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# SCANNED WAR 1 8 2013

Form 990-PF

## Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

		t of the Treasury venue Service	Note The f		i reated as a Privi be able to use a copy of th			rting requirements.	ZUII
Forc	alen	idar year 2011 or tax	year beginnin	g JUL	1, 2011	, and	ending	JUN 30, 2012	
Nam	e of	foundation			<del></del>			A Employer identification	number
C	LI	NICAL PRAC	CTICE E	NHANCEM	ENT AND				
Al	NE.	STHESIA RE	ESEARCH	FOUNDA	TION			36-3474030	
Num	ber a	nd street (or P O box nur	nber if mail is not	delivered to street	address)		Room/suite	B Telephone number	
5'	75	3 TANAGER	STREET					773-843-13	18
City	or to	own, state, and ZIP co	ode					C If exemption application is p	ending, check here
S	CH:	ERERVILLE,	, IN 4	6375					
G C	neck	all that apply:	Initial reti	ırn	X Initial return of a	ı former public	charity	D 1. Foreign organizations	s, check here
			Final retu	rn	Amended return	1		Foreign organizations ma	potung the 95% toot
			Address		X Name change			Foreign organizations me 2. check here and attach co	omputation
H CI	_	type of organization:			cempt private foundation			E If private foundation sta	
<u>L</u>		ction 4947(a)(1) none			Other taxable private four			under section 507(b)(1)	)(A), check here
		arket value of all asset	·=	l —	=	n L Acc	rual	F If the foundation is in a	
		Part II, col (c), line	16) 202 752		ther (specify)	h h \		under section 507(b)(1)	)(B), check here
<b>▶</b>					mn (d) must be on cas	1			(d) Disbursements
Pa	πι	(The total of amounts in	n columns (b), (c),	and (d) may not	(a) Revenue and expenses per books		nvestment come	(c) Adjusted net income	for charitable purposes
		necessarily equal the a	_		8,505				(cash basis only)
	1	Contributions, gifts,	•					8 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. To a 2000 W 1870
	2	Interest on savings and	indation is not require temporary	d to attach Sch B	20,856		0,856.	3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	STATEMENT 1
ĺ	3	cash investments			20,630		40,030.		DIVIDUOM: ***
	4	Dividends and intere	st from securiti	es		+			
l		Gross rents							
ŀ	_	Net rental income or (los			57,447	85 85% 75% - 7 8886668 - 5%		77 300 27 47 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
e E	oa	Net gain or (loss) from sa Gross sales price for all		4,042.	37,447				
Revenue	7	assets on line 6a				<u>.: (-53-6342)6</u>	7,447.		* ** *********************************
Re		Capital gain net income		<b>2)</b>	5.37 (200 - 500 -	/	11 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 #* * 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 × 3 % 1 % 1 % 1 % 1 % 1 % 1 % 1 % 1 % 1 %
	8 9	Net short-term capital Income modification	-		73	1 20 2 2 2 2 2 3 3 3 4 3 4 3 4 3 4 3 4 3 4 3	5.4848888888		
	-	Gross sales less returns			1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		<u> </u>	\$ \$\$\$\$ -5\$\$\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 4 200 200 200 2 1 1 1 1 1 1 1 1 1 1 1 1 1
		and allowances	_ —				10 10 10 10 10 10 10 10 10 10 10 10 10 1	* ************************************	
		Gross profit or (loss)		<u> </u>	30.00000000000000000000000000000000000			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	FF 36 - 20 30000 4000
	11	Other income	1		-	\$\(\(\tau\)\)	E sendilin		
	12	Total. Add lines 1 th	rough 11		86,808	•	78,303.	0.	
$\dashv$	13	Compensation of officers		es etc	0		0.	0.	0.
	14	Other employee salar		,					
	15	Pension plans, emple	•						
es		Legal fees		TMT 2	371	•	186.	0.	185.
ens		Accounting fees		TMT 3	4,300		2,150.	0.	2,150.
Expenses		Other professional fe		TMT 4	6,000		3,000.	0.	3,000.
檀	18-	Interest FIVED							
TEN TEN	19	Depreciation and dep	oletion &						
⑥	20	1000 pangy 1 201	3 [9]						
M	21	Travel, conferences,	and meetings						
aug	22	Ording and publicat	tons =						<u> </u>
Operating and Administrative	23	Other expenses	S	TMT 5	150	•	0.	0.	150.
rati	24	Total operating and							
<u>pe</u>		expenses. Add lines	13 through 23		10,821		5,336.	0.	5,485.
ا	25	Contributions, gifts,	-		100,000				100,000.
	26	Total expenses and	disbursement	S.	440 001		E 226	_	105 405
_		Add lines 24 and 25			110,821	1 1 10 1000000 1 100 100	5,336.	0.	105,485.
	27	Subtract line 26 from	n line 12:						
	a	Excess of revenue over	expenses and disl	oursements	-24,013		72,967.	274 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
J		Net investment inco				Same anno all'Asia / Si		The state of the s	
10050		Adjusted net income						0.	
12350 12-02	11	LHA For Paperwo	ork Reduction /	Act Notice, see	instructions.				Form <b>990-PF</b> (2011)

D	ort	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Degining of year		or year		
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	230,875.	228,710.			
	2	Savings and temporary cash investments	472,898.	375,232.	375,232.		
	3	Accounts receivable >			· 3 \$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Less: allowance for doubtful accounts	\$888.4.048.54.38.70.000.7.8.6000.79.39.54.4	14 may 5 000000 COLC 5 171 4 8 40	1 (4), 4 (4) (4)		
	4	Pledges receivable		10 10 10 10 10 10 10 10 10 10 10 10 10 1			
	1	Less allowance for doubtful accounts ▶	- Parkantan in the internal of	**************************************	X XXX 800000000000000000000000000000000		
	5	Grants receivable			<del></del>		
	6	Receivables due from officers, directors, trustees, and other					
	١	disqualified persons					
	,			\$2.00 Y/4			
	7	Other notes and loans receivable  Less: allowance for doubtful accounts			\$2.50 million (1977)		
	١.			<u> </u>	<del> </del>		
Assets	8	Inventories for sale or use					
155	9	Prepaid expenses and deferred charges	<del>-</del>		<b></b>		
~	10a	Investments - U.S. and state government obligations		450	450		
	b	Investments - corporate stock STMT 6	343,038.	478,099.	478,099.		
	C	Investments - corporate bonds		****			
	11	Investments - land, buildings, and equipment basis		AL W.	The second secon		
		Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment: basis ► 15,739.					
		Less accumulated depreciation STMT 7 > 15,739.	33.2 KV NO. K. 22. P 172.V. V V V V	100 (000 )	***************************************		
	15	Other assets (describe ► REFUNDABLE PAYMENTS)	805.	1,712.	1,712.		
	1						
	16	Total assets (to be completed by all filers)	1,047,616.	1,083,753.	1,083,753.		
	17	Accounts payable and accrued expenses		<u>-</u>			
	18	Grants payable					
(h	19	Deferred revenue					
ŧį	1	Loans from officers, directors, trustees, and other disqualified persons					
Liabilities	21	Mortgages and other notes payable					
∺		Other liabilities (describe )					
		Other Habilities (describe					
	122	Total liabilities (add lines 17 through 22)	٥.	0.			
	23	Foundations that follow SFAS 117, check here					
Ś		and complete lines 24 through 26 and lines 30 and 31.					
Š		Unrestricted	<u> </u>		Clarke,		
e e		Temporarily restricted					
Net Assets or Fund Balances	26	Permanently restricted					
Š	j	Foundations that do not follow SFAS 117, check here			South Action		
<u>۲</u>		and complete lines 27 through 31.					
ţŞ	27	Capital stock, trust principal, or current funds	0.	0.			
SSE	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
Ř	29	Retained earnings, accumulated income, endowment, or other funds	1,047,616.	1,083,753.			
Ş	30	Total net assets or fund balances	1,047,616.	1,083,753.			
	Į						
	31	Total liabilities and net assets/fund balances	1,047,616.	1,083,753.			
P	art	III Analysis of Changes in Net Assets or Fund B	lalances				
<del>-</del>	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30				
		at agree with end-of-year figure reported on prior year's return)		1	1,047,616.		
	•	amount from Part I, line 27a		1 2	-24,013.		
		r increases not included in line 2 (itemize) <b>UNREALIZED</b>	CATN ON THUES	TMENTS 3	60,150.		
			211111 OII THAND		1,083,753.		
	Add lines 1, 2, and 3  Decreases not included in line 2 (itemize)   5  0.						
J	2001	oucos not monagon in prio E (ROMEO) 🚩		1 3			

123511 12-02-11

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

1,083,753.

#### 36-3474030

Form 990-PF (2011)

CLINICAL PRACTICE ENHANCEMENT AND ANESTHESIA RESEARCH FOUNDATION

16075 a a studio 15, 2007	and Losses for Tax on I be the kind(s) of property sold (e		tincome	T(b)	How ac	quired	(c) Date acquired	(d) Date sold		
2-story brick wa	rehouse, or common stock, 200 sl	hs. MLC Co.)		] P	Purcl - Dona - C	cquired hase ation	(mo., day, yr.)	(mo., day, yr.)		
1a REALIZED GAINS	(LONG TERM)				·	P		01/01/12		
b				$\perp$						
C				┼				<u> </u>		
e e	-			+-						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (lo (e) plus (f) minu			
a 364,042.			306,5	95.				57,447		
b										
C		<u> </u>					·			
<u>d</u>	<del></del>	<del> </del>	<u> </u>					<u></u>		
Complete only for assets showing	g gain in column (h) and owned by	the foundation	n on 12/31/69				(I) Gains (Col. (h) ga	in minus		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1)			CC	ol. (k), but not less the Losses (from co	nan -0-) <b>or</b>		
		1					<del></del>	57,447.		
b		<del> </del>		_						
C										
d										
е										
2 Capital gain net income or (net cap	ortal loss) { If gain, also enter-	er in Part I, line 0- in Part I, line	7 7	}	2	_		57,447		
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) a	ınd (6).		`						
If gain, also enter in Part I, line 8,	column (c).			}				0.		
If (loss), enter -0- in Part I, line 8  Part V Qualification U	nder Section 4940(e) fo	r Reduced	Tay on Ne	t Inv	estr	ent In	come			
If section 4940(d)(2) applies, leave th  Was the foundation liable for the sect  If "Yes," the foundation does not quali  Tenter the appropriate amount in e	on 4942 tax on the distributable a fy under section 4940(e) Do not c	omplete this pa	ırt.					Yes X No		
(a) Base period years Calendar year (or tax year beginnir	g in) Adjusted qualifying di	stributions	Net value of n	(c) oncha		use asset		ribution ratio divided by col. (c))		
2010										
2009								. <u> </u>		
2008										
2007					-		<del></del> -			
2006							<del>                                     </del>			
2 Total of line 1, column (d)							2			
3 Average distribution ratio for the 5	-year base period - divide the total	on line 2 by 5,	or by the numbe	r of ye	ars					
the foundation has been in existen	ce if less than 5 years						3	<del>_</del>		
4 Enter the net value of noncharitable	e-use assets for 2011 from Part X	, line 5					4			
5 Multiply line 4 by line 3							5			
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)						6			
7 Add lines 5 and 6							7			
8 Enter qualifying distributions from	Part XII, line 4						8			
If line 8 is equal to or greater than See the Part VI instructions.		e 1b, and comp	olete that part usi	ng a 1	% tax r	ate.				

			FOUNDATION				3474			Page 4
Rart VI Excise Tax Bas	sed on Inve	stment Incon	ne (Section 4940	(a), 4940(b),	4940(e), or 4	1948 -	see i	nstru	ictio	ns)
1a Exempt operating foundations d	escribed in sectio	on 4940(d)(2), chec	k here 🕨 📖 and ent	er "N/A" on line 1.	)	12.0				
Date of ruling or determination l	etter:	(atta	ach copy of letter if nece	ssary-see instruc	tions)	,				140 s
<b>b</b> Domestic foundations that meet	the section 4940	(e) requirements in	Part V, check here 🕨	and enter 1	% }	1			1,4	<u>59.</u>
of Part I, line 27b						, 74 38	6 <sup>2</sup> 84	1		4
c All other domestic foundations e	nter 2% of line 2	7b. Exempt foreign	organizations enter 4%	of Part I, line 12, c	ol. (b). 💚		3/86 2/86	. 4		4
2 Tax under section 511 (domesti	c section 4947(a)	(1) trusts and taxal	ble foundations only. Oth	ers enter -0-)		2				0.
3 Add lines 1 and 2						3			1,4	59.
4 Subtitle A (income) tax (domest	c section 4947(a	)(1) trusts and taxa	ble foundations only. Oth	ners enter -0-)		4				0.
5 Tax based on investment incor	ne. Subtract line	4 from line 3 If zero	o or less, enter -0-			5			1,4	59.
6 Credits/Payments.										
a 2011 estimated tax payments ar	id 2010 overpayn	ment credited to 20	11	6a						
<b>b</b> Exempt foreign organizations - t	ax withheld at so	urce		6b		]" - 🐙				
c Tax paid with application for ext	ension of time to	file (Form 8868)		6c		7 3				n
d Backup withholding erroneously	withheld		[	6d		], 🕍			100	
7 Total credits and payments. Add	lines 6a through	6d	•			7	, ,		. ,,,,	0.
8 Enter any penalty for underpayr	nent of estimated	tax. Check here	if Form 2220 is attacl	ned		8				<u>32.</u>
9 Tax due. If the total of lines 5 ar	id 8 is more than	line 7, enter amoui	nt owed		▶	9	_		1,4	91.
10 Overpayment. If line 7 is more t	han the total of lii	nes 5 and 8, enter t	he amount overpaid		<b>•</b>	10				
11 Enter the amount of line 10 to be	e: Credited to 20°	12 estimated tax	<b>&gt;</b>		Refunded <b>▶</b>	11				
Part VII-A Statements	Regarding 7	Activities								
1a During the tax year, did the foun	dation attempt to	influence any natio	nal, state, or local legisla	tion or did it partic	cipate or intervene	e in		brata.	Yes	No
any political campaign?								1a		X
<b>b</b> Did it spend more than \$100 du	ring the year (eith	er directly or indire	ctly) for political purpose	s (see instructions	s for definition)?			1b		X
If the answer is "Yes" to 1a o	r <sub>1b</sub> , attach a d	letailed description	on of the activities and	copies of any m	naterials publish	ed or				10
distributed by the foundation								Sept.		in grafi
c Did the foundation file Form 112	<b>:0-POL</b> for this ye	ar?						1c		X
d Enter the amount (if any) of tax (	on political expen	ditures (section 49	55) imposed during the y	ear				77.7	3.4	,*************************************
(1) On the foundation. > \$		0. (2) 0	n foundation managers.	▶ \$	0.			<b>_</b>	No.	
e Enter the reimbursement (if any)	paid by the foun	dation during the y	ear for political expenditu	ire tax imposed or	n foundation				* * * \( \)	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
managers. ➤ 💲	0.							Sa York y	, airi	
2 Has the foundation engaged in a	ny activities that	have not previously	been reported to the IRS	5?				2		X
If "Yes," attach a detailed de	scription of the	activities						. 14 h :		
3 Has the foundation made any ch	anges, not previo	ously reported to the	e IRS, in its governing in:	strument, articles o	of incorporation,	or		200	A	
bylaws, or other similar instrume	ents? <i>If "Yes," a</i> :	ttach a conforme	d copy of the changes	5				3		X
4a Did the foundation have unrelate	d business gross	income of \$1,000	or more during the year?	•				4a		X
<b>b</b> If "Yes," has it filed a tax return o	n <b>Form 990-T</b> for	this year?				N	/A	4b		
5 Was there a liquidation, terminal	ion, dissolution, d	or substantıal contr	action during the year?					5		X
If "Yes," attach the statemen	t required by G	eneral Instruction	n T					- Z.	2	
6 Are the requirements of section	508(e) (relating to	o sections 4941 thr	ough 4945) satisfied eith	ier:				10 Sec.		
<ul> <li>By language in the governing</li> </ul>	nstrument, or									
<ul> <li>By state legislation that effective</li> </ul>	vely amends the q	governing instrume	nt so that no mandatory	directions that cor	offict with the stat	e law			7	
remain in the governing instru	ment?							6	Х	
7 Did the foundation have at least	\$5,000 in assets	at any time during t	the year?					7	Х	
If "Yes," complete Part II, co	(c), and Part X	(V						100		
8a Enter the states to which the fou	ndation reports o	r with which it is re	gistered (see instructions	s) <b>&gt;</b>				· ·		1
IL								\	<b>*</b>	k. d
<b>b</b> If the answer is "Yes" to line 7, ha	as the foundation	furnished a copy o	f Form 990-PF to the Atte	orney General (or	designate)		_	٠٠٠ قريد	**	
of each state as required by Ger	neral Instruction	ם G? If "No," attac	ch explanation					8b	X	
9 Is the foundation claiming status	as a private oper	rating foundation w	ithin the meaning of sect	on 4942(j)(3) or 4	4942(j)(5) for cale	endar				
year 2011 or the taxable year be								9		X
10 Did any persons become substa	ntial contributors	during the tax year	? If "Yes," attach a schedule	listing their names ar	nd addresses			10		Х
							Γο.,	~ ልልል	DE /	24110

	CLINICAL PRACTICE ENHANCEMENT AND				
orm	1 990-PF (2011) ANESTHESIA RESEARCH FOUNDATION	36 <u>-347</u>	4030		Page 5
·P <sub>R</sub> e	art.VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	ivileges?			
	If "Yes," attach statement (see instructions)		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address NOT APPLICABLE				
14	The books are in care of ANNE-MARIE PRINCE  Telephone no.			483	
	Located at ▶ 5721 S. MARYLAND AVENUE, CHICAGO, IL	ZIP+4 ▶6	0637		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		- <u>-</u>	▶	•
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign				
	country				
Pe	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	a During the year did the foundation (either directly or indirectly):		3 29	130	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	s X No			100
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			1 17 74	785
		es X No		. 60	**************************************
		s X No	174.48	S. €	( K. 1 )
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	s X No	, '		
	(5) Transfer any income or assets to a disqualified person (or make any of either available		V. 1		3,
	for the benefit or use of a disqualified person)?	es X No			150 X
	(6) Agree to pay money or property to a government official? (Exception Check "No"		<b>Sp4-3</b>		1000
	if the foundation agreed to make a grant to or to employ the official for a period after			Ĕĸ.	, t <sub>e</sub>
	termination of government service, if terminating within 90 days.)	es X No			
t	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			8 6 8 22	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here				100
C	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		W. sa	×4	
	before the first day of the tax year beginning in 2011?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			. 4	
	defined in section 4942(j)(3) or 4942(j)(5)):				
a	a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginnin			**************************************	
	before 2011?	es X No	10000	٠,	74
	If "Yes," list the years 🗠		7. 3354	3 1 1	
t	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		7.7%		1650 m/g/ki
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		. A	~ ·	100
	statement - see instructions.)	N/A	2b		
C	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		" 42 m " /4		
	<b>▶</b>		2.0	4 , 1 , 2	14.00
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			Start.	
	during the year?	es X No	\$ ```	2. 40	
t	b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons aft	er	100	S	24.40
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to d	spose			. 100
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C		1, 25,		
	Form 4720, to determine if the foundation had excess business holdings in 2011)	N/A	3b		L

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Rart vii B Statements Regarding Activities for which r	form 4/20 May be F	tequirea (contin	uea)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	es 🗓 No 🏻	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?			es 🗶 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es 🗶 No 📙	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es 🗶 No 🏻	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?			es 🗶 No 📙	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify unc		n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?		[/A	es L No	
If "Yes," attach the statement required by Regulations section 53 4945	• •		[3	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on	Г <del></del>	- Teel	
a personal benefit contract?	_	Ye	es 🗓 No 🔓	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870.		Г	[ <del>1</del> 27]	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	nagers, Highly	<b>y</b>	
List all officers, directors, trustees, foundation managers and their	compensation			
List all Officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
	to position	`enter'-0-)´	compensation	allowalices
				ľ
SEE STATEMENT 8		0.	0.	.  0.
DE BIATHMENT 0	·			
			•	
	<del></del>		<del></del>	<del> </del>
				<del> </del>
				İ
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
			(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	and deferred compensation	(e) Expense account, other allowances
NONE			compondation	<del>                                     </del>
		ľ		1
		-		<del>                                     </del>
······································				
			<u>-</u>	<del>                                     </del>
				<del>                                     </del>
<del></del>			,	1
				<del>                                     </del>
<del></del>				
Total number of other employees paid over \$50,000			<b>•</b> 1	0
			Form	990-PF (2011)
				, ,

. CLINICAL PRACTICE ENHANCEMENT A	ND		
Form 990-PF (2011) ANESTHESIA RESEARCH FOUNDATION	36-	3474030	Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	<del></del> -	<u></u> -
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Con	npensation
NONE	$\exists$		
			<del></del>
	_		<del></del>
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		<b>•</b>	C
List the foundation's four largest direct charitable activities during the tax year. Include relevant static number of organizations and other beneficiaries served, conferences convened, research papers pro		Expense	s
1 NONE			
		<u></u>	0.
2			
3			
4			
(Dartily D. C			
Part*IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2.	Amount	_
1 NONE			

0.

All other program-related investments. See instructions.

Total. Add lines 1 through 3

36-3474030

Part X Minimum Inv	vestment Return (All domestic foul	ndations must complete this	part. Foreign founda	ations, se	e instructions.)
1 Fair market value of assets no	ot used (or held for use) directly in carrying o	out charitable, etc., purposes:	28	27/4 4 7/4 4	
a Average monthly fair market	, , , , , , , , , , , , , , , , , , , ,	, ,, ,		ia	410,569.
b Average of monthly cash bala	unces		T-	lb	653,858.
c Fair market value of all other	assets		_	1c	1,259.
d Total (add lines 1a, b, and c)			T-1	ld	1,065,686.
e Reduction claimed for blocka	ge or other factors reported on lines 1a and		P~{		
1c (attach detailed explanatio	n)	1e	0. ``	43.49 10.22	
2 Acquisition indebtedness app	licable to line 1 assets	<u> </u>		2	0.
3 Subtract line 2 from line 1d				3	1,065,686.
4 Cash deemed held for charita	ble activities. Enter 1 1/2% of line 3 (for grea	ter amount, see instructions)		4	15,985.
5 Net value of noncharitable-u	ise assets. Subtract line 4 from line 3. Enter	here and on Part V, line 4		5	1,049,701.
6 Minimum investment return.	. Enter 5% of line 5			6	52,485.
Part XI Distributable foreign organization	Amount (see instructions) (Section 4 ns check here		ting foundations and c	ertain	
1 Minimum investment return f		, , , , , , , , , , , , , , , , , , ,		1	52,485.
2a Tax on investment income for	-	2a	1,459.	<u>.</u>	
	pes not include the tax from Part VI.)	2b	· · · · · · · · · · · · · · · · · · ·		
c Add lines 2a and 2b	<b>,</b>	<u> </u>		2c	1,459.
	idjustments Subtract line 2c from line 1		<del>-</del>	3	51,026.
4 Recoveries of amounts treate	-			4	0.
5 Add lines 3 and 4	2 20 4-2m, mg 200 102 101 10			5	51,026.
6 Deduction from distributable	amount (see instructions)		<u> </u>	6	0.
	isted. Subtract line 6 from line 5. Enter here a	and on Part XIII. line 1	<del>  -</del>	7	51,026.
	stributions (see instructions)			<del></del> _	
1 Amounts paid (including adm	unistrative expenses) to accomplish charitab	le, etc., purposes.			
a Expenses, contributions, gifts	, etc total from Part I, column (d), line 26			a	105,485.
<b>b</b> Program-related investments			<u></u>	lb	0.
2 Amounts paid to acquire asse	ets used (or held for use) directly in carrying	out charitable, etc., purposes		2	
3 Amounts set aside for specific	c charitable projects that satisfy the:		3		
a Suitability test (prior IRS appr	oval required)		3	la	
<b>b</b> Cash distribution test (attach	the required schedule)		3	Bb	
4 Qualifying distributions. Add	l lines 1a through 3b. Enter here and on Part	V, line 8, and Part XIII, line 4		4	105,485.
	r section 4940(e) for the reduced rate of tax	on net investment			
income. Enter 1% of Part I, 1ir			<del></del>	5	0.
	ions Subtract line 5 from line 4		L	6	105,485.
Note. The amount on line 6 w 4940(e) reduction of ta	vill be used in Part V, column (b), in subsequ ix in those years	ent years when calculating wheti	ner the foundation qua	ifies for th	e section

#### Part-XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,		9.4.4.7.6.8.12.6.5.		
line 7				51,026.
2 Undistributed income, if any, as of the end of 2011				A. 4
a Enter amount for 2010 only			U •	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Total for prior years:		n		
3 Excess distributions carryover, if any, to 2011:			######################################	
a From 2006				
b From 2007				
c From 2008				
<b>d</b> From 2009				
eFrom 2010				
f Total of lines 3a through e	` Ö.			
4 Qualifying distributions for 2011 from				. N. 7 - 90 - MARIE V. 7
Part XII, line 4 ▶\$ 105, 485.				
a Applied to 2010, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.	20 9969 2 6 5 5 5	
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.	7.2000 22.57 (C.C.)		Cambridge Control
d Applied to 2011 distributable amount	F.A. 450			51,026.
e Remaining amount distributed out of corpus	54,459.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
	54,459.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5     Prior years' undistributed income Subtract	3 - , - 3 - , - 3 - , - 3 - , - 3 - 3 -	With the Control of t		
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable		<u></u>	7,727 Sept. 1994	3879477.333
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2012				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.			3000	
Subtract lines 7 and 8 from line 6a	54,459.			
10 Analysis of line 9:		(434) 8.50 (345)	X9-78-00-25-7-7-9	
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011 54,459.				
				Farm 000 DE (0011)

123581 12-02-11

Part XIV Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2011, enter the date of t	he ruling	<b>•</b>		
<b>b</b> Check box to indicate whether the found		=	· <del></del>	4942(J)(3) or 49	)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for	<del>- ` `</del>	<u> </u>	<del></del>	<del>                                     </del>	<del></del>
		1			
each year listed			<del></del>	<del> </del>	<del></del>
<b>b</b> 85% of line 2a	ļ		<del>                                     </del>	<del> </del>	
c Qualifying distributions from Part XII,			[		
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of			ĺ	ľ	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c			_	l	_
3 Complete 3a, b, or c for the					
alternative test relied upon;  a "Assets" alternative test - enter;					
(1) Value of all assets	1		ł		
• •		<del> · <u></u></del>	· · · · · · · · · · · · · · · · · · ·		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				1	
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:	ł		ł	1	
<ol> <li>Total support other than gross investment income (interest,</li> </ol>					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)			<u> </u>		
(2) Support from general public					
and 5 or more exempt organizations as provided in	İ				Í
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	ore in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	_	than 2% of the total conti	ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed n			Ť		•
SEE STATEMENT 9	•				
b List any managers of the foundation wh	o own 10% or more of the	e stock of a corporation (	or an equally large portion	on of the ownership of a pa	artnership or
other entity) of which the foundation ha				2	
NONE					
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship etc. Pr	ograms:		
	inly makes contributions t			ot accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
	<del>`</del>		<del></del>		<del></del>
a The name, address, and telephone num	ber of the person to whoh	n applications should be	auuresseu.		
CEE CONTEMENT 10					
SEE STATEMENT 10	<del></del>				
<b>b</b> The form in which applications should b	e submitted and informat	ion and materials they sh	loniq iucinde.		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s such as hy geographics	Largas, charitable fields	kinds of institutions, er o	ther factors	<del></del>
a Any resulctions of Illiniations of awards	s, such as by yeographica	i ai cas, chai ladic licius,	หมานอ บา มาอนเนนเบทอ, 01 น	uioi lautuis.	

ANESTHESIA RESEARCH FOUNDATION

Respect as an and/dully.  Mane and address (home or business)  A Part during the year  SOCIETY OF CARDIOVASCULAR ANSENBRISHLOGATE PROPERTY SASSING AND VIOLENCE PROPERTY SASSING AND VIOLE	Part XV Supplementary information				_
SOCIETY OF CARDIOVASCULAR ARESTHESIOLOGISTS FOUNDATION 2209 DECKENS ROAD RECEMBER, VA 23230  Total  Approved for future payment NONE		Year or Approved for Future	Payment		
SOCIETY OF CARDIOVASCULAR ARESTHESIOLOGISTS FOUNDATION 2209 DECKENS ROAD RECEMBER, VA 23230  Total  Approved for future payment NONE		If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
SOCIETY OF CABDIOVASCULAR ANESTHISIOLOGISTS FOUNCATION 2209 DICKINS NOAD RICHMOND, VA 23230  Total  Approved for future payment NONE  NONE  Approved for future payment		or substantial contributor	recipient		
ANDSPIRESSOLACISTS FORMATION 2209 DICKINS ROAD RICHKONG, VA 23239  Total  Approved for future payment  NONE  NONE	a Paid during the year				
ANDRONESSOLOCISTS FORMATION 2209 DICKENS ROAD RICHKONG, VA 23230  Total  Approved for future payment  NONE  NONE					
ANDRONESSOLOCISTS FORMATION 2209 DICKENS ROAD RICHKONG, VA 23230  Total  Approved for future payment  NONE  NONE	SOCIETY OF CARDIOVASCULAR	NONE	ЕХЕМРТ	CARDIOVASCULAR	
Total   NONE  100,000.		[			
Total  ▶ 3a 100,000.  b Approved for future payment  NONE	2209 DICKENS ROAD				
NONE NONE	RICHMOND, VA 23230				100,000.
NONE NONE					
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NONE	<del></del>			<b>▶</b> 3a	100,000.
	<b>b</b> Approved for future payment				
	NONE				
Total	HONE				
Total					
Total ▶ 3b 0.					
Total				-	
Total ▶ 3b 0.					
Total ▶ 3b 0.					
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Total ► 3b 0.			1		
Total					
Total ▶ 3b 0.					
	Total			<b>▶</b> 3b	0.

#### Part XVI: A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ided by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue.	Business code	Amount	sion code	Amount	function income
a					
h					
c				-	
d					
e	_				
•			<b>†</b>		-
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	20,856.	
4 Dividends and interest from securities	-				
5 Net rental income or (loss) from real estate:	100000	17,1	100		
a Debt-financed property	*******	8 (X-04 - 2007 VIII)	<u> </u>	2 4000000000000000000000000000000000000	
b Not debt-financed property			f		
6 Net rental income or (loss) from personal					
property					
7 Other investment income			1		
8 Gain or (loss) from sales of assets other					
than inventory			18	57,447.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		-			
11 Other revenue					
a					
b					
C					
d	_	<u> </u>			
е	_				
12 Subtotal. Add columns (b), (d), and (e)		0.		78,303.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	78,303.
(See worksheet in line 13 instructions to verify calculations.	.)			_	

#### Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	· · · · · · · · · · · · · · · · · · ·
123621 12-02-11	Form <b>990-PF</b> (201

Form 99		<u></u>	HESIA R	ESEARCH	FOUNDATION	·	36-3	474030	_ Pa	age_13
Part	XVII.			ansfers To	and Transactions	and Relation	ships With None	charitable	9	
		Exempt Organ					<del></del>	T >> < < < >>		
				-	ng with any other organizati		ction 501(c) of	134	Yes	No
		•		•	27, relating to political organ	nizations?			2. P	
		from the reporting found	ation to a noncha	ırıtable exempt o	rganization of			1823	2X.X.	V.
•	) Cash							1a(1)		X
•		assets						1a(2)	2000	X
		sactions:						* *** x *		v
•		of assets to a noncharita	• -					1b(1)		X
		hases of assets from a no		pt organization				1b(2)		X
• •		al of facilities, equipment,						1b(3)		X
		bursement arrangements	i					1b(4)		X
•		s or loan guarantees		4				1b(5)		X
		rmance of services or me						1b(6)		X
		f facilities, equipment, ma				wave show the four	market value of the acc		L	
					edule. Column <b>(b)</b> should al ved less than fair market val				eis,	
		s given by the reporting i				ue ili aliy transaciit	on or snamly arrangeme	ant, Show in		
(a)Line r		(b) Amount involved			le exempt organization	(d) Description	on of transfers, transactions,	and sharing an	angeme	ents
(-)-1101	+	(B) / infount involved	(0)114	N/A		(a) bescripti			-	
	_		<del>                                     </del>	N/A		<del></del>				
	_									
	$\dashv$		<del> </del>			<del></del>				
	+-		<del> </del>			<del> </del>		<del></del> ,		
	+-	<del></del>	· -			<del>                                     </del>				
			<del>                                     </del>		<u> </u>	<del></del>				
	$\dashv$		<del>                                     </del>			<del></del>	<del> </del>			
	+	<del></del>	<del></del>			<del></del>				
	$\dashv$	<del></del>	-	<del></del> -		<del></del>				
	+	<del></del>	<del> </del>			<del></del>	<del></del> -			
	$\dashv$		<del> </del>		<del></del>	<del></del>	<del></del> -			
	+	<del></del>		<del></del>	<del>_</del>	<del></del>				
	+	<del></del>			<del> </del>					
		<del></del>			<del></del>	<del></del>				
2a ls	the four	ndation directly or indirec	tly affiliated with	or related to one	e or more tax-exempt organ	zations described	· · · · · · · · · · · · · · · · · · ·	_		
		501(c) of the Code (othe				izanono docomoca		Yes	X	No
		omplete the following sch		1(0)(0)) 0, 000	7.1011 027					
		(a) Name of org			(b) Type of organization		(c) Description of relat	tionship		
		N/A			( ) 31	<del> </del>		<u> </u>		
				·						
									_	
					<u> </u>					
	I				Ing accompanying schedules and			May the IRS	liscuser.	this
Sign	and be	elief, it is true, correct, and cor	mplete Declaration o	of preparer (other th	an taxpayer) is based on all inforr	mation of which prepar	rer has any knowledge	return with the shown below	e prepai	rer
Here		Mis		/	3.4.13	PRESI	DENT	X Yes	(SEE 118	] No
	Sign	nature of officer or trustee			Date	Title				
		Print/Type preparer's na	ame	Preparer's	signature	Date	Check if P	TIN		
				10			self- employed			

P00742297

847-517-7070

Firm's EIN ▶ 42-0714325

Phone no.

Paid

Preparer **Use Only** 

BRIAN C MARRANO

Firm's name ► MCGLADREY

Firm's address ▶ 20 N. MARTINGALE RD., STE 500 SCHAUMBURG, IL 60173

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization

CLINICAL DRACTICE ENHA

Employer identification number

CLINICAL PRACTICE ENHANCEMENT AND ANESTHESIA RESEARCH FOUNDATION

36-3474030

Organiz	ation type (check o	ne)
Filers of	f:	Section:
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	00-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		s covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions
General	l Rule	
X	For an organization contributor Comp	i filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II
Special	Rules	
	509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	total contributions	c)(7), (8), or (10) organization filing Form 990 or 990·EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals Complete Parts I, II, and III
	contributions for u If this box is check purpose Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year
but it m	<b>ust</b> answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

123451 01-23-12

Name of organization CLINICAL PRACTICE ENHANCEMENT AND ANESTHESIA RESEARCH FOUNDATION

Employer identification number

36-3474030

Part I	Contributors (see instructions) Use duplicate copies of Part I	ıf addıtıonal space ıs needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. MICHAEL ROIZEN  18600 SOUTH PARK BOULEVARD  SHAKER HEIGHTS, OH 44122	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01-23		\$Schedule B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2011)

Name of organization
CLINICAL PRACTICE ENHANCEMENT AND
ANESTHESIA RESEARCH FOUNDATION

Employer identification number

36-3474030

Part II	Noncash Property (see instructions) Use duplicate copies of Part	II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	000 F7 000 BE\ (0014)

Name of organization

Employer identification number

CLINICAL PRACTICE ENHANCEMENT AND ANESTHESIA RESEARCH FOUNDATION

36-3474030

	TESTA RESEARCH FOUNDAIL	ON	-V2V 7BV	30-34/4030					
Part III	Exclusively religious, charitable, etc., indiv	/IQUAL CONTRIBUTIONS TO SECTION OUT (1	()(/), ( <b>0</b> ),	or (10) organizations that total more than \$1,000 for the leting Part III, enter (Enter this information once)					
***************************************	the total of exclusively religious, charitable, etc	c. contributions of \$1.000 or less to	r the vear	. (Enter this information once ) \$					
	Use duplicate copies of Part III if addition	al space is peeded	, ,	(Enter this information once)					
(a) No.	ose adplicate copies of Fart III II addition	aj space is needed.		<del></del>					
(a) No. from	(b) Purpose of gift	(c) Use of gift	1	(d) Description of how gift is held					
Part I									
	<del></del>								
			—— í						
		(e) Transfer of git	ft						
	Transferee's name, address, a	ad 710 + 4	Relationship of transferor to transferee						
}	Transieree's flame, address, ar	10 ZIF + 4	- 110	elationship of transfer of to transfer ee					
				<del></del>					
(a) No	<del></del> _								
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
Part I	(27 2 27 3 27	(-) 3							
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1									
		(e) Transfer of git	ft						
	Transferse's name address as	-d 7ID + 4	D	elationship of transferor to transferee					
	Transferee's name, address, ar	Id ZIF + 4	ne.	elationship of transfer or to transfer ee					
(a) No.		<del></del>		<del></del>					
from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
Part I									
			ľ						
F									
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee					
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(a) No. from Part I		······································	· I						
from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
Parti				<del></del>					
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İ		(e) Transfer of gif	τ						
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee					
ı									
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FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH IN	IVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
BANK INTEREST			_	20,856.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	20,856.
FORM 990-PF	LEGAL	FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
LEGAL FEES	371.	186.	(	185.
TO FM 990-PF, PG 1, LN 16A	371.	186.	(	185.
FORM 990-PF	ACCOUNTI:	(B)	(C)	(D)
DESCRIPTION	EXPENSES PER BOOKS	NET INVEST- MENT INCOME	ADJUSTED NET INCOM	CHARITABLE PURPOSES
ACCOUNTING FEES	4,300.	2,150.	(	2,150.
TO FORM 990-PF, PG 1, LN 16B	4,300.	2,150.	(	2,150.
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	6,000.	3,000.	(	3,000.
TO FORM 990-PF, PG 1, LN 16C	6,000.	3,000.	(	3,000.
=				

FORM 990-PF	OTHER EX	XPENSES			STATEMENT	5
	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM		
BANK CHARGES	150.		0.		0. 1	50.
TO FORM 990-PF, PG 1, LN 23 150.			0.		0. 150	
FORM 990-PF	CORPORATI	E STOCK			STATEMENT	6
DESCRIPTION			вос	K VALUE	FAIR MARKE VALUE	т
PUBLICALLY TRADED SECURITIES		•	•	478,099.	478,0	99.
TOTAL TO FORM 990-PF, PART II,	LINE 10B			478,099.	478,0	99.
FORM 990-PF DEPRECIATION OF A	ASSETS NOT	HELD FOR	INVE	ESTMENT	STATEMENT	7
DESCRIPTION		r OR BASIS		MULATED RECIATION	BOOK VALU	E
EQUIPMENT		15,739.		15,739.		0.
TOTAL TO FM 990-PF, PART II, LI	N 14	15,739.		15,739.		0.

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, I		STATI	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
MICKEY SHAPIRO 31550 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS, MI 48018	PRESIDENT AND 0.20	DIRECTOR 0.	0.	0.
DR. MICHAEL F. ROIZEN 18600 SOUTH PARK BOULEVARD SHAKER HEIGHTS, OH 44122	VICE PRESIDENT 0.20	r AND DIRECTO	OR 0.	0.
DR. JONATHAN MOSS 5841 S. MARYLAND AVENUE, MC 4028 CHICAGO, IL 60637	TREASURER AND 0.20	DIRECTOR 0.	0.	0.
SIDNEY R. UNOBSKEY 270 GREEN STREET SAN FRANSISCO, CA 94123	DIRECTOR 0.00	0.	0.	0.
ARTHUR KELLY 20 S. CLARK STREET, SUITE 2222 CHICAGO, IL 60603	DIRECTOR 0.00	0.	0.	0.
JOHN CAMPODONICO 650 CALIFORNIA STREET, SUITE 2530 SAN FRANSISCO, CA 94104	DIRECTOR 0.00	0.	0.	0.
CARL PECK, M.D. 3900 RESERVOIR ROAD NW WASHINGTON, DC 20007	DIRECTOR 0.00	0.	0.	0.
ALAN J. SHEPHERD 2501 M STREET, #714 WASHINGTON, DC 20037	DIRECTOR 0.00	0.	0.	0.
GERALD SHIENER, M.D. 251 MERRILL BIRMINGHAM, MI 48009	DIRECTOR 0.00	0.	0.	0.
ARTHUR LESS 39400 WOODWARD AVENUE, SUITE 200 BLOOMFIELD HILLS, MI 48304	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 9

NAME OF MANAGER

DR. MICHAEL F. ROIZEN SIDNEY R. UNOBSKEY

#### FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 10 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANNE-MARIE PRINCE 5721 S. MARYLAND AVENUE CHICAGO, IL 60637

TELEPHONE NUMBER

773-834-1483

FORM AND CONTENT OF APPLICATIONS

LETTER

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE