EXTENDED TO MAY 15, 2020 Return of Private Foundation

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

(1)

		enue Service		rs gov/Form990PF for instr				Open to Public Inspection		
For	calen	dar year 2018 or tax year	beginning JUL	1, 2018	, and e	nding	JUN 30, 2019			
Na	ne of	foundation					A Employer identification number			
.A	NES	THESIA & CR	ITICAL CARE							
R	ESI	EARCH FOUNDA	TION				36-3474030			
Nur	nber ar	nd street (or P O box number if i	mail is not delivered to street a	address)		Room/suite	B Telephone number	-		
1	44	N 750 W					773-843-13	18		
	_	own, state or province, cou	intry, and 7IP or foreign o	instal code			C If exemption application is pe			
		PARAISO, IN	46385	100101 0000			o il exemption application is pe	anding check here		
		all that apply:	Initial return	Initial return of a fo	ormer nublic o	harity	D 1 Foreign organizations	chack here		
u (	HIECK			Amended return	ormer poone c	лану	D 1 Torcigir organizations	, crieck riere		
			Final return				2 Foreign organizations med check here and attach col	eting the 85% test.		
			Address change	Name change			check here and attach col	mputation		
H	_		X Section 501(c)(3) ex			$\rho_0$	E If private foundation stat	[]		
<u> </u>		ction 4947(a)(1) nonexemp		Other taxable private founda			under section 507(b)(1)	(A), check here		
	I Fair market value of all assets at end of year   J   Accounting method:   X   Cash   L   Accrual						F If the foundation is in a (			
(f	rom P	art II, col (c), line 16)		ther (specify)			under section 507(b)(1)	(B), check here $ ightharpoonup$		
	-\$			nn (d) must be on cash bası	s.)					
₹P.	int II	Analysis of Revenue and	d Expenses	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements for charitable purposes		
		necessarily equal the amounts		expenses per books	inco	ome	ілсоте	(cash basis only)		
	1	Contributions, gifts, grants	s, etc , received	100,000.			I W N/A RECE	NOT CHARLES		
	2	Check If the foundation	n is not required to attach Sch. B		F.A.MAR		BEZSERE, PEZZE	<b>的社会的</b>		
	3	Interest on savings and tempor cash investments	ary	5,486.		5,486.		STATEMENT 1		
-	4	Dividends and interest fro	m securities	25,655.		5,655.		STATEMENT 2		
	5a	Gross rents	•							
		Net rental income or (loss)								
	6a Net gain or (loss) from sale of assets not on line 10			parether is the sample of the last of the	HI TIVE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
4	Ua L	Gross sales price for all	ssets not on tine to		CONTRACTOR OF THE STATE OF THE	cuidan.				
	_ b	assets on line 6a	2-4 D/ I 0)	7447 P. 758 P. 154 P. 154 P. 155 P. 1	ASSISTATION PARTIES SE	0.	ENGLISH CONTROL OF THE CONTROL OF TH			
Revenue	7	Capital gain net income (from P		ECOLOGRAPHICA COLOGRAPA			THE BILL OF THE STANKE OF THE STANKE	Participation of the second control of the s		
	8	Net short-term capital gair	il .					BEER OF THE TOTAL DEMANDED AND THE		
	9	Income modifications Gross sales less returns		DESCRIPTION OF THE STATE OF THE	APPLICATIONS OF	化 不能能的。				
	1.	and allowances				ACCOMPANION OF STATES				
		Less Cost of goods sold								
	1	Gross profit or (loss)			Envisor Const	位于100mm	_	PORT TO PERSON TO THE PERSON		
	11	Other income		131,141.	2	1 1 1 1		ESPECIAL DE SECULO DE LA COMPANION DE LA COMPA		
=	1	Total Add lines 1 through		<del> </del>	3	<u>1,141.</u>				
吕	13	Compensation of officers, direct		0.		0.		0.		
<u>-</u> 1	14	Other employee salaries a								
<b>9</b>	15	Pension plans, employee i		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		026		, 226		
ر د ا		Legal fees	STMT 3	472.	-	236.		236.		
FEB	b	Accounting fees	STMT 4	7,511.		3,755.		3,756.		
	С	Other professional fees	STMT 5	281.		281	RECEIVED	0.		
_ ~	17	Interest					TOLIVEL			
SCANNEL	18	Taxes -				100	DEC 2 3 2019			
	19	Depreciation and depletion	n				DEC 2 3 2019			
₹ 5	20	Occupancy					<u></u>	8		
	21	Travel, conferences, and r	neetings				OGDEN	<u> </u>		
<b>~</b>	22	Printing and publications		-		<u> </u>	90DL14, UT			
		Other expenses	STMT 6	15.		0.	-	15.		
Operating	24	Total operating and admi	inistrative				,			
Ž		expenses Add lines 13 th		8,279.		4,272.	,	<u>4</u> ,007 <u>.</u>		
ċ	25	Contributions, gifts, grant		0.		WINE TO A		0.		
	1	Total expenses and disbu								
		Add lines 24 and 25		8,279.		4,272.		4,007.		
	27	Subtract line 26 from line	12.	<u> </u>		wanaa				
		Excess of revenue over expens		122,862.		741,281,745				
	1	Net investment income (ii			2	6,869.				
	1	Adjusted net income (if ne			Eddy Pict		N/A			
_	<u> </u>	jaartaa mat maamit (ii ne	<u> </u>	THE RESIDENCE AND ADDRESS OF THE PROPERTY OF THE PARTY OF			<u> </u>	A CONTRACT OF THE PROPERTY OF THE PARTY OF T		

36-3474030

Page 2

(PD	Depart of	Balance Sheets Atlached schedules and amounts in the description	Beginning of year	End C	of year_
) ju	an <u>l</u>	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	8,534.	100,536.	
		Savings and temporary cash investments	294,197.	298,430.	298,430
		Accounts receivable		VIII DE LE CONTROL DE LE C	
		Less: allowance for doubtful accounts	Probability to committee the barboars of the Samuel and the	T0044-046-488-6-5-4-1-4-1-4-1-8-1-8-1-8-1-8-1-8-1-8-1-8-1	DESCRIPTION OF THE PROPERTY OF
		\		313002707775551 <b>6</b>	
	4	Pledges receivable -			ne se os companyos escapad
		Less: allowance for doubtful accounts			
		Grants receivable		<u> </u>	
	6	Receivables due from officers, directors, trustees, and other		,	
		disqualified persons			
	1	(liher noies and loans receivable			
		Less. allowance for doubtful accounts			
ģ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments - U.S and state government obligations			
		Investments - corporate stock			-
		Investments - corporate bonds			
		Investments land, buildings, and equipment basis	TO THE COMMENT OF THE PROPERTY		
			Sand the second second	_ 25 Laff (247 DRAY TO NET 1987 BR 1887 AND	NAMED AND ASSOCIATION OF THE PROPERTY OF THE P
	12	Less accumulated depreciation  Investments - mortgage loans			
		a	763,250.	856,838.	856,838
	13	-			
	14	Land, buildings, and equipment basis	The same of the sa	ง โกรเล่น เพื่อวังเกิดเล่น แรกแบบเป็นสูติสิ่งเป็นการต้องเกิดเลือนกับ เพื่อให้	
		Less accumulated depreciation	4 075	F (10	F 610
		Other assets (describe REFUNDABLE PAYMENTS)	4,275.	5,612.	5,612
	16	Total assets (to be completed by all filers - see the	4 050 056		
		instructions. Also, see page 1, item I)	1,070,256.	1,261,416.	1,261,416
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ś	19	Deferred revenue			WK BYNNESS
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
api	21	Mortgages and other notes payable			NA ZOLO TENERA CON
ュ	22	Other liabilities (describe )			HACTOR THE
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31			
es	24	Unrestricted	1,070,256.	1,261,416.	
Balance	25	Temporarily restricted			
3ale		Permanently restricted			
μ		Foundations that do not follow SFAS 117, check here			
or Fund		and complete lines 27 through 31			
	27	Capital stock, trust principal, or current funds		,	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			ACCORDED TO TRANSPORT OF THE PROPERTY OF
	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds	1 070 256	1 261 416	THE REPORT OF THE PARTY OF THE
Net	30	Total net assets or fund balances	1,070,256.	1,261,416.	PACIFICACION CONTRACTOR CONTRACTO
	-		1 070 056	1 061 416	
<u></u>	31	Total liabilities and net assets/fund balances	1,070,256.	1,261,416.	
P	ärt	Analysis of Changes in Net Assets or Fund Ba	alances		
	228-0			· · · · · · · · · · · · · · · · · · ·	
t	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1_	1,070,256
2	Enter	amount from Part I, line 27a		2	122,862
3	Othe	r increases not included in line 2 (itemize)	SEE ST	'ATEMENT 7 3	68,298
		lines 1, 2, and 3		4	1,261,416
		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	nlumn (h) line 30	6	1,261,416
_		accord or rand balances at one of year time a filling of a Cart II, of	oranni (o), mio oo		Form <b>990-PF</b> (20

Page 3

(a) List and describe t	he kınd(s	sses for lax on Inv  of property sold (for examor common stock, 200 shs	ple, real esta		1 1	How ac - Purcl - Dona	nase ( `	c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a										
b NO	1E									
<u>c</u>					ļ					
<u>d</u>		<del></del>			<del> </del>					
<u>e</u>	/A\	Depresention allowed	(a) Co	at or other hans	—			(b) Go	ın or (loss	\
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis expense of sale					(f) minus	
<u>a</u>		<u> </u>								
b c				<del></del> .						
d				-						· · · · · · · · · · · · · · · · · · ·
e										
Complete only for assets showing	g gain in	column (h) and owned by th	e foundation	on 12/31/69.					ol. (h) gain	
(i) FMV as of 12/31/69	(	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any					ot less that from col (	
a			_							
b										
<u>c</u>										
<u>d</u>				<del></del>						
e		l	5		_					
2 Capital gain net income or (net cap	oital loss)	$ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases} $	ın Part I, line ın Part I, line	7	}	2				
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	•	• •	I (6) <sup>.</sup>		}					
If (loss), enter -0- in Part I, line 8  Part V Qualification Ur	nder S	ection 4940(e) for l	Reduced	Tax on Net	Inve	3 estm	ent Incor	ne	<del></del> ,	
If section 4940(d)(2) applies, leave th  Was the foundation liable for the sect  If "Yes," the foundation doesn't qualify  1 Enter the appropriate amount in e	ion 4942 under si	tax on the distributable amo	olete this part		_					Yes X No
(a) Base period years	acii colai	(b)	on detions del	ore making any c	(c)					(d)
Base periód years Calendar year (or tax year beginnin	ıg ın)	Adjusted qualifying disti	ributions	Net value of no	oncha	rıtable-	use assets	(	Distrit col (b) div	oùtión ratio vided by col. (c))
2017			1,087.			<u> </u>	3,508.			.003954
<u>2016</u>			3,850.		1_		<u>3,972.</u>	<u> </u>		.051092
2015			1,614.		1		5,817.			.058990
2014 2013			$\frac{4,401.}{5,940.}$				<u>2,755.</u> 6,284.	<del>                                     </del>		.051497
2013	I		,,, <del>,,,,,,,</del>	_		, 00	0,201.	1		*032437
2 Total of line 1, column (d)								2		.207709
3 Average distribution ratio for the 5 the foundation has been in existen			n line 2 by 5	O, or by the numb	er of	years		3		.041542
4 Enter the net value of noncharitable			na 5					4		1,084,780.
	ie-use as	sets 101 2010 110111 Falt A, 11	ile J							
5 Multiply line 4 by line 3								5		45,064.
6 Enter 1% of net investment incom	e (1% of	Part I, line 27b)						6		269.
7 Add lines 5 and 6								7		45,333.
8 Enter qualifying distributions from						o, .		8		4,007.
If line 8 is equal to or greater than See the Part VI instructions.	iine 7, cl	leck the box in Part VI, line	io, and comp	nete mat part usir	ıya 1	7₀ iax r	ale.			

## ANESTHESIA & CRITICAL CARE

EastFull   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(b), or 4943 - see instructions)		990-PF (2018) "RESEARCH FOUNDATION					<u> 3474</u>		ge <b>4</b>
Date of ruling or determination letter    Domestic Soundations that meet the section 4947(e) requirements in Part V, check here   1	Pai	Excise Tax Based on Investment Income (Section 4940)	(a), 49	940(b), 4940(e), c	r 49	48 -	see in	structions)	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and en	ter "N/A	\" on line 1.					
of Part I, line 27b  e. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, cot. (b).  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)  3 Add lines 1 and 2  3 Add lines 1 and 2  3 Add lines 1 and 2  4 Conting Payments:  4 On 5  5 Tax based on investment income. Subtract line 4 from line 3.11 (zer or less, enter -0-)  5 Tax based on investment and 2017 overgayment credited to 2018  6 Centists Payments:  4 On 6  6 D O 6  6 D O 6  6 D O 7  6 Exempt foreign organizations: Tax withhelfed at source 6  6 D O 6  6 D O 7  6 Exempt foreign organizations: Tax withhelfed at source 6  6 D O 7  6 D O 8  6 Exempt foreign organizations and surport that the source of the so		Date of ruling or determination letter (attach copy of letter if nece	essary-	see instructions)					
e All other domestic foundations enter 2% of time 27b. Example foreign organizations, either 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-)  3 Add lines 1 and 2  3 Subtlate A (morone) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)  5 Tax based on investment amore. Subtract line 4 from line 3.1f zero or less, enter -0-  6 C redstid-Payments:  2 2 0.0 c.  3 2 0.1 estimated tax payments and 2017 overpayment credited to 2018  6 a 2018 estimated tax payments and time 5 tarbrough 6  6 a 0.0 c.  6 c. Tax pay with application for externations or 1 time to lite (Form 8968)  6 a Backup withholding scrinopaulys withheld  7 7 0.1 c.  8 Enter any penalty for under payment of estimated tax Check here 2 if Form 2220 is attached  9 Tax due II the total of lines 5 and 6 is more than line 7, releast amount ower of 1 time 1 liline 7 is more lithen line 1 in 5 and 6 is more lithen line 7 is enter amount ower of 1 time 1 time 7 is more lithen line 1 in 1	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	· 🗀	and enter 1%	ł	1	Later and	53'	7.
2 Tax under section 51 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subtrite A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 1ax based on investment income Subtrate flore in the 3.1 / zero or less, enter -0- 5 20 18 estimated tax payments and 2017 oversyament ordited to 2018 6 Desempt foreign organizations - tax withheld at source 6 D O		of Part I, line 27b							
3 Add lines 1 and 2  4 Sublitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter-0-)  5 Tax based on investment incomes. Subtract line 4 from line 3, it zero or less, enter-0-  5 Tax based on investment incomes. Subtract line 4 from line 3, it zero or less, enter-0-  5 Tax based on investment incomes. Subtract line 4 from line 3, it zero or less, enter-0-  5 Tax based on investment incomes. Subtract line 4 from line 3, it zero or less, enter-0-  6 Credits/Payments.  2 2018 estimated tax payments and 2017 overpayment credited to 2018  6 Each	C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Part	I, line 12, col. (b). 丿			A Bally		
Subtile A (income) tax (domestic section 49A/(a)(1) trusts and taxable foundations only, others, enter -0-) 5 1ax based on investment income Subtract line 4 from line 3.1 Jean or less, enter -0- 5 3 7. 5 5 7. 5 7. 5 7. 5 7. 5 7. 5 7. 5 7.	2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, oth	ers, ent	er -0-)		2			<del></del>
Tax based on investment income. Subtract line 4 from line 3.lf zero or less, enter -0-  6. Cendis/Payments:  2.018 estimated bux payments and 2017 overpayment credited to 2018  b Exempt foreign organizations - tax withheld at source  7. Tax pad with application for extension of time to file (Form 3868)  6. C. O.  8. C. O.  9. C. Total credits and payments. Add lines 5a through 68  8. C. O.  9. Total credits and payments. Add lines 5a through 64  8. Either any penalty for under payment of estimated tax. Check here IX if Form 2220 is attached  8. C. O.  9. Tax date. If the total of lines 5 and 8 is more than line 7, enter amount ower paid  10. Teller the amount of line 10 to be Credited to 2019 estimated tax. ►  11. Fatter the amount of line 10 to be Credited to 2019 estimated tax. ►  12. During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagin?  12. During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagin?  13. During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagin?  13. During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political exemptions. The state intervene in any political exemption or did it participate or intervene in any political exemption or the intervene in any political exemption or did it participate or intervene in any political exemption or file and participate or intervene in any political exemption or file and participate or intervene in any political exemption or file and participate or intervene in any political exemption or file and participate or intervene in any political exemption or file and participate or intervene in any political exemption or file and participate or distribu	3	Add lines 1 and 2				3		53'	<u>7.</u>
6 Credits/Payments: a 2018 estimated tax payments and 2017 overpayment credited to 2018 b Exempt foreign organizations - tax withheld all source c Tax paid with application for extension of time to file (Form 8868) d Ga O O Ga Backup withholding promosubly withheld d Ga O O Ga Backup withholding promosubly withheld d Ga O O Ga Backup withholding promosubly withheld T folla credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached 9 Tax dee if the total of lines 5 and 6 s. more than hine 7, enter amount owed 9 Tax dee if the total of lines 5 and 6, enter the amount owerpaid 10 overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the manurul of line 10 to 0e Credited to 2018 set paths data x by 10 miles 1 to 10 miles 1	4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, oth	ners, en	ter -0-)		4			
a 2018 estimated tax payments and 2017 overpayment credited to 2018 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld T Total credits and payments. Add lines 6a through 6d d Backup withholding erroneously withheld T Total credits and payments. Add lines 6a through 6d T Total credits and payments. Add lines 6a through 6d T Total credits and payments. Add lines 5a through 6d T Total credits and payments. Add lines 5a not 8 estimated tax Check here  T I I I I I I I I I I I I I I I I I I	5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-				5		53'	7.
b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backory withholding pernoneusly withheld 7 Total credits and payments. Add lines 5 at through 6d d 0	6	Credits/Payments:							
c Tax paid with application for extension of time to fite (Form 8868) d Backup withholding removesly withhold 3 Enter any penalty for underpayment of estimated tax. Check here     X	a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a						
6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 8 at through 6d 8 Feller any penalty for underpayment of estimated tax Check here ☑ if Form 2220 is attached 9 Tax due: If the total of lines 5 and 8 is more than line 7, eiter amount owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount ower paid 11 Finet the amount of hine 10 to be Ciredited to 2919 estimated tax ▶ Refunded ▶ 11    Fant Willian   Statements Regarding Activities 10 During the tax year, do the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 10 bild it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for line definition if the same 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. 2 bild the foundation file Form 1120-POL for this year? 3 bild in Form 1120-POL for this year? 4 bild results and the foundation of the political expenditure (acction 4955) imposed during the year 4 bild results and the foundation of the political expenditure tax imposed on foundation managers. ▶ \$ 0 . (2) On	b	Exempt foreign organizations - tax withheld at source	6b		_				
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 9 Tax due II the total of lines 5 and 8 is more than the total of lines 5 and 8, enter than in P. center amount owed 9 Tax due II the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be. Gredited to 2019 estimated tax    Refunded   11	C	Tax paid with application for extension of time to file (Form 8868)	6c						
8	d	Backup withholding erroneously withheld	6d	-	0.	7.5.3			
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 11 Enter the amount of line 10 to be Credited to 2019 estimated tax   12 Norman the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 14 Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes? See the instructions for the definition 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. 2 Did the foundation in Endomination with the activities and copies of any materials published or distributed by the foundation on connection with the activities and copies of any materials published or distributed by the foundation on connection with the activities and copies of any materials published or distributed by the foundation on connection with the activities and copies of any materials published or distributed by the foundation on connection with the activities and copies of any materials published or distributed by the foundation. So O. (2) On foundation managers. So O. (3)	7	Total credits and payments. Add lines 6a through 6d				7	<u> </u>		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11    Peart VIIE.27   Statements Regarding Activities   1a During the tax year, did the foundation altermpt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?   1a During the tax year, did the foundation altermpt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?   1b Duri d ispend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition in the activities and copies of any materials published or distributed by the foundation in connection with the activities.   1b During 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.   1b During the answer is "Yes" to 1a or 1b, attach a detailed description of the activities.   1c	8	Enter any ${ t penalty}$ for underpayment of estimated tax. Check here $[{f X}]$ if Form 2220 is attac	hed			8	<u> </u>		
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If "Yes," attach the statement required by <i>General Instruction T</i> 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 remain in the governing instrument?  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  I L  b 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 <i>General Instruction G?</i> If "No," attach explanation  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 year 2018 or the tax year beginning in 2018? See the instructions for Part XIV II "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.  STMT 9  10 X						N	/A	4b	
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		,			ç	гмт	و ب		
	10	and any personing popularity continuations during the tax year. In test attached scrieduli	<u></u>						018)

" RESEARCH FOUNDATION

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

Page 5 Part VII A Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of Х section 512(b)(13)? If "Yes." attach schedule. See instructions 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions 12 Х 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► HTTPS://ANESTHESIA.UCHICAGO.EDU Telephone no ► (219) 741-0435 The books are in care of ANNE-MARIE PRINCE Located at ▶ 144 N 750 W, VALPARAISO, IN ZIP+4 ▶46385 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here N/Aand enter the amount of tax-exempt interest received or accrued during the year **▶** 15 Yes No 16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, 16 securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII B Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly) Yes X No (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) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (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 🗌 Yes 🗓 No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No 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 N/A 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 2018? 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(1)(3) or 4942(1)(5)) a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years ► 2017 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 ) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2018 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, N/AForm 4720, to determine if the foundation had excess business holdings in 2018 ) 3b 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 990-PF (2018)

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Part VII: B. Statements Regarding Activities for Which Fo	orm 4720 May Be Re	equired (contin	ued)	
5a During the year, did the foundation pay or incur any amount to			8	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), or		ctly,		<b>化工厂</b>
any voter registration drive?		Ye	s 🗶 No 🐉	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	)	Ye	s 🗶 No 🖁	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section			
4945(d)(4)(A)? See instructions		Ye	s 🗶 No 🖁	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo		Š	
the prevention of cruelty to children or animals?		Y6	s 🗓 No 🐇	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i	n Regulations	Ē	
section 53.4945 or in a current notice regarding disaster assistance? See instru	ctions	•	N/A	5b
Organizations relying on a current notice regarding disaster assistance, check his				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro				
expenditure responsibility for the grant?	N	7/A Ye	es LlNo.  [ॄ	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			ľ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on			
a personal benefit contract?	•	Ye	es 🗶 No 🖺	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit contract?		E.	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 st		Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribut			N/A	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or		्र	
excess parachute payment(s) during the year?  Part VIII Information About Officers, Directors, Truste	es Foundation Man		s X No	
Paid Employees, and Contractors	es, i outloation was	lagers, riigiliy		
1 List all officers, directors, trustees, and foundation managers and th	eir compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
	10,900,000	Gillor G /		
SEE STATEMENT 10		0.	0.	0.
		_		
2 Compensation of five highest-paid employees (other than those incl	uded on line 1) If none, and average	enter "NUNE."	(d) Contributions to	(a) Evpanes
(a) Name and address of each employee paid more than \$50,000	` 'hours per week "	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position		compensation	allowances
NONE				
	<del></del>	,		
		'		
		<del> </del>		
				<del></del>
Total number of other employees paid over \$50,000		<u>.</u>		0
ייטנמו ווערווטטי טו טנווטי פווואוטייטטט אמוע טייט שטט <sub>יו</sub> טטט	<del> </del>	<del></del> _		990-PF (2018)

## ANESTHESIA & CRITICAL CARE

36-3474030 Form 990-PF (2018) RESEARCH FOUNDATION Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (c) Compensation (b) Type of service NONE Total number of others receiving over \$50,000 for professional services PartilX:A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. |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 N/A All other program-related investments. See instructions.

Form **990-PF** (2018)

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Total. Add lines 1 through 3

'RESEARCH FOUNDATION 36-3474030 Page 8 Form 990-PF (20**1**8) [Partix Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 792,627. 1a a Average monthly fair market value of securities 308.673. 1h Average of monthly cash balances c Fair market value of all other assets 10 1,101,300. 1đ d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets ,101,300. 3 Subtract line 2 from line 1d 16,520. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 1,084,780. Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 5 54,239. 6 Minimum investment return Enter 5% of line 5 [PartXIII Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations, check here  $\blacktriangleright$  and do not complete this part ) 54,239. Minimum investment return from Part X, line 6 537. 2a Tax on investment income for 2018 from Part VI, line 5 Income tax for 2018 (This does not include the tax from Part VI.) 2b 537 2c Add lines 2a and 2h С 3 Distributable amount before adjustments Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 53 702. 5 Add lines 3 and 4 0. 6 Deduction from distributable amount (see instructions) 702 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 4,007. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3a

3a
3b
4
4,007.

Adjusted qualifying distributions Subtract line 5 from line 4

Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

b Cash distribution test (attach the required schedule)

income, Enter 1% of Part I, line 27b

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2018)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,	Corpus	Todio prior to 20 77	2011	
line 7				53,702.
2 Undistributed income, if any, as of the end of 2018			04.050	
a Enter amount for 2017 only			24,950.	
b Total for prior years		,		
		0.		
3 Excess distributions carryover, if any, to 2018				
a From 2013	1	•		
b From 2014	1			
c From 2015 d From 2016	1			
e From 2017	1	:		
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ► \$ 4,007.				
a Applied to 2017, but not more than line 2a	1		4,007.	
b Applied to undistributed income of prior		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
years (Election required - see instructions)	•	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</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		0		
assessed		0.		
d Subtract line 6c from line 6b Taxable		0.		
amount - see instructions		<b>U.</b>		
e Undistributed income for 2017 Subtract line			20,943.	
4a from line 2a Taxable amount - see instr			20,545.	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2019				53,702.
7 Amounts treated as distributions out of				00,,001
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013	-			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2014				
<b>b</b> Excess from 2015	]			
c Excess from 2016	]			
d Excess from 2017				
e Excess from 2018			1	

ANESTHESIA & CRITICAL CARE 36-3474030 Form 990-PF (2018) 'RESEARCH FOUNDATION Page 10 Part XIVI 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 2018, enter the date of the ruling 7 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(i)(3) or Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (d) 2015 (b) 2017 (c) 2016 (a) 2018 (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 Part:XV 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).) NONE 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 NONE 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., to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or email address of the person to whom applications should be addressed ANNE-MARIE PRINCE, (773) 834-1483 5721 S. MARYLAND AVENUE, CHICAGO, IL 60637 b The form in which applications should be submitted and information and materials they should include: LETTER c Any submission deadlines d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Form 990-PF (2018) RESEARCH FOUNDATION

Part XV Supplementary Information (continued)

36-3474030 Page 11

Tare 75 Cappiementary information		<del></del>		
3 Grants and Contributions Paid During the You	ear or Approved for Future P	ayment	<del></del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	0011110011011	
a Paid during the year				
NONE				
	·			
			,	
	<u> </u>	<u> </u>	► 3a	0.
Total	1		Ja	<u> </u>
b Approved for future payment				
NONE				
	-			
				<u>.</u>
Total			<b>▶</b> 3b	0.

Form 990-PF (2018)

Part/XVI-A) Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	(a) Business	(b)	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount +	code	Amount	function income
a	_		<u> </u>		
b			<u> </u>	<u> </u>	
c					
d		<u> </u>	<u> </u>		
e			<u> </u>		
f	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	5,486.	
4 Dividends and interest from securities			14	5,486. 25,655.	
5 Net rental income or (loss) from real estate:	Mari N	STATE OF THE STATE		A MARIE MARIE PAR	
a Debt-financed property	7	5.100 Har-1-1988 A.		(	
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal		· <u>-</u>	<u> </u>		
property			ŀ		
7 Other investment income			,		
8 Gain or (loss) from sales of assets other		<del></del>			
` ,	,	•		•	
than inventory			<del>                                     </del>		,
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			<del> </del>		
11 Other revenue:					
a			<u> </u>		
b		····	<u> </u>		
<u> </u>		<del></del>	<del> </del>		
d			-		
e		n	4	31,141.	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e)	No. of Control of Cont	<u> </u>	2 13 15 TO	13_	04 444
(See worksheet in line 13 instructions to verify calculations.)				13_	31,111.
Part XVI B Relationship of Activities	to the Acco	mnlishment of Eve	emnt	Purnoses	
be compared to the part of country					
Line No Explain below how each activity for which in			contri	buted importantly to the accor	nplishment of .
the foundation's exempt purposes (other that	in by providing fur	nas for such purposes).			
	•				
			· · · · ·		
		1		<del></del>	
<del> </del>				······································	
					<u>.</u> .
i					
			-		
	-				
		•			

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

Yes No

Form 990-PF (2018) Information Regarding Transfers to and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** 

(	other thar	n section 501(c)(3) organi	zations) or in section	n 527, relating	to political organizations?				
a T	ransfers	from the reporting founda	tion to a noncharitab	le exempt org	janization of				
(	1) Cash							1a(1)	X
Ċ	2) Other	assets						1a(2)	X
<b>b</b> 0	ther trans	sactions							
(	1) Sales	of assets to a noncharitab	ole exempt organizati	on				1b(1)	X
(	2) Purch	nases of assets from a non	icharitable exempt or	ganization				1b(2)	X
Ċ	3) Renta	il of facilities, equipment, o	or other assets					1b(3)	X
į.	4) Reiml	bursement arrangements						1b(4)	X
Ċ	5) Loans	s or loan guarantees						1b(5)	X
ò	6) Perfo	rmance of services or mer	mbership or fundrais	ing solicitatio	ns			1b(6)	X
c S	, Sharing of	f facilities, equipment, mai	ling lists, other asset	s, or paid em	ployees			1c	X
d II	f the ansv	ver to any of the above is "	'Yes," complete the fe	ollowing sche	dule. Column (b) should al	lways show the fair r	narket value of the goods.	other assets,	
		-		_	ed less than fair market valu				
С	olumn (d	I) the value of the goods, o	other assets, or servi	ces received.					
a) Line	no	(b) Amount involved	(c) Name of	noncharitable	e exempt organization	(d) Description	of transfers, transactions, and	I sharing arrangen	nents
				N/A	,				
			·						
		-							
		-	-						
							-		
_									
			<del></del>			-			
	_								
				-				-	
	_						<del> </del>		
	-	<u> </u>							
	1								
20 1	c the four	ndation directly or indirect	ly affiliated with or r	ana at hatela	or more tax-exempt organ	izations described			
		501(c) (other than section		•	of more tax exempt organ	iizations ocseribed		Yes [	X No
		omplete the following sche		3011 321 '					
<u>U                                    </u>	1 165, 66	(a) Name of org			(b) Type of organization		(c) Description of relation	ıshıp	
		N/A	dinzation		(b) Type of organization		(0) 00000 production		
		N/A	<del></del>						
		/				<del> </del>		_	
<u> </u>	<del></del>	<del>- //</del> 2							
	Under	penalties of perjury 1 declared	have examined this	return including	accompanying schedules and s	I statements and to the be	st of my knowledge		
Sig	n and be	elief, it is true, correct and com	pete Declaration of prep	parer (other than	accompanying schedules and s taxpayer) is based on all informa	ation of which preparer h		lay the IRS discus sturn with the prep	parer
Her	e	/////			1n/11/19	PRESI		hown below? See	No No
	K_	nature of officer of trustee	<del></del>		Y Date	Title	L L	A Tes	NO
	Koidi	Print/Type preparer's na	mo	Preparer's s		Date	Check If PTIN		
		Frank Type brebater 2 na	1116	l lehaici 22	ignature		self- employed	•	
Paid	d	TAMBENCE D	מתוומא		~ VS	12/5/19	' '	010546	7
	u parer	LAWRENCE R		Lours	V 1/2	. 0,17	Firm's EIN ► 39 – 0		
	Only	Firm's name ► WIP	LDI PPB		1		FIRM SEIN > 39-1	770443	
USE	Cilly	Cumio address > 10	O MDT 003	mti tatmi		CITTOD 200	<del></del>		
		Firm's address ► 10				SUITE 300	0.47.6	11 010	0
		LI.	NCOLNSHIR	<u>ይ, ነኮ</u>	60069			941.010	
								Form <b>990-P</b>	r (2018)

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545 0047

2018

Employer identification number

ANESTHESIA & CRITICAL CARE 36-3474030 RESEARCH FOUNDATION Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990 EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990 EZ, or 990 PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF)

religious, charitable, etc., contributions totaling \$5,000 or more during the year

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization
ANESTHESIA & CRITICAL CARE
RESEARCH FOUNDATION

Employer identification number

36 - 3474030

Part 🎉	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SIDNEY R UNOBSKEY  270 GREEN STREET  SAN FRANCISCO, CA 94123	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
ANESTHESIA & CRITICAL CARE
RESEARCH FOUNDATION

Employer identification number

36-3474030

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

Name of organization

ANESTHESIA & CRITICAL CARE

RESEARCH FOUNDATION

Employer identification number

36-3474030

e duplicate copies of Part III if additional	space is needed	ess for the year (Enler this info once) \$
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd 7ID + 4	Relationship of transferor to transferee
	(b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift	(b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  (f) Use of gift  (g) Use of gift  (h) Purpose of gift

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1	
SOURCE SAVINGS AND CD TOTAL TO PART I, LINE 3		REVE	(A) REVENUE PER BOOKS 5,486.		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
					5,486.		
					5,486.		
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		
INVESTMENTS	25,655	•	0.	25,655.	25,65	5.	
TO PART I, LINE 4	25,655	•	0.	25,655.	25,65	5.	
FORM 990-PF		LEGAL	FEES			STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	H) NET IN MENT I		(C) ADJUSTED NET INCOM		
LEGAL	_	472.		236.		236.	
TO FM 990-PF, PG 1,	LN 16A =	472.	· <del></del>	236.		236.	
FORM 990-PF		ACCOUNTI	NG FEES	<del></del>		STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(ENET IN	WEST-	(C) ADJUSTED NET INCOM		
ACCOUNTING		7,511.		3,755.		3,756.	
TO FORM 990-PF, PG	1, LN 16B	7,511.		3,755.		3,756.	

FORM 990-PF 0	OTHER PROFESSIONAL FEES STATEMEN			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	281.	281.		0.
TO FORM 990-PF, PG 1, LN 16C	281.	281.		0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
STATE REGISTRATION	15.	0.		15.
TO FORM 990-PF, PG 1, LN 23	15.	0.		15.

FORM 990-PF OTHER INCREASES	IN NET ASSETS OR FUND BALANCES	STATEMENT 7
DESCRIPTION		AMOUNT
CHANGE IN UNREALIZED GAIN ON I	68,298.	
TOTAL TO FORM 990-PF, PART III	, LINE 3	68,298.
70PW 000 PF		
FORM 990-PF	OTHER INVESTMENTS	STATEMENT 8
DESCRIPTION	VALUATION METHOD BOOK VALUE	FAIR MARKET
	VALUATION	FAIR MARKET VALUE

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT 9

NAME OF CONTRIBUTOR

ADDRESS

MR. SIDNEY R. UNOBSKEY

270 GREEN STREET SAN FRANCISCO, CA 94123

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, DEFOUNDATION MANAGE	STATEMENT 10		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
MICKEY SHAPIRO 31550 NORTHWESTERN HIGHWAY, #200 FARMINGTON HILLS, MI 48018	PRESIDENT/DIREC	CTOR 0.	0.	0.
DR. MICHAEL F. ROIZEN 18600 SOUTH PARK BOULEVARD SHAKER HEIGHTS, OH 44122	VP/DIRECTOR 0.50	0.	0.	0.
DR. JONATHAN MOSS 5841 S. MARYLAND AVE., MC 4028 CHICAGO, IL 60637	TREASURER/DIRE	CTOR 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.