Return of Organization Exempt From Income Tax

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

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

For the 2004 calendar year, or tax year beginning JUL 1, 2004 and ending JUN 30, 2005

C Name of organization
Gastro Intestinal Research Foundation Inc.

0 Employer identification number
36-6108156

Number and street (or P.O. box if mail is not delivered to street address)
70 E. Lake Street

Room/suite
1015

City or town, state or country, and ZIP + 4
Chicago, IL 60601

E Telephone number
(312) 332-1350

F Accounting method Cash X Accrual

G Website Girf@earthlink.net

H and I are not applicable to section 527 organizations.

J Organization type (check only) X 501(c)(3)

K Check here X if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 X 1,264,487.

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

1 Contributions, gifts, grants, and similar amounts received
   a Direct public support
   b Indirect public support
   c Government contributions (grants)
   d Total (add lines 1a through 1c) (cash $ 390,986. noncash $ )

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
   a Gross rents
   b Less rental expenses
   c Net rental income or (loss) (subtract line 6b from line 6a)

7 Other investment income (describe )

8 a Gross amount from sales of assets other than inventory
   b Less cost or other basis and sales expenses
   c Gain or (loss) (attach schedule)
   d Net gain or (loss) from line 8c, columns (A) and (B)

9a Other income and activities (attach schedule), if any amount is from gaming, check here X

9b Other income and activities (attach schedule), if any amount is from gaming, check here X

10a Other revenue (attach schedule, from Part VII, line 103)

10b Other revenue (attach schedule, from Part VII, line 103)

11 Other revenue (from line 11, column (B))

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

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 45, 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 (beginning of year and add lines 18, 19, and 20)
### Part II Statement of Functional Expenses

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

<table>
<thead>
<tr>
<th>Item</th>
<th>(A) Total</th>
<th>(B) Program services</th>
<th>(C) Management and general</th>
<th>(D) Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Grants and allocations (attach schedule)</td>
<td>832,919.</td>
<td>832,919.</td>
<td>Statement 4</td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>832,919.</td>
<td>832,919.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Specific assistance to individuals (attach schedule)</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Benefits paid to or for members (attach schedule)</td>
<td>80,870.</td>
<td>0.</td>
<td>80,870.</td>
<td></td>
</tr>
<tr>
<td>25. Compensation of officers, directors, etc.</td>
<td>53,910.</td>
<td>0.</td>
<td>53,910.</td>
<td></td>
</tr>
<tr>
<td>26. Other salaries and wages</td>
<td>18,286.</td>
<td>0.</td>
<td>18,286.</td>
<td></td>
</tr>
<tr>
<td>27. Pension plan contributions</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Other employee benefits</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Payroll taxes</td>
<td>12,597.</td>
<td>0.</td>
<td>12,597.</td>
<td></td>
</tr>
<tr>
<td>30. Professional fundraising fees</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Accounting fees</td>
<td>6,400.</td>
<td>0.</td>
<td>6,400.</td>
<td></td>
</tr>
<tr>
<td>32. Legal fees</td>
<td>38.</td>
<td>38.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Supplies</td>
<td>1,722.</td>
<td>0.</td>
<td>1,722.</td>
<td></td>
</tr>
<tr>
<td>34. Telephone</td>
<td>3,518.</td>
<td>0.</td>
<td>3,518.</td>
<td></td>
</tr>
<tr>
<td>35. Postage and shipping</td>
<td>5,021.</td>
<td>0.</td>
<td>5,021.</td>
<td></td>
</tr>
<tr>
<td>36. Occupancy</td>
<td>19,553.</td>
<td>0.</td>
<td>19,553.</td>
<td></td>
</tr>
<tr>
<td>37. Equipment rental and maintenance</td>
<td>3,197.</td>
<td>0.</td>
<td>3,197.</td>
<td></td>
</tr>
<tr>
<td>38. Printing and publications</td>
<td>37,679.</td>
<td>0.</td>
<td>37,679.</td>
<td></td>
</tr>
<tr>
<td>39. Travel</td>
<td>50.</td>
<td>0.</td>
<td>50.</td>
<td></td>
</tr>
<tr>
<td>40. Conferences, conventions, and meetings</td>
<td>21,499.</td>
<td>0.</td>
<td>21,499.</td>
<td></td>
</tr>
<tr>
<td>41. Interest</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. Depreciation, depletion, etc. (attach schedule)</td>
<td>1,204.</td>
<td>0.</td>
<td>1,204.</td>
<td></td>
</tr>
<tr>
<td>43. Other expenses not covered above (itemize):</td>
<td>49,284.</td>
<td>0.</td>
<td>49,284.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>See Statement 2</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44. Total functional expenses (add lines 22 through 43): Organizational expenditures (A), (B), (C), and (D) only if these lines total 13 15 total functional expenses and joint costs (see statement 2)</td>
<td>1,147,747.</td>
<td>832,919.</td>
<td>314,828.</td>
<td></td>
</tr>
<tr>
<td>Joint Costs</td>
<td>Check □ if you are following SOP 98-2</td>
<td>Yes ☒ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? □ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ (ii) the amount allocated to Program services $ (iii) the amount allocated to Management and general $ and (iv) the amount allocated to Fundraising $.

### Part III Statement of Program Service Accomplishments

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

#### Program Service Expenses (should equal line 44, column (B), Program services)

- a Donations to Billings Hospital University of Chicago
  - Grants and allocations $ 832,919

- b

- c

- d

- e Other program services (attach schedule)
  - Grants and allocations $ 832,919

**Total of Program Service Expenses**: 832,919
### 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>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Cash - non-interest-bearing</td>
<td>338,870</td>
</tr>
<tr>
<td>46</td>
<td>Savings and temporary cash investments</td>
<td>2,331,747</td>
</tr>
</tbody>
</table>

47 a Accounts receivable | 279,333 |

b Less allowance for doubtful accounts | 122,267 | 47c | 279,333 |

48 a Pledges receivable | 318,689 |

b Less allowance for doubtful accounts | 451,812 | 48c | 318,689 |

49 Grants receivable | 49 |

50 Receivables from officers, directors, trustees, and key employees | 50 |

51 a Other notes and loans receivable | 51a |

b Less allowance for doubtful accounts | 51c |

52 Inventories for sale or use | 52 |

53 Prepaid expenses and deferred charges | 53 |

54 Investments - securities |

<table>
<thead>
<tr>
<th>Stmt 5</th>
<th>Cost</th>
<th>FMV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>604,321</td>
<td>680,338</td>
</tr>
</tbody>
</table>

55 a Investments - land, buildings, and equipment basic | 55a |

b Less accumulated depreciation | 55c |

56 Investments - other | 56 |

57 a Land, buildings, and equipment basic | 9,242 |

b Less accumulated depreciation |

| Stmt 6 | 3,895 | 2,734 | 5,347 |

58 Other assets (describe) | 58 |

59 Total assets (add lines 45 through 58) | 3,851,751 | 59 | 3,760,627 |

60 Accounts payable and accrued expenses | 65,928 | 60 | 161,807 |

61 Grants payable | 1,848,395 | 61 | 1,596,202 |

62 Deferred revenue | 62 |

63 Notes from officers, directors, trustees, and key employees | 63 |

64 a Tax-exempt bond liabilities | 64a |

b Mortgages and other notes payable | 64b |

65 Other liabilities (describe) | 65 |

66 Total liabilities (add lines 60 through 65) | 1,914,323 | 66 | 1,758,009 |

Organizations that follow SFAS 117, check here | X | and complete lines 67 through 70 and lines 73 and 74

| Unrestricted | 1,635,447 | 67 | 1,522,317 |

| Temporarily restricted | 301,981 | 68 | 480,301 |

| Permanently restricted | 69 |

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

| Capital stock, trust principal, or current funds | 70 |

| Paid-in or capital surplus, or land, building, and equipment fund | 71 |

| Retained earnings, endowment, accumulated income, or other funds | 72 |

| Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) | 1,937,428 | 73 | 2,002,618 |

| Total liabilities and net assets / fund balances (add lines 66 and 73) | 3,851,751 | 74 | 3,760,627 |

---

*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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>N/A</td>
</tr>
<tr>
<td>b</td>
<td>Amounts included on line a but not on line 12, Form 990</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>(1) Net unrealized gains on investments</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>(2) Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>(3) Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>(4) Other (specify)</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Add amounts on lines (1) through (4)</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Line a minus line b</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Amounts included on line 12, Form 990 but not on line a</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>(1) Investment expenses not included on line 17, Form 990</td>
<td></td>
</tr>
<tr>
<td>k</td>
<td>(2) Other (specify):</td>
<td></td>
</tr>
<tr>
<td>l</td>
<td>Add amounts on lines (1) and (2)</td>
<td></td>
</tr>
<tr>
<td>m</td>
<td>Total revenue per line 12, Form 990</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Total expenses and losses per audited financial statements</td>
<td>N/A</td>
</tr>
<tr>
<td>b</td>
<td>Amounts included on line a but not on line 17, Form 990</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>(1) Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>(2) Prior year adjustments reported on line 20, Form 990</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>(3) Losses reported on line 20, Form 990</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>(4) Other (specify):</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Add amounts on lines (1) through (4)</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Line a minus line b</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Amounts included on line 17, Form 990 but not on line a</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>(1) Investment expenses not included on line 6b, Form 990</td>
<td></td>
</tr>
<tr>
<td>k</td>
<td>(2) Other (specify):</td>
<td></td>
</tr>
<tr>
<td>l</td>
<td>Add amounts on lines (1) and (2)</td>
<td></td>
</tr>
<tr>
<td>m</td>
<td>Total expenses per line 17, Form 990</td>
<td></td>
</tr>
</tbody>
</table>

### Part V  List of Officers, Directors, Trustees, and Key Employees

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Title</th>
<th>Hours per week</th>
<th>Compensation</th>
<th>Benefits</th>
<th>Other Allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judy McCardle</td>
<td>1001 Crescent Blvd, Glen Ellyn IL 60181</td>
<td>Executive Director</td>
<td>40</td>
<td>75</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>See List Attached</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
- 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**
- **No**

**Form 990 (2004)**

---

11210927  783114 Girf  2004.06000  Gastro Intestinal Research  GIRF__1
<table>
<thead>
<tr>
<th>Part VI</th>
<th>Other Information</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>Did the organization engage in any activity not previously reported to the IRS? If &quot;Yes,&quot; attach a detailed description of each activity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>Were any changes made in the organizing or governing documents but not reported to the IRS?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>78a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>78b</td>
<td>If &quot;Yes,&quot; has it filed a tax return on Form 990-T for this year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>79</td>
<td>Was there a liquidation, dissolution, termination, or substantial contraction during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>80a</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>
<td>X</td>
<td></td>
</tr>
<tr>
<td>81a</td>
<td>Enter direct or indirect political expenditures. See line 81 instructions and check whether it is:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>81b</td>
<td>Did the organization file Form 1120-POL for this year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>82a</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>
<td>X</td>
<td></td>
</tr>
<tr>
<td>82b</td>
<td>If &quot;Yes,&quot; you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>83a</td>
<td>Did the organization comply with the public inspection requirements for returns and exemption applications?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>83b</td>
<td>Did the organization comply with the disclosure requirements relating to quid pro quo contributions?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>84a</td>
<td>Did the organization solicit any contributions or gifts that were not tax deductible?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>84b</td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>85a</td>
<td>501(c)(4), (5), or (6) organizations: Were substantially all dues nondeductible by members?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>85b</td>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>85c</td>
<td>Dues, assessments, and similar amounts from members.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>85d</td>
<td>Section 162(e) lobbying and political expenditures.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>85e</td>
<td>Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>85f</td>
<td>Taxable amount of lobbying and political expenditures (line 85d less 85e).</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>85g</td>
<td>Does the organization elect to pay the section 6033(e) tax on the amount on line 85d?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>85h</td>
<td>If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following year?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>86</td>
<td>501(c)(7) organizations: Enter. Initiation fees and capital contributions included on line 12.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>87</td>
<td>501(c)(12) organizations: Enter. Gross income from members or shareholders.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>89a</td>
<td>501(c)(3) organizations: Enter. Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955, or section 4955.</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>89b</td>
<td>Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>90a</td>
<td>List the states with which a copy of this return is filed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90b</td>
<td>Number of employees employed in the pay period that includes March 12, 2004.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>91</td>
<td>The books are in care of.</td>
<td>Margaret Dowling</td>
<td>Telephone no.</td>
</tr>
<tr>
<td></td>
<td>Located at.</td>
<td>70 E. Lake St., Chicago, Illinois</td>
<td>ZIP + 4</td>
</tr>
<tr>
<td>92</td>
<td>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041: Check here and enter the amount of tax-exempt interest received or accrued during the tax year.</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2004)
### Part VII  Analysis of Income-Producing Activities

#### Note: Enter gross amounts unless otherwise indicated.

<table>
<thead>
<tr>
<th>(A) Business code</th>
<th>(B) Amount</th>
<th>(C) Exclusion code</th>
<th>(D) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>93 Program service revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>94 Medicare/Medicaid payments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95 Interest on savings and temporary cash investments</td>
<td>$46,404.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96 Dividends and interest from securities</td>
<td>$76,016.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97 Net rental income or (loss) from real estate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a debt-financed property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b not debt-financed property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>98 Net rental income or (loss) from personal property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99 Other investment income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 Gain or (loss) from sales of assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other than inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>101 Net income or (loss) from special events</td>
<td>$699,531</td>
<td></td>
<td></td>
</tr>
<tr>
<td>102 Gross profit or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>103 Other revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>104 Subtotal (add columns (B), (D), and (E))</td>
<td>$122,420</td>
<td>0</td>
<td>$699,531</td>
</tr>
<tr>
<td>105 Total (add line 104, columns (B), (D), and (E))</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

95 Interest From Investments

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

#### Name, address, and EIN of corporation, partnership, or disregarded entity | Percentage of ownership interest | Nature of activities | Total income | End-of-year assets

<table>
<thead>
<tr>
<th>Name, address, and EIN of corporation, partnership, or disregarded entity</th>
<th>Percentage of ownership interest</th>
<th>Nature of activities</th>
<th>Total income</th>
<th>End-of-year assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</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), file Form 8870 and Form 4720 (see instructions)

I declare under penalties of perjury, that I have examined this return, including accompanying schedules and statements; and to the best of my knowledge and belief, it is true and correct in every particular.

[Signature] 9-28-05  
Jenelle J. Wright, Executive Director

Date: 9/28/05  
Check if self-preparer □ Yes □ No  
Preparer's SSN or PTIN
**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information** (See separate instructions.)

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

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

(See page 1 of the instructions. List each one if there are none, enter "None.")

<table>
<thead>
<tr>
<th>Name and address of each employee paid more than $50,000</th>
<th>Title and average hours per week devoted to position</th>
<th>Compensation</th>
<th>Contributions to employees benefit plans &amp; deferred compensation</th>
<th>Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margaret Dowling 5301 S. Moody Chicago, IL 60638</td>
<td>Admin</td>
<td>40</td>
<td>53,924.</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 page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

<table>
<thead>
<tr>
<th>Name and address of each independent contractor paid more than $50,000</th>
<th>Type of service</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

---

11210927 783114 Girf 2004.06000 Gastro Intestinal Research GIRF__1
Part III Statements About Activities (See page 2 of the instructions.)

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

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

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

   a Sale, exchange, or leasing of property?
   2a X

   b Lending of money or other extension of credit?
   2b X

   c Furnishing of goods, services, or facilities?
   2c X

   d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?
   2d X

   e Transfer of any part of its income or assets?
   2e X

3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)

   b Do you have a section 403(b) annuity plan for your employees?
   3b X

4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

   b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?
   4b X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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

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

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

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

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

9 □ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(vi). 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)(iv). (Also complete the Support Schedule in Part IV-A.)

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

11b □ A community trust. Section 170(b)(1)(A)(vii). (Also complete the Support Schedule in Part IV-A.)

12 □ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

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

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

(a) Name(s) of supported organization(s)

(b) Line number from above

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

11210927 783114 Girf 2004.06000 Gastro Intestinal Research GIRF_1
### Gastro Intestinal Research Foundation Inc.

#### Part IV-A

**Support Schedule**

(Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2003</th>
<th>(b) 2002</th>
<th>(c) 2001</th>
<th>(d) 2000</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)</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 related 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)(6)), 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 leveled for the organization's benefit and either paid to it or expended on its behalf</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 charge. Do not include the value of services or facilities generally furnished to the public without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets</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>
</tbody>
</table>

#### Part IV-B

26 **Organizations described on lines 10 or 11:**

a Enter 2% of amount in column (e), line 24

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a.

**Do not file this list with your return** Enter the total of all these excess amounts

c Total support for section 509(a)(1) test Enter line 24, column (e)

d Add: Amounts from column (e) for lines: 18 19

22 26b

e Public support (line 26c minus line 26d total)

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))**

26f

26a N/A

26b N/A

26c N/A

26d N/A

26e N/A

26f N/A

#### Part V

27 **Organizations described on line 12:**

a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year


b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000 (include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.


c Add: Amounts from column (e) for lines 15 16 17 20 21

d Add: Line 27a total

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test Enter amount on line 23, column (e)

27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))**

27g N/A

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))**

27h N/A

#### Unusual Grants

For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Schedule A (Form 990 or 990-EZ) 2004

| 11210927 783114 Girf | 2004.06000 Gastro Intestinal Research GIRF |
### Gastro Intestinal Research

**Foundation Inc.**

**Schedule A (Form 990 or 990-EZ) 2004**

#### Part V  Private School Questionnaire

(See page 7 of the instructions)

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

29. Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

30. Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

31. Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)

---

32. Does the organization maintain the following:

a. Records indicating the racial composition of the student body, faculty, and administrative staff?

b. Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

c. Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

d. Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

---

33. Does the organization discriminate by race in any way with respect to:

a. Students' rights or privileges?

b. Admissions policies?

c. Employment of faculty or administrative staff?

d. Scholarships or other financial assistance?

e. Educational policies?

f. Use of facilities?

g. Athletic programs?

h. Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

---

34. a. Does the organization receive any financial aid or assistance from a governmental agency?

b. Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement

35. Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 567, covering racial nondiscrimination? If "No," attach an explanation
## Part VI-A Lobbying Expenditures by Electing Public Charities

### Limits on Lobbying Expenditures

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

- **36** Total lobbying expenditures to influence public opinion (grassroots lobbying)  
  - **36**

- **37** Total lobbying expenditures to influence a legislative body (direct lobbying)  
  - **37**

- **38** Total lobbying expenditures (add lines 36 and 37)  
  - **38**

- **39** Other exempt purpose expenditures  
  - **39**

- **40** Total exempt purpose expenditures (add lines 38 and 39)  
  - **40**

- **41** Lobbying nontaxable amount  
  - The lobbying nontaxable amount is -
    - Not over $500,000  
      - **36**: N/A
    - Over $500,000 but not over $1,000,000  
      - **37**: $100,000 plus 15% of the excess over $500,000
    - Over $1,000,000 but not over $1,500,000  
      - **38**: $175,000 plus 15% of the excess over $1,000,000
    - Over $1,500,000 but not over $2,000,000  
      - **39**: $250,000 plus 5% of the excess over $1,500,000
    - Over $2,000,000  
      - **40**: $1,000,000

- **42** Grassroots nontaxable amount (enter 25% of line 41)  
  - **42**

- **43** Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36  
  - **43**

- **44** Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38  
  - **44**

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

## 4-Year Averaging Period Under Section 501(h)

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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2003</th>
<th>(c) 2002</th>
<th>(d) 2001</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>46 Lobbying ceiling amount (150% of line 45(e))</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>47 Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>48 Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>49 Grassroots ceiling amount (150% of line 48(e))</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>50 Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

## Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A. See page 11 of the instructions.)

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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rollers, 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.</td>
</tr>
</tbody>
</table>
### Part VII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

(See page 11 of the instructions.)

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>51a(i)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>51a(ii)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>51b(i)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>51b(ii)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>51b(iii)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>51b(iv)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>51b(v)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>51b(vi)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</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)) or in section 527?

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

N/A
<table>
<thead>
<tr>
<th>Asset No</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Method</th>
<th>Life</th>
<th>Unadjusted Cost of Basis</th>
<th>Bus % Excl</th>
<th>Reduction in Basis</th>
<th>Basis For Depreciation</th>
<th>Accumulated Depreciation</th>
<th>Current Sec 179</th>
<th>Amount Of Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Furniture &amp; Fixtures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>010405SL</td>
<td>Office Chairs</td>
<td></td>
<td>5.00</td>
<td>19B</td>
<td>1,554.</td>
<td>1,554.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>155.</td>
</tr>
<tr>
<td>052605SL</td>
<td>Bookcase</td>
<td></td>
<td>5.00</td>
<td>19B</td>
<td>374.</td>
<td>374.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>37.</td>
</tr>
<tr>
<td></td>
<td>* 990 Page 2 Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Furniture &amp; Fixtures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>192.</td>
</tr>
<tr>
<td></td>
<td>Machinery &amp; Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>123196SL</td>
<td>(D) Computer Equipment</td>
<td></td>
<td>5.00</td>
<td>17</td>
<td>4,047.</td>
<td>4,047.</td>
<td></td>
<td>4,047.</td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>091301SL</td>
<td>Computer Equipment</td>
<td></td>
<td>3.00</td>
<td>17</td>
<td>1,805.</td>
<td>1,805.</td>
<td></td>
<td>1,706.</td>
<td></td>
<td></td>
<td>99.</td>
</tr>
<tr>
<td>010103SL</td>
<td>Office Equipment</td>
<td></td>
<td>5.00</td>
<td>17</td>
<td>3,620.</td>
<td>3,620.</td>
<td></td>
<td>985.</td>
<td></td>
<td></td>
<td>724.</td>
</tr>
<tr>
<td>102104SL</td>
<td>Dell Computer</td>
<td></td>
<td>5.00</td>
<td>19B</td>
<td>1,593.</td>
<td>1,593.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>159.</td>
</tr>
<tr>
<td>102104SL</td>
<td>7CDW Inkjet Printer</td>
<td></td>
<td>5.00</td>
<td>19B</td>
<td>296.</td>
<td>296.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30.</td>
</tr>
<tr>
<td></td>
<td>* 990 Page 2 Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Machinery &amp; Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Grand Total 990 Page</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>010405SL</td>
<td>2 Depr</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
<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>633,251.</td>
<td></td>
<td>633,251.</td>
<td></td>
<td>633,251.</td>
</tr>
<tr>
<td>Fashion Show</td>
<td>100,765.</td>
<td></td>
<td>100,765.</td>
<td>41,437.</td>
<td>59,328.</td>
</tr>
<tr>
<td>Theatre Evenings</td>
<td>1,010.</td>
<td></td>
<td>1,010.</td>
<td></td>
<td>1,010.</td>
</tr>
<tr>
<td>Christmas Cards &amp; Gift Baskets</td>
<td>16,055.</td>
<td></td>
<td>16,055.</td>
<td>10,113.</td>
<td>5,942.</td>
</tr>
<tr>
<td>Theatre &amp; Race Events</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
</tbody>
</table>

To Fm 990, Part I, line 9: 751,081. 751,081. 51,550. 699,531.
<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Total</th>
<th>(B) Program Services</th>
<th>(C) Management and General</th>
<th>(D) Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance</td>
<td>26,371.</td>
<td></td>
<td>26,371.</td>
<td></td>
</tr>
<tr>
<td>Memberships</td>
<td>484.</td>
<td></td>
<td>484.</td>
<td></td>
</tr>
<tr>
<td>Recruitment</td>
<td>4,733.</td>
<td></td>
<td>4,733.</td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td>615.</td>
<td></td>
<td>615.</td>
<td></td>
</tr>
<tr>
<td>Messenger Service &amp; Delivery</td>
<td>1,412.</td>
<td></td>
<td>1,412.</td>
<td></td>
</tr>
<tr>
<td>Bank &amp; Credit Card Fees</td>
<td>6,707.</td>
<td></td>
<td>6,707.</td>
<td></td>
</tr>
<tr>
<td>Other Professional Fees</td>
<td>2,511.</td>
<td></td>
<td>2,511.</td>
<td></td>
</tr>
<tr>
<td>Office &amp; Other</td>
<td>6,451.</td>
<td></td>
<td>6,451.</td>
<td></td>
</tr>
<tr>
<td>Total to Fm 990, ln 43</td>
<td>49,284.</td>
<td></td>
<td>49,284.</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>832,919.</td>
</tr>
</tbody>
</table>

Total Included on Form 990, Part II, line 22

832,919.
<table>
<thead>
<tr>
<th>Security Description</th>
<th>Cost/FMV</th>
<th>Corporate Stocks</th>
<th>Corporate Bonds</th>
<th>Other Publicly Traded Securities</th>
<th>Total Non-Gov't Securities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketable Securities</td>
<td>FMV</td>
<td>680,338</td>
<td></td>
<td></td>
<td>680,338</td>
</tr>
<tr>
<td>To Form 990, line 54, Col B</td>
<td></td>
<td>680,338</td>
<td></td>
<td></td>
<td>680,338</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>1,805.</td>
<td>1,805.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Equipment</td>
<td>3,620.</td>
<td>1,709.</td>
<td>1,911.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Chairs</td>
<td>1,554.</td>
<td>155.</td>
<td>1,399.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dell Computer</td>
<td>1,593.</td>
<td>159.</td>
<td>1,434.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDW Inkjet Printer</td>
<td>296.</td>
<td>30.</td>
<td>266.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bookcase</td>
<td>374.</td>
<td>37.</td>
<td>337.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total to Form 990, Part IV, ln 57</td>
<td>9,242.</td>
<td>3,895.</td>
<td>5,347.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Foundation Donates Only To 501C(3) Organizations.
September, 2005

GASTRO-INTESTINAL RESEARCH FOUNDATION
BOARD OF DIRECTORS
Phone: 312.332.1350
Fax: 312.332.4757 * email: girf@earthlink.net

BORDERS
Ronald J. (Barbara)
Ronald J. Borden & Co., Ltd.
212 North Wolf Road
Wheeling IL 60090
847/520-3890 (Ext. 125-#2)
FAX: 847/520-8217

RESIDENCE
440 Dell Lane
Highland Park IL 60035
847/432-1384
Email: ron@bordoncpa.com

Brown, Earl C. (Gloria)
1501 N State Parkway, #9A
Chicago IL 60610
312/337-3853

CARDONICK, Andrew (Lisa)
Goldberg, Kohn,Bell, Black Rosenbloom
Moritz, Ltd.
55 East Monroe St, #3700
Chicago IL 60603-5802
312/201-4000
FAX: 312/332-2196

845 Vernon Ave
Glencoe IL 60022
847/242-9420

CHANG, Eugene B. M.D. (Susan)
The University of Chicago
Department of Medicine
5841 S Maryland, MC 6084
16W683 90th Street
Chicago IL 60637-1470
Hinsdale IL 60521
773/702-6458
630/655-1457
FAX: 773/702-2281
Email: echang@medicinebsd.uchicago.edu

CHEFITZ, Joel G. (Sharon)
Howrey LLP
321 N Clark Street, #3400
Chicago IL 60610
4306 Suffield Ct
312/595-1522
Skokie IL 60076
312/595-2250
Email: chefitzj@howrey.com
Cogan, Michael P. (Deborah)
Cogan & McNabola, P.C.
55 W Wacker Dr - 9th Fl
Chicago IL 60601
312/629-2900
FAX: 312/629-2916
Email: michael@cogan-mcnabola.com

969 Sheridan
Glencoe IL 60022

Cohen, Joel I. (Norma)

Email: JCM Cohen 344 @aol.com

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

SUMMER ADDRESS
626 Homewood Ave #304
Highland Park IL 60035
847.681.8234 FAX: 847/681-8239

Davidson, Steven R.
Sonnenschein Nath & Rosenthal
8000 Sears Tower
Chicago IL 60606
312/876-8238
FAX: 312/876-7934
Email: s davidson @sonnenschein.com

1169 Plymouth Court #310
Chicago IL 60605
312/461-9607

de Souza, Mark

312.432.6582 (office)
Chicago IL 60614

1919 N Sheffield
Chicago IL 60614

Edelstein, Marian (Mrs. Arthur)

180 East Pearson, #3801
Chicago IL 60611
312/787-2029

Evans, David (Joan)
Glencoe Capital
222 W Adams #1000
Chicago IL 60616
312/795-6300
FAX: 312.795.0455

911 Elmwood
Wilmette IL 60091

Feinberg, Barry A. (Susan)
Chuhak & Teceon, P.C.
30 S Wacker Drive #2600
Chicago IL 60606

6 Julie Lane
Riverwoods IL 60015
Gordon, Burton L. (Elaine)
1431 N Astor
Chicago IL 60610
312/664-0927

Grammer, Susan F. (Gary)
PO Box 111
#2 Terminal Drive, Ste. 17B
St. Louis Regional Airport
Benthalo IL 62010
618/259-2113
FAX: 618/259-2111
Email: sfglaw1@aol.com

Gray, Melvin (Sue)
Graycor, Inc.
One Graycor Drive
Homewood IL 60430
708/206-3610
FAX: 708/206-0505
Email: mel_gray@graycor.com

Grill, Howard (Rebecca)
Alter Group
5500 W Howard St
Skokie IL 60077
847.568.5888
FAX: 847.676.4312
Email:hgrill@altergroup.com

Hanauer, Jayne R. (Steve)
Email:jrhanauer@comcast.net
64 East Elm St. #2
Chicago IL 60611
312/943-5050

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: 773/702-2182
Email: shanauer@medicine.bsd.uchicago.edu
Hensel, Nancy
Email: nfh777@aol.com
777 North Michigan Avenue #2400
Chicago IL  60611
312.266.8489

Jacobs, Clayton D.
JB Partners, LLC
320 W Ohio St., #610
Chicago IL  60610
312/337-5149 x302  Email: cjacobs@jbpartnersllc.com
FAX: 312/337-5139

Katz, Barry (Roberta)
Omnibus Real Estate, Inc.
2807 Lexington Lane
Highland Park IL  60035
847/433-2807
FAX: 847/433-6664
Email: BarrySKatz@aol.com

Katz, Harriet (Mrs. Ernest)
Admiral’s Cove
110 Quayside
Jupiter FL  33477
561/748-0200
FAX: 561/748-0201

Kaufmann, Ralph (DeeDee)
Ralph Kaufmann & Assoc., Ltd.
3160 Summit Avenue
Highland Park IL  60035
847/433-6415
FAX: 847/433-6420
Email: aquarius01@comcast.net

Kirsner, Joseph B., M.D.
The University of Chicago
Department of Medicine
5841 S Maryland, MC 2100
Chicago IL  60637-1470
773/702-6101
FAX: 773/702-4028
Email: jkirsner@medicine.bsd.uchicago.edu
Krasny, Michael P. (Janet)
Sawdust Investment Management, LLC
465 Central Ave, #200
Northfield IL 60093
847/291-1166
FAX: 847/498-1177

Mazzoni, Donald (Susan)
55 W Delaware #1120
Chicago IL 60610
312/751-1114

McKinnon, John Q. (Carol)
American National Bank & Trust 2nd Fl
120 S LaSalle Street
Chicago IL 60603-3400
312/661-5907
FAX: 312/661-3566

Mills, James C. (Lois Zoller)
Masterpiece Editions, Ltd.
1165 N Clark, #411
Chicago IL 60610
312/266-9500
FAX: 312/266-9519
Email: meldin@aol.com

Mitchell, Marjorie (Mrs. Bernard)
1040 N Lake Shore Drive #20D
Chicago IL 60611
312/787-3938 & 312/787-4113

O'Meara, John (Cheryl Ann)
First Midwest Bancorp
One Pierce Place #1500
Itasca IL 60143-4169
630.875.7205
Email: john.o'meara@firstmidwest.com

Oberlander, Sharon (Lee)
Merrill Lynch
225 West Wacker, #1400
Chicago IL 60606
312 696.7620
Email: s_oberlander@ml.com

41 Deere Park South
Highland Park IL 60035

100 East Huron, #1804
Chicago IL 60611-2934

1300 N Lake Shore Drive #35D
Chicago IL 60610
312.664-3232

21753 Hampton Court
Kildeer IL 60047

1320 Eskin Drive
Northbrook IL 60062
847.564.3456
Orzoff, Stewart, C. (Bonnie)
Orzoff, Shapiro & Locascio
450 Skokie Blvd. #502
Northbrook IL 60062
847/564-0285
Fax: 847/564-0871
Email: orzoflaw@sbcglobal.net

Perlmutter, Norman
Perlmutter Invest. Co.
1849 Green Bay Rd., 4th Fl
Highland Park IL 60035
847/433-8650
FAX: 847/

Pinkert, Robert (Barbara)
555 Skokie Blvd #345
Northbrook IL 60062
847/272-0009
FAX: 847/272-0813

Poden, Robert D. (Roseann)
email: Roro38@aol.com

Podolsky, Bonnie
Pine Grove Associates
3100 Dundee Road #502
Northbrook IL 60062
847.412.0298
email: bonnilyn@theramp.net

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

Port, Sidney L.
Lawson Products, Inc.
1666 East Touhy

2472 W Course Drive
Riverwoods IL 60015
847/945-7725

2345 Egendale
Highland Park IL 60035

707 Brookvale Terrace
Glencoe IL 60022

WINTER ADDRESS
632 Village Road
North Palm Beach FL 33408-3330
561/694-6840 Fax: 561/694-0197
SUMMER ADDRESS
1625 Glenview Rd #301
Glenview IL 60025-2973
847/998-6872

905 Shabona Lane
Wilmette IL 60091
847.920.9638

ALL MAIL TO HOME
99 Roger Williams
Highland Park IL 60035
847/433-0394 or 0395

1040 N Lake Shore Drive, #12D

7
Randall, Benjamin J. (Nancy)
Randall & Kenig, LLP
455 N. Cityfront Plaza #3160
Chicago IL 60611
312.845.2510
Email: brandall@randall-law.com

Reuben, Don H. (Jeanette)

Ring, Howard N. (Linda)
3445 Dauphine Avenue
Northbrook IL 60062
847/205-4431
FAX: 847/205-5330

Rosenthal, Albert Jay (Roddie)
Email: rodalrose@aol.com
1110 N Lake Shore Drive #32N
Chicago IL 60611
312/787-2606 & 312/787-2625
FAX:312/787-3317

Ross, Mary Pat (Ted)
Email: pitsa.ross@sbcglobal.com
1240 N Lake Shore Drive #16B
Chicago IL 60610
312/649-6864

Ross, Theodore S. (Mary Pat)
USI Midwest
100 S Wacker – 16th Floor
Chicago IL 60606
312/442-7200
FAX: 312/442-7300
Email: TED.ROSS@USI.BIZ

Rothschild, Robert S. (Judith)
WINTER ADDRESS
Box 6186
Carefree AZ 85377
480/488-1150

SUMMER ADDRESS
650 Midfield Lane
Northbrook IL 60062
847/272-4270
Rubin, David A. (Mindy)  
Morgan Stanley Dean Witter  
650 Dundee Rd, #180  
Northbrook IL 60062  
847/509-4595  
FAX: 847/509-0297  
730 Grove Street  
Glencoe IL 60022

Sandler, Martin N. (Lucie)  
6500 N Kolmar  
Lincolnwood IL 60712  
847/679-5784  
Email: MSandler@mc.net  
FAX: 847/679-5786

Shkolnik, Sanford (Judith)  
312/527-5334  
503 W Wellington  
Chicago IL 60657  
773/248-3278

Singer, Gary  
Interbrand  
130 Fifth Avenue  
New York NY 10011  
212/798-7528  
FAX: 212/798-7831  
Email: gary.singer@interbrand.com  
760 Smith Ridge Road  
New Canaan CT 06840-3227  
203/966-0360  
FAX: 203/966-0373  
Email: gary@singerfam.com

Stone, Alan (Joan)  
645 N Michigan #800  
Chicago IL 60611  
312/981-5016  
FAX: 312/751-0313  
Email: alanstone@aol.com  
233 East Walton Place  
Chicago IL 60611  
312/649-5727

Taxman, Seymour (Nancy)  
The Taxman Corp.  
5215 Old Orchard Rd #130  
Skokie IL 60077  
847/674-4321  
FAX: 847/674-0230  
Email: mrt@taxmancorp.com or sytaxman@aol.com  
5 Colton Lane  
Winnetka IL 60093  
847/784-0723

Tegethoff, Jon (MaryAnne)  
857 Glenbard Road  
Glen Ellyn IL 60137  
Email: jetegethoff@wowway.com  
630/790-3655  
FAX: 630/790-0122