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Form 990

Return of Organization Exempt From Income Tax

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization
UNIVERSITY CLINICAL EDUCATION &
RESEARCH ASSOCIATES (UCERA)

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
677 ALA MOANA BOULEVARD NO 1001City or town, state or country, and ZIP + 4
HONOLULU, HI 96813F Name and address of principal officer
PATRICIA BLANCHETTE
677 ALA MOANA BOULEVARD NO 1001
HONOLULU, HI 96813

D Employer identification number

99-0307152

E Telephone number

(808) 469-4961

G Gross receipts \$ 30,984,408

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527H(a) Is this a group return for
affiliates? Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

J Website: ► WWW UCERA.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1993

M State of legal domicile HI

Part I Summary

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE FUNDING TO BUILD AND SUSTAIN THE INFRASTRUCTURE OF THE JOHN A BURNS SCHOOL OF MEDICINE AND ITS DEPARTMENTS FUND RESEARCH, EDUCATION, AND SCHOLARLY DEVELOPMENT, PROVIDE ADDITIONAL RESOURCES TO RECRUIT, RETAIN, AND DEVELOP QUALIFIED FACULTY AT THE UNIVERSITY OF HAWAII, PROVIDE CLINICAL TRAINING AND EDUCATION TO STUDENTS OF THE UNIVERSITY OF HAWAII, AND PROVIDE HEALTH CARE TO THE GENERAL PUBLIC, WITH SPECIAL ATTENTION TO THE POOR AND OTHER UNDERSERVED POPULATIONS OF HAWAII AND THE PACIFIC REGION

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3 19

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 6

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5 281

6 Total number of volunteers (estimate if necessary)

6 16

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	149,287	796,293
9	Program service revenue (Part VIII, line 2g)	29,883,097	29,948,734
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,316	6,040
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	177,748	217,522
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,212,448	30,968,589

		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,871,978	17,611,390
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ► 34,444		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,338,878	10,678,876
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	28,210,856	28,290,266
19	Revenue less expenses Subtract line 18 from line 12	2,001,592	2,678,323

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	12,831,846	15,226,164
21	Total liabilities (Part X, line 26)	4,086,879	3,802,874
22	Net assets or fund balances Subtract line 21 from line 20	8,744,967	11,423,290

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer PATRICIA BLANCHETTE CHIEF EXECUTIVE OFFICER Type or print name and title	2013-02-21 Date
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Paid Preparer's Use Only	Preparer's signature ► MARK A HAYES Firm's name (or yours if self-employed), address, and ZIP + 4 ► CW ASSOCIATES CPAS 700 BISHOP STREET SUITE 1040 HONOLULU, HI 96813	Date	Check if self-employed ► <input type="checkbox"/> Preparer's taxpayer identification number (see instructions) P00085205
			EIN ► 26-1659234 Phone no ► (808) 531-1040

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission

UCERA IS A NON-PROFIT ORGANIZATION ESTABLISHED TO FURTHER THE MISSION AND VISION OF THE JOHN A BURNS SCHOOL OF MEDICINE AT THE UNIVERSITY OF HAWAII (JABSOM) IT CONTRIBUTES TO JABSOM'S GOAL OF IMPROVING THE HEALTH CARE STATUS OF THE CITIZENS OF HAWAII AND THE PACIFIC BY SUPPORTING THE EDUCATION, RESEARCH AND CLINICAL ACTIVITIES OF THE SCHOOL IT SUPPORTS FINANCIAL DIVERSIFICATION OF THE SCHOOL BY DEVELOPING REVENUE GENERATING INITIATIVES IN COLLABORATION WITH HOSPITALS, GOVERNMENT AGENCIES AND OTHER ENTITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 25,163,411 including grants of \$) (Revenue \$ 29,689,549)

CLINICAL AND PROFESSIONAL SERVICES - 1) PROVIDE HEALTH CARE TO THE GENERAL PUBLIC, WITH SPECIAL ATTENTION TO THE POOR AND OTHER UNDERSERVED POPULATIONS OF HAWAII AND THE PACIFIC REGION 2) SPECIALTY CLINICS - MULTI-SPECIALTY FACULTY PRACTICE AT CLINICS LOCATED AT VARIOUS SITES, PROVIDE PHYSICIANS ON THE UNIVERSITY OF HAWAII FACULTY WITH A BASE OF OB/GYN, ENDOCRINE, INTERNAL MEDICINE, GERIATRIC, SURGICAL, AND PSYCHIATRIC PATIENTS FROM WHICH THEY CAN EDUCATE MEDICAL STUDENTS AND RESIDENTS 3) QUEEN'S HOSPITAL AND HAWAII PACIFIC HEALTH/KAPIOLANI HOSPITAL/WAHIWA GENERAL CONTRACTS - PROVIDE FACULTY MEMBERS TO TREAT PATIENTS AND TO PROVIDE SPECIALTY CLINICAL SERVICES TO HOSPITALS 4) VETERAN'S ADMINISTRATION SPECIALTY CLINICS - PROVIDE SPECIALIST PHYSICIANS TO TREAT PATIENTS AT THE VA MEDICAL & REGIONAL OUTPATIENT CLINIC. THIS POPULATION TENDS TO BE INDIGENT AND UNDERSERVED. THE VA CLINIC IS ALSO A TEACHING SITE FOR THE UNIVERSITY OF HAWAII JOHN A BURNS SCHOOL OF MEDICINE AND PROVIDES A BASE OF TEACHING PATIENTS

4b (Code) (Expenses \$ 928,034 including grants of \$) (Revenue \$)

MEDICAL SCHOOL AND FACULTY SUPPORT - IN GENERAL, PROVIDES FUNDING TO BUILD AND SUSTAIN THE INFRASTRUCTURE OF THE UNIVERSITY OF HAWAII JOHN A BURNS SCHOOL OF MEDICINE AND ITS DEPARTMENTS. PROVIDE ADDITIONAL RESOURCES TO RECRUIT, RETAIN, AND DEVELOP QUALIFIED FACULTY AT THE UNIVERSITY OF HAWAII MEDICAL SCHOOL

4c (Code) (Expenses \$ 895,089 including grants of \$) (Revenue \$)

EDUCATIONAL SUPPORT - 1) IN GENERAL, PROVIDE EDUCATION AND CLINICAL TRAINING FOR THE UNIVERSITY OF HAWAII MEDICAL SCHOOL STUDENTS 2) INTERNATIONAL TRAINING PROGRAM - PROVIDE INTERNATIONAL MEDICAL STUDENTS AND RESIDENTS WITH U S. TRAINING EXPERIENCES AT THE UNIVERSITY OF HAWAII JOHN A BURNS SCHOOL OF MEDICINE 3) OFFICE OF MEDICAL EDUCATION - PROVIDE SIMULATED PATIENTS FOR CLINICAL SKILLS TRAINING AND EXAMINATIONS FOR SCHOOL OF MEDICINE STUDENTS AND RESIDENTS

(Code) (Expenses \$ 305,508 including grants of \$) (Revenue \$ 424,816)

RESEARCH SUPPORT - THESE ARE RESEARCH STUDIES THAT FOCUS ON ADULT OBESITY, CARDIOVASCULAR HEALTH, AIDS CLINICAL RESEARCH AND OVERALL MEDICAL STUDY

4d Other program services (Describe in Schedule O)

(Expenses \$ 305,508 including grants of \$) (Revenue \$ 424,816)

4e Total program service expenses \$ 27,292,042

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35b		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O			

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	66
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	281
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	No
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	11a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
11	Section 501(c)(12) organizations. Enter	12a	
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13b	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
c	Enter the aggregate amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body at the end of the tax year **1a** 19
- b Enter the number of voting members included in line 1a, above, who are independent **1b** 6
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2** No
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? **3** No
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4** No
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** No
- 6 Did the organization have members or stockholders? **6** No
- 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **7a** No
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b** No
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
- a The governing body? **8a** Yes
- b Each committee with authority to act on behalf of the governing body? **8b** Yes
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O **9** No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

- 10a Did the organization have local chapters, branches, or affiliates? **10a** No
- b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10b**
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a** Yes
- b Describe in Schedule O the process, if any, used by the organization to review the Form 990 **12a** Yes
- 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **12b** Yes
- b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c** Yes
- c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done **13** Yes
- 13 Did the organization have a written whistleblower policy? **14** Yes
- 14 Did the organization have a written document retention and destruction policy? **15** Yes
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- a The organization's CEO, Executive Director, or top management official **15a** Yes
- b Other officers or key employees of the organization **15b** Yes
- If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16a** No
- b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **16b**

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed **HI**
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
- THE ORGANIZATION
677 ALA MOANA BOULEVARD NO 1001
HONOLULU, HI 96813
(808) 469-4961

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key Employee			
(1) HEDGES JERRIS PRESIDENT	10 00	X		X			0	0	0
(2) TAM ELIZABETH VICE PRESIDENT	1 00	X		X			0	0	0
(3) BURNS JAMES SECRETARY	1 00	X		X			0	0	0
(4) HIGA JILL TREASURER	1 00	X		X			0	0	0
(5) HARRIGAN ROSANNE DIRECTOR	1 00	X					0	0	0
(6) MASAKI KAMAL DIRECTOR	1 00	X					0	0	0
(7) NAKAMURA KENNETH DIRECTOR	1 00	X					0	0	0
(8) KATEKARU ANNE DIRECTOR	1 00	X					0	0	0
(9) ANG KHENG SEE DIRECTOR	1 00	X					0	0	0
(10) KILLEEN JEFFREY DIRECTOR	1 00	X					0	0	0
(11) BOLAND MARY DIRECTOR	1 00	X					0	0	0
(12) HOLZMAN JOHN DIRECTOR	1 00	X					0	0	0
(13) ERNE MICHAEL DIRECTOR	1 00	X					0	0	0
(14) KAHOLOKULA JOSEPH DIRECTOR	1 00	X					0	0	0
(15) IZUTSU SATORU DIRECTOR/EMPLOYEE AS OF 1/1/12	20 00	X					0	0	0
(16) SAUVAGE LYNNNAE DIRECTOR/EMPLOYEE	48 00	X					230,257	0	4,320
(17) HIXON ALLEN L DIRECTOR/EMPLOYEE	16 00	X					100,925	0	3,533

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GUERRERO ANTHONY PS DIRECTOR/EMPLOYEE	4 00	X							36,327	0	159
(19) TAKANISHI DANNY DIRECTOR/FORMER TREASURER/EMPLOYEE	17 00	X		X					70,000	0	437
(20) PALAFOX NEAL FORMER DIRECTOR	1 00	X							0	0	0
(21) INKINEN KATHRYN FORMER DIRECTOR	1 00	X							0	0	0
(22) BLANCHETTE PATRICIA AL CEO/EMPLOYEE	40 00			X					249,665	0	7,869
(23) ADRIANO JOSEPH CFO/EMPLOYEE	40 00			X					132,213	0	4,577
(24) MAGNUSSON ARNAR CMO/EMPLOYEE	16 00			X					100,000	0	472
(25) CASSADY SHARMINI K IN HOUSE COUNSEL/CHIEF COMPLIANCE OFFICER	40 00			X					176,256	0	6,256
(26) CARNEY MICHAEL EMPLOYEE	40 00				X				402,834	0	16,174
(27) LORENZO CEDRIC SF EMPLOYEE	40 00				X				359,022	0	6,414
(28) HEMMINGS DAPHNE E EMPLOYEE	40 00				X				348,034	0	10,235
(29) INOUYE DAVID S EMPLOYEE	40 00				X				346,057	0	6,450
(30) HAYASHI MICHAEL S EMPLOYEE	40 00				X				345,626	0	14,459
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)									2,897,216	0	81,355

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
UH OFFICE OF RESEARCH SVC 2530 DOLE ST SAKAMAKI D-200 HON, HI 96822	PHYSICIAN/ADMIN COMP	6,148,835
KAEO RAD LLC 4348 WAIALAE AVENUE HONOLULU, HI 96816	IT MANAGEMENT SERVICES	273,801
HAWAII RESIDENCY PROGRAM INC 1356 LUSITANA STREET 5TH FLOOR51 HONOLULU, HI 96813	ADMIN COMPENSATION	109,842

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **►3**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	796,293				
	g Noncash contributions included in lines 1a-1f \$		585,000				
	h Total. Add lines 1a-1f		796,293				
Program Service Revenue	Business Code						
			2a SPECIALTY CLINICS	621400	14,598,838	14,598,838	
			b QUEENS MEDICAL CENTER	621110	7,629,792	7,629,792	
			c HAWAII PACIFIC HEALTH	621110	5,512,146	5,512,146	
			d OTHER CONTRACTS	900099	1,783,142	1,783,142	
			e FEES AND CONTRACT FROM	900099	424,816	424,816	
	f All other program service revenue						
	g Total. Add lines 2a-2f		29,948,734				
3 Investment income (including dividends, interest and other similar amounts)		5,835		5,835			
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross rents	(I) Real	(II) Personal					
b Less rental expenses	51,891						
c Rental income or (loss)	0						
d Net rental income or (loss)	51,891			51,891			
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
b Less cost or other basis and sales expenses		16,024					
c Gain or (loss)		15,819					
d Net gain or (loss)		205		205			
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18							
b Less direct expenses	a						
c Net income or (loss) from fundraising events	b						
9a Gross income from gaming activities See Part IV, line 19							
b Less direct expenses	a						
c Net income or (loss) from gaming activities	b						
10a Gross sales of inventory, less returns and allowances							
b Less cost of goods sold	a						
c Net income or (loss) from sales of inventory	b						
Miscellaneous Revenue		Business Code					
11a OTHER REVENUE		900099	155,881	155,881			
b NON-OPERATING INCOME		900099	9,750	9,750			
c							
d All other revenue							
e Total. Add lines 11a-11d		165,631					
12 Total revenue. See Instructions		30,968,589	30,114,365	0	57,931		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,183,423	1,002,242	180,019	1,162
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,429,868	12,231,786	2,183,554	14,528
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	246,953	204,748	42,205	
9 Other employee benefits	844,393	625,674	218,719	
10 Payroll taxes	906,753	749,062	157,691	
11 Fees for services (non-employees)				
a Management				
b Legal	59,788		59,788	
c Accounting	55,078		55,078	
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other	155,988	149,914	5,395	679
12 Advertising and promotion				
13 Office expenses	634,672	452,192	181,455	1,025
14 Information technology				
15 Royalties				
16 Occupancy	1,395,398	942,425	450,430	2,543
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	318,686	269,159	49,249	278
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	241,611	173,585	67,644	382
23 Insurance	132,053	39,329	92,203	521
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PURCHASED SERVICES	7,357,856	6,833,185	521,725	2,946
b MISCELLANEOUS EXPENSE	269,940	197,828	61,851	10,261
c DUES AND MEMBERSHIP	57,806	36,579	21,108	119
d ALLOCATION OF COSTS	0	3,384,334	-3,384,334	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	28,290,266	27,292,042	963,780	34,444
26 Joint costs. Check here <input type="checkbox"/> <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	26,871	1	27,000	
	2 Savings and temporary cash investments	7,908,473	2	9,039,060	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	3,537,855	4	3,786,760	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	282,529	9	539,323	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,681,211	10a		
	b Less accumulated depreciation	1,399,009	873,181	10c	1,282,202
	11 Investments—publicly traded securities		11		
	12 Investments—other securities See Part IV, line 11	98,000	12		
	13 Investments—program-related See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets See Part IV, line 11	104,937	15	551,819	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	12,831,846	16	15,226,164	
Liabilities	17 Accounts payable and accrued expenses	2,440,627	17	3,132,810	
	18 Grants payable		18		
	19 Deferred revenue	520,455	19	393,388	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,125,797	25	276,676	
	26 Total liabilities. Add lines 17 through 25	4,086,879	26	3,802,874	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	8,289,683	27	11,061,760	
	28 Temporarily restricted net assets	455,284	28	361,530	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	8,744,967	33	11,423,290	
	34 Total liabilities and net assets/fund balances	12,831,846	34	15,226,164	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,968,589
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,290,266
3	Revenue less expenses Subtract line 2 from line 1	3	2,678,323
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,744,967
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,423,290

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/>	2a	No
2b	Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <input type="checkbox"/>	2c	Yes
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <input type="checkbox"/>	3a	No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/>	3b	

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue ServiceName of the organization
UNIVERSITY CLINICAL EDUCATION &
RESEARCH ASSOCIATES (UCERA)

Employer identification number

99-0307152

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 exempt 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)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** 

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization 	
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization 	
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 	
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 	
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 	

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,021,280	648,029	460,366	149,287	796,293	3,075,255
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	23,755,489	24,790,162	26,274,147	29,883,097	29,948,734	134,651,629
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	24,776,769	25,438,191	26,734,513	30,032,384	30,745,027	137,726,884
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			10,000	10,000	10,000	30,000
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	137,310					137,310
c Add lines 7a and 7b	137,310		10,000	10,000	10,000	167,310
8 Public Support (Subtract line 7c from line 6)						137,559,574

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	24,776,769	25,438,191	26,734,513	30,032,384	30,745,027	137,726,884
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	255,753	207,800	74,104	52,355	57,726	647,738
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	255,753	207,800	74,104	52,355	57,726	647,738
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			117,136	127,709	165,631	410,476
13 Total support (Add lines 9, 10c, 11 and 12)	25,032,522	25,645,991	26,925,753	30,212,448	30,968,384	138,785,098
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99 120 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	98 930 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0 470 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 640 %
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME NON-OPERATING INCOME OTHER REVENUE

2011

Open to Public
Inspection**SCHEDULE D**
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

Name of the organizationUNIVERSITY CLINICAL EDUCATION &
RESEARCH ASSOCIATES (UCERA)**Employer identification number**

99-0307152

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

- 4 Number of states where property subject to conservation easement is located ► _____

- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

- 6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

► \$ _____

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a Public exhibition d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- | | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations Yes No

(ii) related organizations Yes No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements		708,060		33,277	674,783
d Equipment		1,973,151		1,365,732	607,419
e Other					
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					1,282,202

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO JABSOM	276,676
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	276,676

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30,968,589
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,290,266
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,678,323
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,678,323

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	30,477,343
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	30,477,343
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	491,246
c	Add lines 4a and 4b	4c	491,246
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	30,968,589

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	28,290,266
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	28,290,266
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	28,290,266

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN NOT TO FAIL UPON REGULATORY EXAMINATION. MANAGEMENT HAS EVALUATED THE UCERA'S TAX POSITIONS AS OF JUNE 30, 2012 AND 2011 AND FOR THE YEARS THEN ENDED BY REVIEWING ITS INCOME TAX RETURNS AND CONFERRING WITH ITS TAX ADVISORS, AND DETERMINED THAT UCERA HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED IN ACCORDANCE WITH SUCH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. SUCH RETURNS ARE OPEN FOR EXAMINATION UNTIL THE STATUTE OF LIMITATIONS EXPIRES.
PART XII, LINE 4B - OTHER ADJUSTMENTS		DECREASE IN TEMPORARILY RESTRICTED NET ASSETS - 93,754 DONATED LEASEHOLD IMPROVEMENTS 585,000

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization

UNIVERSITY CLINICAL EDUCATION & RESEARCH ASSOCIATES (UCERA)

Employer identification number

99-0307152

Part I Questions Regarding Compensation

Yes

No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Identifier	Return Reference	Explanation
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Schedule L

Transactions with Interested Persons

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization

UNIVERSITY CLINICAL EDUCATION & RESEARCH ASSOCIATES (UCERA)

Employer identification number

99-030715

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ELMER TAM JR MEMBER OF KAEORAD	FAMILY MEMBER OF ELIZABETH TAM, M D , CURRENT OFFICER/DIRECTOR	274,345	SERVICES AS CHIEF INFORMATION OFFICER (CONSULTANT) THE PAYMENT TO ELMER TAM, JR IS TO HIS COMPANY, KAEORAD, LLC , OF WHICH HE PAYS FOR PERSONNEL COST AND OTHER OPERATING COST OF THE COMPANY		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

►Complete if the organization answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization

UNIVERSITY CLINICAL EDUCATION &
RESEARCH ASSOCIATES (UCERA)

Employer identification number

99-0307152

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
LH				
25 Other ► (<u>IMPRVMNT</u>)	X	1	585,000	ACTUAL COST
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29		0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31	Yes	
32a		No

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990 or 990-EZ.**

2011**Open to Public
Inspection**

Name of the organization

UNIVERSITY CLINICAL EDUCATION &
RESEARCH ASSOCIATES (UCERA)**Employer identification number**

99-0307152

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 6, DESCRIPTION OF VOLUNTEERS	THE ONLY VOLUNTEERS UTILIZED BY UCERA ARE THE VOLUNTEER BOARD MEMBERS
	FORM 990, PART VI, SECTION B, LINE 11	FINANCE REVIEWS THE INFORMATION, FIGURES AND OTHER DETAILS OF FORM 990 THE CHIEF FINANCIAL OFFICER PRESENTS THE FORM 990 TO THE FINANCE COMMITTEE BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MEMBERS SIGN ANNUALLY A CONFLICT OF INTEREST STATEMENT AND ARE PROVIDED WITH THE POLICY
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD REVIEWS COMPENSATION USING NATIONAL COMPARATORS INCLUDING THE MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC), AND SULLIVAN & COTTER COMPENSATION BENCHMARKS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
		FORM 990, PART VII, SECTION A, LINE 1A, REPORTABLE COMPENSATION FROM RELATED ORGANIZATION MEMBERS OF THE UCERA BOARD ARE NOT COMPENSATED FOR THEIR SERVICE AS BOARD MEMBERS UCERA BOARD MEMBERS (GUERRERO, DRS SAUVAGE, TAKANISHI, AND HIXON) ARE ALSO UCERA EMPLOYEES AND ARE COMPENSATED BY UCERA FOR THEIR WORK AS EMPLOYEES UCERA BOARD MEMBERS (DRS BOLAND, HARRIGAN, HEDGES, IZUTSU, KAHOLOKULA, KILLEEN, MASAKI, NAKAMURA, PALAFOX, SAUVAGE, TAKANISHI, TAM) ARE EMPLOYEES OF RELATED ORGANIZATIONS, THE UNIVERSITY OF HAWAII (UH) JOHN A. BURNS SCHOOL OF MEDICINE AND THE UH SCHOOL OF NURSING, AND ARE COMPENSATED DIRECTLY BY UH FOR THEIR PROFESSIONAL SERVICES AS UH EMPLOYEES

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY CLINICAL EDUCATION
RESEARCH ASSOCIATES (UCERA)

Employer identification number

99-0307152

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY OF HAWAII JOHN A BURNS SCHOOL OF MEDICINE	O	6,354,740	CASH
(2) UNIVERSITY OF HAWAII JOHN A BURNS SCHOOL OF MEDICINE	P	407,123	ACCRUAL
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
	FORM 990, SCHEDULE R, PART V, LINE 2(1)	REIMBURSEMENT PAID TO JABSOM FOR SALARIES, FRINGE BENEFITS, AND MALPRACTICE INSURANCE
	FORM 990, SCHEDULE R, PART V, LINE 2(2)	REIMBURSEMENT TO BE PAID BY JABSOM FOR RENT

Additional Data

Software ID:
Software Version:
EIN: 99-0307152
Name: UNIVERSITY CLINICAL EDUCATION & RESEARCH ASSOCIATES (UCERA)

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code) (Expenses \$	305,508 including grants of \$) (Revenue \$ 424,816)
RESEARCH SUPPORT - THESE ARE RESEARCH STUDIES THAT FOCUS ON ADULT OBESITY, CARDIOVASCULAR HEALTH, AIDS CLINICAL RESEARCH AND OVERALL MEDICAL STUDY			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
HEDGES JERRIS PRESIDENT	10 00	X		X			0	0	0
TAM ELIZABETH VICE PRESIDENT	1 00	X		X			0	0	0
BURNS JAMES SECRETARY	1 00	X		X			0	0	0
HIGA JILL TREASURER	1 00	X		X			0	0	0
HARRIGAN ROSANNE DIRECTOR	1 00	X					0	0	0
MASAKI KAMAL DIRECTOR	1 00	X					0	0	0
NAKAMURA KENNETH DIRECTOR	1 00	X					0	0	0
KATEKARU ANNE DIRECTOR	1 00	X					0	0	0
ANG KHENG SEE DIRECTOR	1 00	X					0	0	0
KILLEEN JEFFREY DIRECTOR	1 00	X					0	0	0
BOLAND MARY DIRECTOR	1 00	X					0	0	0
HOLZMAN JOHN DIRECTOR	1 00	X					0	0	0
ERNE MICHAEL DIRECTOR	1 00	X					0	0	0
KAHOLOKULA JOSEPH DIRECTOR	1 00	X					0	0	0
IZUTSU SATORU DIRECTOR/EMPLOYEE AS OF 1/1/12	20 00	X					0	0	0
SAUVAGE LYNNAE DIRECTOR/EMPLOYEE	48 00	X					230,257	0	4,320
HIXON ALLEN L DIRECTOR/EMPLOYEE	16 00	X					100,925	0	3,533
GUERRERO ANTHONY PS DIRECTOR/EMPLOYEE	4 00	X					36,327	0	159
TAKANISHI DANNY DIRECTOR/FORMER TREASURER/EMPLOYEE	17 00	X		X			70,000	0	437
PALAFOX NEAL FORMER DIRECTOR	1 00	X					0	0	0
INKINEN KATHRYN FORMER DIRECTOR	1 00	X					0	0	0
BLANCHETTE PATRICIA AL CEO/EMPLOYEE	40 00			X			249,665	0	7,869
ADRIANO JOSEPH CFO/EMPLOYEE	40 00			X			132,213	0	4,577
MAGNUSSON ARNAR CMO/EMPLOYEE	16 00			X			100,000	0	472
CASSADY SHARMINI K IN HOUSE COUNSEL/CHIEF COMPLIANCE OFFICER	40 00			X			176,256	0	6,256

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
CARNEY MICHAEL EMPLOYEE	40 00				X		402,834	0	16,174
LORENZO CEDRIC SF EMPLOYEE	40 00				X		359,022	0	6,414
HEMMINGS DAPHNE E EMPLOYEE	40 00				X		348,034	0	10,235
INOUE DAVID S EMPLOYEE	40 00				X		346,057	0	6,450
HAYASHI MICHAEL S EMPLOYEE	40 00				X		345,626	0	14,459