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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public.

Inten	nal Re	venue Service Information about For	m 990-PF and its separate	instructions is at WWW.II	s.gov/torm990pt.	Open to Public Inspection
For	caler	ndar year 2013 or tax year beginning JUL	1, 2013	, and ending	JUN 30, 2014	1
Na	ne of	foundation			A Employer identificatio	n number
С	LI	NICAL PRACTICE ENHANCEM	ENT AND			
_A	NE	STHESIA RESEARCH FOUNDA	TION		36-3474030)
Nur	nber a	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	4
5	<u>75</u>	3 TANAGER STREET	 		773-843-13	318
City	or to	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	pending, check here
_ <u>S</u>	CH	ERERVILLE, IN 46735		·		
G (Check	all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return		2 Foreign organizations m	esting the 95% test
		Address change	Name change		Foreign organizations m check here and attach c	omputation
H_	_	type of organization: X Section 501(c)(3) ex			E If private foundation sta	
<u> </u>			Other taxable private founda		under section 507(b)(1)(A), check here
		arket value of all assets at end of year J Accounting	-	Accrual	F If the foundation is in a	
			her (specify)		under section 507(b)(1)(B), check here
	·\$	1,105,896. (Part I, colu	[pasis.)		T (4) -
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(1) Disbursements for charitable purposes
				income		(cash basis only)
	1	Contributions, gifts, grants, etc., received	1,500.		N/A	
	2	Check \ X If the foundation is not required to attach Sch B	1 020	1 020	<u> </u>	CONTRACTOR 1
	3	Interest on savings and temporary cash investments	1,038.	1,038.		STATEMENT 1
	4	Dividends and interest from securities	24,180.	24,180.		STATEMENT 2
		Gross rents				-
	b					<u> </u>
ne		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue	b	assets on line 6a Capital gain net income (from Part IV, line 2)		0.		
Be	8	Net short-term capital gain				
	٥	Income modifications	<u> </u>	4 Y = -1-1-1		
	102	Gross sales less returns and allowances				
		Less Cost of goods sold				
		Gross profit or (loss)				
	11	Other income		·		
	12	Total. Add lines 1 through 11	26,718.	25,218.		
	13	Compensation of officers, directors, trustees etc	0.	0.		O'.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
ses	16a	Legal fees STMT 3	402.	201.		201.
ben	b	Accounting fees STMT 4	10,775.	5,388.		5,387.
ζįΣ	C	Other professional fees				
ǧ	17	Interest				
讍	18	Depreciation and depletion STMT 5	1,353.	0.		0.
	19	()	J			
JĘ.	20	Occupancy				
_\& \&	21	THE Vell contered 44 and meetings				
ન	22_	Printing and publications	1 074	126		250
JĒ	23	Other expenses UT STMT 6	1,874.	136.	 	352.
VIUC 6 U JAIL CIANNING Expenses	-24 -	Total-operating-and-administrative	1 4 4 4 4 4	E 705		E 040
ية 20	05	expenses. Add lines 13 through 23	14,404. 50,000.	5,725.		5,940.
Ž.	25	Contributions, gifts, grants paid	50,000.		 	_50,000.
-	26	Total expenses and disbursements.	64,404.	5,725.		55,940.
—	97	Add lines 24 and 25 Subtract line 26 from line 12:	04,404.	5,145.		
			-37,686.			
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	- 31,000.	19,493.	 	
		Adjusted net income (if negative, enter -0-)		<u> </u>	N/A	

<u>Fo</u>	rm 99	00-PF (2013) ANESTHESIA RESEARCH FOU	NDATION	36	-3474030	Page 2
	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	of year	
<u> </u>	ui t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market	
	1	Cash - non-interest-bearing	163,087.	557	•	<u>577.</u>
	2	Savings and temporary cash investments	366,417.	466,976	. 466	,976.
	3	Accounts receivable ►				
		Less: allowance for doubtful accounts ▶		<u></u>		
	4	Pledges receivable >				
	1	Less: allowance for doubtful accounts ▶				
	5	Grants receivable			<u> </u>	
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable				
		Less: allowance for doubtful accounts ▶		· · · · · · · · · · · · · · · · · · ·		
Assets	8	Inventories for sale or use				
SS	9	Prepaid expenses and deferred charges		·····		
⋖	10a	Investments - U.S. and state government obligations		· · · · · · · · · · · · · · · · · · ·	_	
	b	Investments - corporate stock				
	C	Investments - corporate bonds		·	_	
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation		·		
	12	Investments - mortgage loans				
	13	Investments - other STMT 8	556,126.	635,924	. 635	,924.
	14	Land, buildings, and equipment: basis ▶				
		Less accumulated depreciation	<u> </u>			
	15	Other assets (describe REFUNDABLE PAYMENTS)	2,179.	2,419	. 2	,419.
	16	Total assets (to be completed by all filers - see the				
		instructions. Also, see page 1, item 1)	1,087,809.	1,105,876	1,105	<u>,896.</u>
	17	Accounts payable and accrued expenses				
	18	Grants payable - [
S	19	Deferred revenue		· -		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
abi	21	Mortgages and other notes payable				
⊐	22	Other liabilities (describe)				
	23	Total liabilities (add lines 17 through 22)	0.	0	<u>.</u>	
		Foundations that follow SFAS 117, check here				
		and complete lines 24 through 26 and lines 30 and 31.				
Ses	24	Unrestricted	1,087,809.	1,105,876	•	
ā	25	Temporarily restricted				
Net Assets or Fund Balances	26	Permanently restricted				
힏		Foundations that do not follow SFAS 117, check here				
Ę		and complete lines 27 through 31.			·	
S	27	Capital stock, trust principal, or current funds				
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
As	29	Retained earnings, accumulated income, endowment, or other funds				
let	30	Total net assets or fund balances	1,087,809.	1,105,876	.]	
_					7	
	31	Total liabilities and net assets/fund balances	1,087,809.	1,105,876	•	
		III Analysis of Changes in Net Assets or Fund Ba	alances	•		
<u> </u>	art	III Analysis of Changes in Net Assets of Fulld Bo			<u></u>	
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30			
		t agree with end-of-year figure reported on prior year's return)		_1	1,087	,809.
2		amount from Part I, line 27a		2		,686.
		increases not included in line 2 (itemize)	SEE STA			,753.
		ines 1, 2, and 3		4		
		eases not included in line 2 (itemize)		5		0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6		
					Form 990-l	

F	Part IV Capital Gains a	nd Losses for Tax on Ir	rvestmen	t Income					
		pe the kind(s) of property sold (e.g ehouse; or common stock, 200 sha			(b) P D	How acquired - Purchase - Donation		acquired ay, yr.)	(d) Date sold (mo., day, yr.)
<u>1a</u>					<u> </u>			·	
_ <u>b</u>		E							
_c					 	<u> </u>			
_ <u>u</u>		/			 				
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		···		ain or (loss s (f) minus (
_a	ı								
_ <u>b</u>	· · · · · · · · · · · · · · · · · · ·	<u>.</u>							
_ <u>d</u>									
		gain in column (h) and owned by	the foundation	n on 12/31/69		(1	I) Gains (C	ol. (h) gain	minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i)			l. (k), but r	not less that (from col. (n -0-) or
_a		•						-	
_b									
		 							
_d									
_ <u>e</u>									
2	Capital gain net income or (net capi	If gain, also enter of If (loss), enter -0			}	2			
3	Net short-term capital gain or (loss If gain, also enter in Part I, line 8, co If (loss), enter -0- in Part I, line 8	,	nd (6):		}	3			
F		der Section 4940(e) for	Reduced	Tax on Net	Inv	estment Inc	ome		
(Fo	or optional use by domestic private f	oundations subject to the section 4	4940(a) tax or	net investment ir	ncome	e.)			
lf c	section 4940(d)(2) applies, leave this	nart hlank							
	as the foundation liable for the section			•	rıod?				Yes X No
1	Yes," the foundation does not qualify Enter the appropriate amount in ea				entries	 }.			
Ė	(a)	(b)	1011 00110110 00	loro making any a	(c)			District	(d) oution ratio
	Base period years Calendar year (or tax year beginning		tributions	Net value of no		rıtable-use assets	:	Distrib col. (b) div)	oution ratio vided by col. (c))
	2012		2,101.		1	,078,739).		.057568
	2011	10	<u>5,485.</u>		1	<u>,049,701</u>	- •		.100491
	2010						_		
_	2009		<u> </u>						
	2008					· · · · · · · · ·	+		
2	Total of line 1, column (d)						2		158059
	Average distribution ratio for the 5-	year base period - divide the total o	on line 2 by 5,	or by the number	of ye	ars			120000
	the foundation has been in existence		,				3		.079030
4	Enter the net value of noncharitable	-use assets for 2013 from Part X,	line 5	·			4		<u>1,086,284.</u>
5	Multiply line 4 by line 3						5		85,849.
6	Enter 1% of net investment income	(1% of Part I, line 27h)					6		195.
•	Z.i.d. 170 of not invostment income	(or i are a mile 210)							
7	Add lines 5 and 6						7		86,044.
8	Enter qualifying distributions from F	Part XII, line 4					8		55,940.
	If line 8 is equal to or greater than li See the Part VI instructions.	ne 7, check the box in Part VI, line	1b, and comp	lete that part usin	ıg a 19	% tax rate.			

CLINICAL PRACTICE ENHANCEMENT AND Form 990-PF (2013) ANESTHESIA RESEARCH FOUNDATION Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: 390. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 390. 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 390. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2013 estimated tax payments and 2012 overpayment credited to 2013 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 0. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 390 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2014 estimated tax Refunded > Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 1a any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. > \$ (2) On foundation managers. ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ Х 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes." attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: · By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered (see instructions) ILb If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation X 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

Form **990-PF** (2013)

10

year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

	CLINICAL PRACTICE ENHANCEMENT AND			
_	1990-PF (2013) ANESTHESIA RESEARCH FOUNDATION 36-347	4030		Page 5
Pa	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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		ĺ	
	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	_X_	
	Website address ► N/A			
14	The books are in care of ► ANNE-MARIE PRINCE Telephone no. ► 773-8	<u>43-1</u>	<u>483</u>	
	Located at ► 5753 TANAGER STREET, SCHERERVILLE, IN ZIP+4 ►4	<u>6375</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	•
	and enter the amount of tax-exempt interest received or accrued during the year		/A_	
16	At any time during calendar year 2013, 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		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
	country			
Pa	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	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			<u> </u>
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	16		
	Organizations relying on a current notice regarding disaster assistance check here			
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			
	before the first day of the tax year beginning in 2013?	1c		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			İ
a	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2013? Yes X No			
	If "Yes," list the years \blacktriangleright			
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			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
Ī	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		i	
	during the year?			
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			
_	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2013) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
_	· · · · · · · · · · · · · · · · · · ·			

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

	EMENT AND				
Fdrm 990-PF (2013) ANESTHESIA RESEARCH FOUN			<u>36-34740</u>	130 F	age 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indir				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for	-		
the prevention of cruelty to children or animals?	, , ,		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described				
section 53.4945 or in a current notice regarding disaster assistance (see instru	' '	in riogalations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•			-	
		unad			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			l		
expenditure responsibility for the grant?		1/AY	es L No		
If "Yes," attach the statement required by Regulations section 53.4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y(es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es 🗶 No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trusto		nagers, Highl			
Paid Employees, and Contractors	•	O , O .	•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expe account,	nse
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account,	ces
				1	
СЕЕ СТАТЕМЕНТ Q		0	0		Ω
SEE STATEMENT 9		0.	0.		0.
SEE STATEMENT 9		0.	0.		0.
SEE STATEMENT 9		0.	0.		0.
SEE STATEMENT 9		0.	0.		0.
SEE STATEMENT 9		0.	0.		0.
SEE STATEMENT 9		0.	0.		0.
SEE STATEMENT 9		0.	0.		0.
SEE STATEMENT 9		0.	0.		0.
SEE STATEMENT 9		0.	0.		0.
			0.		0.
SEE STATEMENT 9 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,				
Compensation of five highest-paid employees (other than those inc.)	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit plans	(e) Expe	
			(d) Contributions to	(e) Expe account, allowan	nse
Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expe account, allowan	nse
Compensation of five highest-paid employees (other than those inc.)	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expe account, allowan	nse
Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expe account, allowan	nse
Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expe account, allowan	nse
Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expe account, allowan	nse
Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expe account, allowan	nse
Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expe account, allowan	nse
Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expe account, allowan	nse
Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expe account, allowan	nse

Total number of other employees paid over \$50,000

Form 990-PF (2013) ANESTHESIA RESEARCH FOUNDATION	36-	3474030 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		> (
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced	nformation such as the	Expenses
1 N/A	, 0.0.	
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions. 3		
Total, Add lines 1 through 3		0.

ANESTHESIA RESEARCH FOUNDATION

	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	575,861.
	Average of monthly cash balances	1b	524,666.
C	Fair market value of all other assets	1c	2,299.
d	Total (add lines 1a, b, and c)	1d	1,102,826.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,102,826.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	16,542.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,086,284.
6	Minimum investment return Enter 5% of line 5	6	54,314.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	54,314.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	390.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	53,924.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	53,924.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	53,924.
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		EE 040
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	55,940. 0.
	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	EE 040
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	55,940.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
_	Income. Enter 1% of Part I, line 27b	5	<u>0.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	6	55,940.

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,		Toda o prior to 2012		
line 7				53,924.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	_
b Total for prior years:				
,		0.		<u>.</u>
3 Excess distributions carryover, if any, to 2013:				-
a From 2008				
b From 2009				
c From 2010				
d From 2011 54,459.		j		
e From 2012 9,486.				
f Total of lines 3a through e	63,945.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ► \$ 55,940.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				53,92 4.
e Remaining amount distributed out of corpus	2,016.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as				
indicated below:	65 061			
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	65,961.			
b Prior years' undistributed income. Subtract		0		
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				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of			i	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	65,961.			-
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011 54, 459.				
d Excess from 2012 9, 486.				
e Excess from 2013 2,016.				5 000 DE (0040)

CLINICAL PRACTICE ENHANCEMENT AND Form 990-PF (2013) ANESTHESIA RESEARCH FOUNDATION 36-3474030 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2013 (b) 2012 (c) 2011 (d) 2010 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: 🔟 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

ANNE-MARIE PRINCE, 7738341483

5721 S. MARYLAND AVENUE, CHICAGO, IL 60637

b The form in which applications should be submitted and information and materials they should include:

<u>LETTER</u>

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

ANESTHESIA RESEARCH FOUNDATION 36-3474030 Form 990-PF (2013) Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of Purpose of grant or contribution **Amount** Name and address (home or business) recipient a Paid during the year SOCIETY OF CARDIOVASCULAR CARIOVASCULAR RESEARCH ANESTHESIOLOGISTS FOUNDATION 2805 MCRAE ROAD 50,000, RICHMOND VA 23235 Total ➤ 3a 50,000, **b** Approved for future payment NONE

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Total

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Part XVI-A	Analysis of Income-Producing Activi	ties

Enter gross amounts unless otherwise indicated.	Unrelated business income			by section 512, 513, or 514	(e)
Ernor gross amounts amous caror wise majouted.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1,038. 24,180.	
4 Dividends and interest from securities			14	24,180.	
5 Net rental income or (loss) from real estate:					<u> </u>
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b			ļ		· · · · · · · · · · · · · · · · · · ·
c					
d		 	 -		
e			-	25 210	
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	l	25,218.	
13 Total. Add line 12, columns (b), (d), and (e)				13	25,210
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acco	mplishment of Ex	empt F	Purposes	
Line No. Explain below how each activity for which inco	me is reported in	column (a) of Part YV/I-A	contribute	od importantly to the accom-	nlichment of
the foundation's exempt purposes (other than			COMMIDAR	so importantly to the accom-	plishinioni oi
and residential and state of the state of th	o, protioning tan				
					
			_	 	
					
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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

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Page 13

,	Exempt Organ	izations							
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of								Yes	No
	•			27, relating to political organ		, ,			
	from the reporting found								
(1) Cash				•			1a(1)		X
(2) Other							1a(2)		Х
b Other tran				•					
_	of assets to a noncharita	ble exempt organiza	tion				1b(1)		Х
	hases of assets from a no						1b(2)		X
	al of facilities, equipment,	•					1b(3)		X
, ,	bursement arrangements						1b(4)		X
• •	s or loan guarantees						1b(5)		X
	ormance of services or me	embership or fundrai	sing solicitatio	ins			1b(6)		X
	f facilities, equipment, ma		=			•	1c		X
		-	•	dule. Column (b) should alv	ways show the fair m	narket value of the goods o		ets.	
				ed less than fair market valu				,	
	i) the value of the goods,				,	or ordering arrangement, or			
(a) Line no	(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and s	haring an	rangeme	nts
	· · · · · · · · · · · · · · · · · · ·	. , ,	N/A	<u></u>			<u>-</u> _	·	
			-1,,						
									
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							-		
				· · · · · · · · · · · · · · · · · · ·		···			
2a Is the four	ndation directly or indirect	tly affiliated with or i	related to one	or more tax-exempt organi	zations described		-		
	501(c) of the Code (other	-		• -	zations ocsenbed		Yes	X] No
	omplete the following sch	•	/(0/) OF III 36GE	1011 327			163	L-43-	J 140
D 11 163, CC	(a) Name of org			(b) Type of organization	1	c) Description of relationsh	ın		
	N/A			(b) Typo of organization	· · · · · · · · · · · · · · · · · · ·	e j Doddinpalon di Foldationion	iP		
	N/A						-		
						····			
									
									
Under	penalties of periury. I declare	that have examined thi	s return, includin	g accompanying schedules and	statements, and to the b	pest of my knowledge			
	elief, it is true, oprrect, and con	npete Declaration of pr	parer (other than	taxpayer) is based on all inform	nation of which preparer	has any knowledge Retur	the IRS on with the	prepare	.
Here	-	1 7 411	/ \	11112114			n below	(see inst	r)?
	nature of officer or trustee)	Date	DIRECT Title	<u> </u>	ᆜ Yes		No
Olgi	Print/Type preparer's na		Preparer's si			Check If PTIN			
	· ·	1 1		ynaune /	<i> </i>	self- employed			
Paid	ANTHONY J.	RUZICKA,	WHI	morde	11/14/11	, ,			
Preparer	JR.	TOWN 6 30	COCTAB	T 100			446		
Use Only	Firm's name ► RUZ	TCKA & AS	SOCIAT	ള്ത്, ഥി¥്ധ.		Firm's EIN ► 36 – 31	.82496		
Joe Only	Firm's address 5 2 2	2 01/02/75	DOIT	3DD #10F					
	Firm's address ► 33					Discours / 0.473.4	4.0	C 4 0 4	^
	I NO	<u>RTHBROOK,</u>	TT 90	062		Phone no. (847)4			
						For	m 990)- アト (2013)

FORM 990-PF INTERE	ST ON SAVIN	IGS AND T	EMPOR	ARY C	ASH IN	VESTMENTS	STATI	EMENT	1
SOURCE	RE	(A) REVENUE NE PER BOOKS		(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME			
SAVINGS AND CD			1,038.		1,038.				
TOTAL TO PART I, LINE 3			1,038.			1,038.			
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM	SECUR	ITIES	STATI	EMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINA DIVIDE	S	REV	A) ENUE BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTI ET INCO	
INVESTMENTS	24,180.		0.	2	4,180.	24,18	30.		
TO PART I, LINE 4	24,180.		0.	2	4,180.	24,18	30.		
FORM 990-PF		LEG	AL FE	ES			STATI	EMENT	3
DESCRIPTION		(A) EXPENSES PER BOOK		(B) T INV NT IN	EST-	(C) ADJUSTEI NET INCOM		(D) HARITAI PURPOSI	
LEGAL		40	2.		201.			20	01.
TO FM 990-PF, PG 1, LN 16A		40	2. ====================================	201				201.	
FORM 990-PF		ACCOUN	ring :	FEES			STATI	EMENT	4
DESCRIPTION		(A) EXPENSES PER BOOK		(B) I INV NT IN	EST-	(C) ADJUSTEI NET INCOM		(D) HARITAI PURPOSI	
ACCOUNTING		6,00	0.	3	,000.			3,000.	
AUDIT AND TAX RETUR PREPARATION	N	4,77	5.	2	,388.		2,387.		37.
TO FORM 990-PF, PG	1, LN 16B	10,77	 5.	5	,388.			5,387.	

FORM 990-PF	TAX	ES		STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE: MENT INC		(C) ADJUSTED NET INCOM			
EXCISE	1,353.		0.	-		0.	
TO FORM 990-PF, PG 1, LN 18	1,353.		0.			0.	
FORM 990-PF	OTHER E	XPENSES			STATEMENT	6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE: MENT INC		(C) ADJUSTED NET INCOM			
SUPPLIES OTHER	342. 1,532.	0. 136.				42. 10.	
TO FORM 990-PF, PG 1, LN 23	1,874.	:	136.		35	52.	
FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUI	ND BAI	ANCES	STATEMENT	7	
DESCRIPTION					AMOUNT		
CHANGE IN UNREALIZED GAIN ON	INVESTMENTS			-	55,75	53.	
TOTAL TO FORM 990-PF, PART I	II, LINE 3			=	55,75	53.	
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	8	
DESCRIPTION		LUATION ETHOD	воон	C VALUE	FAIR MARKET	ר	
PUBLICALLY TRADED SECURITIES		OST 6		635,924.	635,924		

9

STATEMENT

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

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-	EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
MICKEY SHAPIRO	PRESIDENT AND	DIRECTOR			
31550 NORTHWESTERM HIGHWAY, SUITE 200 FARMINGTON HILLS, MI 48018	0.50	0.	0.	0.	
DR. MICHAEL F. ROIZEN 18600 SOUTH PARK BOULEVARD SHAKER HEIGHTS, OH 44122	VICE PRESIDENT 0.50	AND DIRECTO		0.	
DR. JONATHAN MOSS 5841 S. MARYLAND AVE., MC 4028 CHICAGO, IL 60637	TREASURER AND 0.50	DIRECTOR 0.	0.	0.	
SIDNEY R. UNOBSKEY 270 GREEN STREET SAN FRANCISCO, CA 94123	DIRECTOR 0.20	0.	0.	0.	
ARTHUR KELLY 20 S. CLARK STREET CHICAGO, IL 60603	DIRECTOR 0.20	0.	0.	0.	
JOHN CAMPODONICO 650 CALIFORNIA STREET, SUITE 2530 SAN FRANCISCO, CA 94104	DIRECTOR 0.20	0.	0.	0.	
CARL PECK, M.D. 3900 RESERVOIR ROAD NW WASHINGTON, DC 20007	DIRECTOR 0.20	0.	0.	0.	
ALAN J. SHEPHERD 2501 M. STREET, #714 WASHINGTON, DC 20037	DIRECTOR 0.20	0.	0.	0.	
GERAL SHIENER, M.D. 251 MERRILL BIRMINGHAM, MI 48009	DIRECTOR 0.20	0.	0.	0.	
ARTHUR LESS 39400 WOODWARD AVE., SUITE 200 BLOOMFIELD HILLS, MI 48304	DIRECTOR 0.20	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.	