake Shore Drive
Chicago IL 60611
312/787-9867
Zunamon, Simon H  (Diane)
Zunamon & Co Ltd
200 W Madison, #3800
Chicago IL 60606
312/750-8400
FAX 312/750-8545

EXECUTIVE DIRECTOR
Judith C McArdle
70 East Lake Street #1015
Chicago IL 60601-5907
312/332-1350
FAX 312/332-4757
Email guf@wwwa.com

4545 W Touhy #602
Lincnwood IL 60712
847/674-2177
FAX 847/674-2178
Form 8868
(December 2000)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

• 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
Name of Exempt Organization
Gastro Intestinal Research Foundation Inc.

Employer Identification number
36-6108156

pnt

Filer by the
due date for
filing your
return. See
instructions
Number street and room or suite no. If a P O box see instructions
70 E. Lake Street, No. 1015

City, town or post office, state, and ZIP code. For a foreign address, see instructions
Chicago, IL 60601

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

[X] Form 990
☐ Form 990 T (corporation)
☐ Form 990 T (sec 401(a) or 408(a) trust)
☐ Form 1041 A
☐ Form 1041

☐ Form 990 BL
☐ Form 990 T (trust other than above)
☐ Form 990 EZ

☐ Form 4720
☐ Form 5227
☐ Form 6069
☐ 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 entire group, check this box ▶

☐ If it is for part of the group, check this box ▶

☐ If it is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN). If this is for the entire group, check this box ▶

☐ If it is for part of the group, check this box ▶

1 I request an automatic 3-month extension of time until February 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization’s return for

☐ calendar year 2001

☐ tax year beginning JUL 1, 2000, and ending JUN 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

☐ 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.

☐ 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

☐ 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.

3b Enter your payment with this form or if required deposit with FTD coupon or if required, by using EFTPS. See instructions

☐ Balance Due Subtract line 3a from line 3b. Include your payment with this form or if required deposit with FTD coupon or if required, by using EFTPS. See instructions

☐ Balance Due Subtract line 3a from line 3b. Include your payment with this form or if required deposit with FTD coupon or if required, by using EFTPS. See instructions

$ N/A

Signature and Verification

Under penalties of perjury, I certify 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 ▶

Title ▶ CPA

Date ▶

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)