

**990**Form  
Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2007**

Open to Public Inspection

**A For the 2007 calendar year, or tax year beginning 9/01/07, and ending 8/31/08****B Check if applicable:** Address change Name change Initial return Termination Amended return Application pendingPlease use IRS label or print or type.  
See Specific Instructions.**C Name of organization****UNIVERSITY FOUNDATION FOR  
EDUCATION & RESEARCH, INC.**

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

1 TAMPA GENERAL CIRCLE SUITE A327

Room/suite

City or town, state or country, and ZIP + 4

TAMPA FL 33606

**D Employer identification number**  
20-5973618**E Telephone number**

813-844-4434

**F Accounting method:**  Cash Accrual Other (specify)

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Website:**  N/A**J Organization type**(check only one)  501(c) ( 3 )  t (insert no.)  4947(a)(1) or  527**K Check here**   if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12  78,235

H and I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No**H(b)** If "Yes," enter number of affiliates **H(c)** Are all affiliates included?

(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No**I Group Exemption Number** **M Check**  **if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

1	Contributions, gifts, grants, and similar amounts received:	
a	Contributions to donor advised funds	
b	Direct public support (not included on line 1a)	1a 1b 33,525
c	Indirect public support (not included on line 1a)	1c
d	Government contributions (grants) (not included on line 1a)	1d
e	<b>Total</b> (add lines 1a through 1d) (cash \$ 33,525 noncash \$ )	1e 33,525
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2 38,022
3	Membership dues and assessments	3
4	Interest on savings and temporary cash investments	4 6,688
5	Dividends and interest from securities	5
6a	Gross rents	6a
b	Less: rental expenses	6b
c	Net rental income or (loss). Subtract line 6b from line 6a	6c
7	Other investment income (describe)	7
8a	Gross amount from sales of assets other than inventory	(A) Securities 8a
b	Less: cost or other basis and sales expenses	(B) Other 8b
c	Gain or (loss) (attach schedule)	8c
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d
9	Special events and activities (attach schedule). If any amount is from <b>gaming</b> , check here <input type="checkbox"/>	
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a
b	Less: direct expenses other than fundraising expenses	9b
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c
10a	Gross sales of inventory, less returns and allowances	10a
b	Less: cost of goods sold	10b
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c
11	Other revenue (from Part VII, line 103)	11
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12 78,235
13	Program services (from line 44, column (B))	13 6,337
14	Management and general (from line 44, column (C))	14 2,418
15	Fundraising (from line 44, column (D))	15
16	Payments to affiliates (attach schedule)	16
17	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17 8,755
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18 69,480
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 212,330
20	Other changes in net assets or fund balances (attach explanation)	20
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21 281,810

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2007)

**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule) .....				
<b>24</b> Benefits paid to or for members (attach schedule) .....				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A .....				
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B .....				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c .....				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c .....				
<b>28</b> Employee benefits not included on lines 25a – 27 .....				
<b>29</b> Payroll taxes .....				
<b>30</b> Professional fundraising fees .....				
<b>31</b> Accounting fees .....	1,285		1,285	
<b>32</b> Legal fees .....				
<b>33</b> Supplies .....				
<b>34</b> Telephone .....				
<b>35</b> Postage and shipping .....				
<b>36</b> Occupancy .....				
<b>37</b> Equipment rental and maintenance .....				
<b>38</b> Printing and publications .....				
<b>39</b> Travel .....				
<b>40</b> Conferences, conventions, and meetings .....				
<b>41</b> Interest .....				
<b>42</b> Depreciation, depletion, etc. (attach schedule) .....				
<b>43</b> Other expenses not covered above (itemize):				
a. SEE STATEMENT 1 .....	7,470	6,337	1,133	
b .....				
c .....				
d .....				
e .....				
f .....				
g .....				
<b>44</b> <b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) .....	8,755	6,337	2,418	0

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? .....  Yes  No  
If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;  
(iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

**u SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a SEE STATEMENT 3**

(Grants and allocations \$ )

If this amount includes foreign grants, check here **u**

**b SEE STATEMENT 4**

(Grants and allocations \$ )

If this amount includes foreign grants, check here **u**

**c**

(Grants and allocations \$ )

If this amount includes foreign grants, check here **u**

**d**

(Grants and allocations \$ )

If this amount includes foreign grants, check here **u**

**e** Other program services (attach schedule) **SEE STMT 5**

(Grants and allocations \$ )

If this amount includes foreign grants, check here **u**

6,337

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) .....

**u**

6,337

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## Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year	(B) End of year
<b>45</b>	Cash—non-interest-bearing .....		<b>45</b>
<b>46</b>	Savings and temporary cash investments .....	<b>212,330</b>	<b>281,933</b>
<b>47a</b>	Accounts receivable .....	<b>47a</b>	
<b>b</b>	Less: allowance for doubtful accounts .....	<b>47b</b>	<b>47c</b>
<b>48a</b>	Pledges receivable .....	<b>48a</b>	
<b>b</b>	Less: allowance for doubtful accounts .....	<b>48b</b>	<b>48c</b>
<b>49</b>	Grants receivable .....		<b>49</b>
<b>50a</b>	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		<b>50a</b>
<b>b</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule) .....		<b>50b</b>
<b>51a</b>	Other notes and loans receivable (attach schedule) .....	<b>51a</b>	
<b>b</b>	Less: allowance for doubtful accounts .....	<b>51b</b>	<b>51c</b>
<b>52</b>	Inventories for sale or use .....		<b>52</b>
<b>53</b>	Prepaid expenses and deferred charges .....		<b>53</b>
<b>54a</b>	Investments—publicly-traded securities .....	<b>u</b> Cost <b>u</b> FMV	<b>54a</b>
<b>b</b>	Investments—other securities (attach schedule) .....	<b>u</b> Cost <b>u</b> FMV	<b>54b</b>
<b>55a</b>	Investments—land, buildings, and equipment: basis .....	<b>55a</b>	
<b>b</b>	Less: accumulated depreciation (attach schedule) .....	<b>55b</b>	<b>55c</b>
<b>56</b>	Investments—other (attach schedule) .....		<b>56</b>
<b>57a</b>	Land, buildings, and equipment: basis .....	<b>57a</b>	
<b>b</b>	Less: accumulated depreciation (attach schedule) .....	<b>57b</b>	<b>57c</b>
<b>58</b>	Other assets, including program-related investments (describe <b>u</b> .....) )		<b>58</b>
<b>59</b>	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	<b>212,330</b>	<b>281,933</b>
<b>60</b>	Accounts payable and accrued expenses .....		<b>60</b>
<b>61</b>	Grants payable .....		<b>61</b>
<b>62</b>	Deferred revenue .....		<b>62</b>
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>
<b>64a</b>	Tax-exempt bond liabilities (attach schedule) .....		<b>64a</b>
<b>b</b>	Mortgages and other notes payable (attach schedule) .....		<b>64b</b>
<b>65</b>	Other liabilities (describe <b>u</b> SEE STATEMENT 6 .....) )		<b>65</b> <b>123</b>
<b>66</b>	<b>Total liabilities</b> . Add lines 60 through 65	<b>0</b>	<b>123</b>
<b>Organizations that follow SFAS 117, check here <b>u</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
<b>67</b>	Unrestricted .....	<b>212,330</b>	<b>67</b> <b>281,810</b>
<b>68</b>	Temporarily restricted .....		<b>68</b>
<b>69</b>	Permanently restricted .....		<b>69</b>
<b>Organizations that do not follow SFAS 117, check here <b>u</b> <input type="checkbox"/> and complete lines 70 through 74.</b>			
<b>70</b>	Capital stock, trust principal, or current funds .....		<b>70</b>
<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>
<b>72</b>	Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>
<b>73</b>	<b>Total net assets or fund balances</b> . Add lines 67 through 69 or lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21)	<b>212,330</b>	<b>73</b> <b>281,810</b>
<b>74</b>	<b>Total liabilities and net assets/fund balances</b> . Add lines 66 and 73	<b>212,330</b>	<b>74</b> <b>281,933</b>

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

a	Total revenue, gains, and other support per audited financial statements .....	a	78,235
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments .....	b1	
2	Donated services and use of facilities .....	b2	
3	Recoveries of prior year grants .....	b3	
4	Other (specify): .....	b4	
	Add lines b1 through b4 .....	b	
c	Subtract line b from line a .....	c	78,235
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b .....	d1	
2	Other (specify): .....	d2	
	Add lines d1 and d2 .....	d	
e	<b>Total revenue</b> (Part I, line 12). Add lines c and d .....	u	78,235
		e	

  

<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
a	Total expenses and losses per audited financial statements .....	a	8,755
b	Amounts included on line a but not Part I, line 17:		
1	Donated services and use of facilities .....	b1	
2	Prior year adjustments reported on Part I, line 20 .....	b2	
3	Losses reported on Part I, line 20 .....	b3	
4	Other (specify): .....	b4	
	Add lines b1 through b4 .....	b	
c	Subtract line b from line a .....	c	8,755
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b .....	d1	
2	Other (specify): .....	d2	
	Add lines d1 and d2 .....	d	
e	<b>Total expenses</b> (Part I, line 17). Add lines c and d .....	u	8,755
		e	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DEVANAND MANGAR.....	TAMPA.....	P, D, CEO		
1 TAMPA GENERAL CIR	FL 33606	7	0	0
AMRAT ANAND.....	TAMPA.....	EXEC VP, D		
1 TAMPA GENERAL CIR	FL 33606	7	0	0
WILLIAM QUARTUCCIO.....	TAMPA.....	SENIOR VP, D		
1 TAMPA GENERAL CIR	FL 33606	7	0	0
ENRICO CAMPORESI.....	TAMPA.....	D		
1 TAMPA GENERAL CIR	FL 33606	10	0	0
VERONICA MASSEY.....	TAMPA.....	S, D		
1 TAMPA GENERAL CIR	FL 33606	7	0	0
EMERY NAVORT.....	TAMPA.....	T, D		
1 TAMPA GENERAL CIR	FL 33606	7	0	0
JOHN SCHWEIGER.....	TAMPA.....	D		
1 TAMPA GENERAL CIR	FL 33606	7	0	0
KRISTA SCHULTZ.....	TAMPA.....	D		
1 TAMPA GENERAL CIR	FL 33606	8	0	0
RACHEL KARLNOSKI.....	TAMPA.....	D		
1 TAMPA GENERAL CIR	FL 33606	25	0	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

Yes      No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... **u 9**

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) ..... **SEE STATEMENT 7**

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ..... **SEE STATEMENT 8**  
If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy? ..... **SEE STATEMENT 8**

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

**Part VI Other Information (See the instructions.)**

Yes      No

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change .....	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? .....	77	X
	If "Yes," attach a conformed copy of the changes.		
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	78a	X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement .....	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? .....	80a	X
b	If "Yes," enter the name of the organization <b>u</b> .....		
	..... and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) .....	81a	0
b	Did the organization file <b>Form 1120-POL</b> for this year?	81b	X

and check whether it is  exempt or  nonexempt

**81a** Enter direct and indirect political expenditures. (See line 81 instructions.)

**b** Did the organization file **Form 1120-POL** for this year?

81a

81b X

## Part VI Other Information (continued)

	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications? .....	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....	83b	
84a Did the organization solicit any contributions or gifts that were not tax deductible? .....	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	84b	
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? .....	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members .....	85c	
d Section 162(e) lobbying and political expenditures .....	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....	85h	N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 .....	86a	
b Gross receipts, included on line 12, for public use of club facilities .....	86b	
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders .....	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	87b	
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI .....	88b	X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 u 0 ; section 4912 u 0 ; section 4955 u 0 .....		0
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....	89c	0
d Enter: Amount of tax on line 89c, above, reimbursed by the organization .....	89d	0
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....	89e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	89g	X
90a List the states with which a copy of this return is filed u FL .....		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) .....	90b	0
91a The books are in care of u DEVANAND MANGAR 1 TAMPA GENERAL CIR Located at u TAMPA, FL .....		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	91b	X
If "Yes," enter the name of the foreign country u .....		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a.....			
b.....			
c.....			
<b>Totals</b>			

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a.....			
b.....			
c.....			
<b>Totals</b>			

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer <b>DEVANAND MANGAR</b>	Date <b>OFFICER</b>	
	Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/> Preparer's SSN or PTIN (See Gen. Instr. X) <b>P00541579</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4	C&L VALUE ADVISORS, LLC 4805 WEST LAUREL ST STE 100 TAMPA, FL 33607	EIN <input checked="" type="checkbox"/> <b>59-3621814</b> Phone no. <input checked="" type="checkbox"/> <b>813-286-7373</b>

Form **990** (2007)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2007****Supplementary Information-(See separate instructions.)**

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

Name of the organization

UNIVERSITY FOUNDATION FOR EDUCATION &amp; RESEARCH, INC.

Employer identification number  
20-5973618**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
NONE.....				
.....				
.....				
.....				
.....				
Total number of other employees paid over \$50,000 ►				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE.....		
.....		
.....		
.....		
.....		
Total number of others receiving over \$50,000 for professional services ►		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE.....		
.....		
.....		
.....		
.....		

Total number of other contractors receiving over  
\$50,000 for other services ►

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

**Part III Statements About Activities (See page 2 of the instructions.)**

Yes

No

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

1 X

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

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

a Sale, exchange, or leasing of property? .....

b Lending of money or other extension of credit? .....

c Furnishing of goods, services, or facilities? .....

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

e Transfer of any part of its income or assets? .....

2a X

2b X

2c X

2d X

2e X

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

b Did the organization have a section 403(b) annuity plan for its employees? .....

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....

3a X

3b X

3c X

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....

b Did the organization make any taxable distributions under section 4966? .....

4a X

4b

4c

c Did the organization make a distribution to a donor, donor advisor, or related person? .....

d Enter the total number of donor advised funds owned at the end of the tax year u \_\_\_\_\_

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year u \_\_\_\_\_

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts u \_\_\_\_\_ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year u \_\_\_\_\_ 0

**Part IV** **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

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

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

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

9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ►** .....

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

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

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

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

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations. (See page 8 of the instructions.)**

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .....	208,000				208,000
16 Membership fees received .....					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose .....					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .....					0
19 Net income from unrelated business activities not included in line 18 .....					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge .....					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....					0
23 Total of lines 15 through 22 .....	208,000				208,000
24 Line 23 minus line 17 .....	208,000				208,000
25 Enter 1% of line 23 .....	2,080				
26 <b>Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 .....				► 26a	0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts .....				► 26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e) .....				► 26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ .....				► 26d	
e Public support (line 26c minus line 26d total) .....				► 26e	
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> .....				► 26f	%
27 <b>Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: (2006) ..... 0 (2005) ..... 0 (2004) ..... 0 (2003) ..... 0					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) ..... 0 (2005) ..... 0 (2004) ..... 0 (2003) ..... 0					
c Add: Amounts from column (e) for lines: 15 _____ 208,000 16 _____ 17 _____ 20 _____ 21 _____ .....				► 27c	208,000
d Add: Line 27a total _____ and line 27b total _____ .....				► 27d	
e Public support (line 27c total minus line 27d total) .....				► 27e	208,000
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) .....			► 27f	208,000	
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> .....			► 27g	100.0000%	
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> .....			► 27h	%	
28 <b>Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. <b>Do not file this list with your return.</b> Do not include these grants in line 15.					

**Part V Private School Questionnaire (See page 9 of the instructions.)****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... .....				
32	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
	d Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) .....				
33	Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? .....	33a		
	b Admissions policies? .....	33b		
	c Employment of faculty or administrative staff? .....	33c		
	d Scholarships or other financial assistance? .....	33d		
	e Educational policies? .....	33e		
	f Use of facilities? .....	33f		
	g Athletic programs? .....	33g		
	h Other extracurricular activities? .....	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....				
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a		
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b		
If you answered "Yes" to either 34a or b, please explain using an attached statement.				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check <input checked="" type="checkbox"/> a	if the organization belongs to an affiliated group.	Check <input checked="" type="checkbox"/> b	if you checked "a" and "limited control" provisions apply.	
<b>Limits on Lobbying Expenditures</b>		<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for <b>all</b> electing organizations	
(The term "expenditures" means amounts paid or incurred.)				
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>			
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>			
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>			
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>			
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>			
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-				
If the amount on line 40 is-	The lobbying nontaxable amount is-			
Not over \$500,000 .....	20% of the amount on line 40 .....			
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....			
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....			
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....			
Over \$17,000,000 .....	\$1,000,000 .....			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>41</b>			
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>42</b>			
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>43</b>			
<b>44</b>	<b>44</b>			
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.				
<b>4-Year Averaging Period Under Section 501(h)</b>				
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)				
See the instructions for lines 45 through 50 on page 13 of the instructions.)				
<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a)</b> 2007	<b>(b)</b> 2006	<b>(c)</b> 2005	<b>(d)</b> 2004
<b>45</b> Lobbying nontaxable amount .....				<b>(e)</b> Total
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....				
<b>47</b> Total lobbying expenditures .....				
<b>48</b> Grassroots nontaxable amount .....				
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....				
<b>50</b> Grassroots lobbying expenditures .....				
<b>Part VI-B Lobbying Activity by Nonelecting Public Charities</b>				
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/A				
During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
<b>a</b> Volunteers .....	<b>Yes</b>	<b>No</b>	<b>Amount</b>	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....				
<b>c</b> Media advertisements .....				
<b>d</b> Mailings to members, legislators, or the public .....				
<b>e</b> Publications, or published or broadcast statements .....				
<b>f</b> Grants to other organizations for lobbying purposes .....				
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....				
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....				
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> ) .....				
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.				

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)**

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

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash .....
- (ii) Other assets .....

**b Other transactions:**

- (i) Sales or exchanges of assets with a noncharitable exempt organization .....
- (ii) Purchases of assets from a noncharitable exempt organization .....
- (iii) Rental of facilities, equipment, or other assets .....
- (iv) Reimbursement arrangements .....
- (v) Loans or loan guarantees .....
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Schedule B**  
**(Form 990, 990-EZ,  
or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007****Name of organization**UNIVERSITY FOUNDATION FOR  
EDUCATION & RESEARCH, INC.**Employer identification number**

20-5973618

**Organization type (check one):****Filers of:**

Form 990 or 990-EZ

 501(c)( 3 ) (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—**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules—**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

UNIVERSITY FOUNDATION FOR

Employer identification number

20-5973618

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GULF TO BAY ANESTH ASSOC, PA 1 TAMPA GENERAL CIRCLE SUITE A327  TAMPA FL 33606-3508	\$ 25,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
2	DEVANAND MANGAR 1 TAMPA GENERAL CIRCLE SUITE A327  TAMPA FL 33607	\$ 6,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>

## Federal Statements

### Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	\$ 1,133	\$ 1,133	\$ 0	\$ 0
TAXES & LICENSES	1,133	1,133	0	0
PATIENT STUDIES	1,850	1,850	0	0
ADVERTISING	3,377	3,377	0	0
CERTIFICATION	1,110	1,110	0	0
TOTAL	\$ 7,470	\$ 6,337	\$ 1,133	\$ 0

### Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose

#### Description

GENERAL CHARITABLE PURPOSES, MAKE GRANTS TO MEDICAL SCHOOLS & TEACHING HOSPITALS TO ENHANCE EDUCATIONAL OPPORTUNITIES OF THEIR STUDENTS PURSUING THE MEDICAL SPECIALTY OF ANESTHESIOLOGY AND TO PROVIDE & UNDERTAKE MEDICAL RESEARCH TO IMPROVE THE QUALITY OF CARE AND THE QUALITY OF PATIENT OUTCOMES IN THE PATIENT'S PERIOPERATIVE PERIOD.

### Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

#### Description

USF (CAMPORESI) STRYKER STUDY  
THIS STUDY GENERATED \$31,500 FOR THE UNIVERSITY FOUNDATION FOR EDUCATION & RESEARCH. THE TRIAL WAS COMPLETED IN SEPTEMBER 2007 AND ALL ANALYSES ARE FINALIZED. THE STUDY WAS ENTITLED, "FEMORAL NERVE SHEATH INFUSION WITH FENTANYL CAUSES ANALGESIA WITH SUSTAINED STRENGTH AFTER TOTAL KNEE REPLACEMENT." A MANUSCRIPT WAS WRITTEN AND SUBMITTED TO ANESTHESIA & ANALGESIA FOR PUBLICATION. ABSTRACTS WERE WRITTEN AND PRESENTED AT THE ANNUAL IARS 2008 AND ASA 2007 CONFERENCES. THE ABSTRACTS WERE SELECTED AS BEST IN CLASS AND RECEIVED HONORARY AWARDS AT BOTH MEETINGS.

THIS STUDY COMPARED POSTOPERATIVE PAIN AND MUSCLE STRENGTH AMONG THREE FEMORAL NERVE SHEATH (FNS) CATHETER INFUSATES: FENTANYL ALONE, ROPIVACAINE ALONE AND FENTANYL & ROPIVACAINE IN COMBINATION AFTER TOTAL-KNEE REPLACEMENT (TKR). AFTER IRB APPROVAL, SIXTY-ONE PATIENTS WHO UNDERWENT TKR PARTICIPATED IN THIS PROSPECTIVE, DOUBLE-BLINDED, RANDOMIZED STUDY. POST-OPERATIVELY, A RANDOMLY ASSIGNED INFUSION OF FENTANYL, ROPIVACAINE, A COMBINATION OF FENTANYL AND ROPIVACAINE, OR SALINE WAS INITIATED THROUGH THE CATHETER. ALL PATIENTS WERE GIVEN SUPPLEMENTAL MORPHINE AS NEEDED.

PREOPERATIVE AND POSTOPERATIVE VISUAL ANALOG SCALE (VAS) SCORES FOR PAIN, BILATERAL KNEE STRENGTH, SUPPLEMENTAL MORPHINE USE AND SIDE EFFECTS WERE OBTAINED. POST-OPERATIVE MORPHINE SUPPLEMENTATION WAS LOWER IN ALL GROUPS THAT RECEIVED A FEMORAL NERVE INFUSION OF AN ANALGESIC COMPARED TO THE SALINE-INFUSED CONTROL. VAS

## Federal Statements

### Statement 3 - Form 990, Part III, Line a - Statement of Program Service Accomplishments (continued)

#### Description

SCORES WERE NOT DIFFERENT BETWEEN THE GROUPS. STRENGTH RETENTION WAS GREATER IN FENTANYL ONLY GROUP COMPARED TO THE OTHER TREATMENT GROUPS. THIS SMALL STUDY REVEALED TRENDS FOR GREATER STRENGTH RETENTION IN SUBJECTS TREATED WITH FNS FENTANYL INFUSION ALONE OPPOSED TO THOSE RECEIVING ROPIVACAINE CONTAINING SOLUTIONS.

### Statement 4 - Form 990, Part III, Line b - Statement of Program Service Accomplishments

#### Description

TEIKOKU STUDY - THE TRIAL WAS SPONSORED BY TEIKOKU PHARMA INC AND WAS COMPLETED IN JULY 2008. THE TRIAL WAS ADVERTISED IN THE TAMPA TRIBUNE AND ST PETERSBURG TIMES. A TOTAL OF 11 SUBJECTS WERE ENROLLED OVER A ONE MONTH PERIOD. THE STUDY WAS ENTITLED, "PROTOCOL TPU FT-US06-01: A MULTI-CENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED CLINICAL TRIAL OF FLURBIPROFEN TAPE FOR TREATMENT OF CHRONIC LOW BACK PAIN-PHASE II." THE PURPOSE OF THIS TRIAL WAS TO EVALUATE THE ANALGESIC EFFICACY AND SAFETY OF FLURBIPROFEN TAPE FOR CHRONIC LOWER BACK PAIN. SUBJECTS WERE GIVEN A 7-DAY SUPPLY OF FLURBIPROFEN TAPE OR PLACEBO TAPE AND WERE RANDOMIZED TO WEAR THE TAPE FOR 24 OR 12 CONTINUOUS HOURS. THE SUBJECTS HAD A DAILY DIARY THAT INCLUDED PAIN ASSESSMENTS. TEIKOKU INC OWNS THE INTELLECTUAL RIGHTS TO THE DATA GENERATED BY THIS STUDY. AT THIS POINT, THE SPONSOR HAS NOT NOTIFIED US OF THE TREATMENT GROUPS OR STATISTICAL RESULTS.

### Statement 5 - Form 990, Part III, Line e - Other Program Services

#### Description

ADVERTISEMENT, PATIENT STIPEND, CERTIFICATION FEE

### Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
DUE TO GULF TO BAY ANESTH ASSOC	\$ _____	\$ 123
TOTAL	\$ _____ 0	\$ 123

## Federal Statements

### Statement 7 - Form 990, Part V-A, Line 75b - Related Party Information

Related Party One	Related Party Two	Relationship
SEE ATTACHED STMT 2		

### Statement 8 - Form 990, Part V-A, Line 75c - Compensation from Related Organizations

Payee Name	Related Organization Name1	Related Organization Name2	Compensation Description
	Organization EIN	Relationship	Compensation
DEVANAND MANGAR	65-0791956	FL GULF TO BAY ANESTH ASSOC PA SHAREHOLDER/EMPLOYEE	1,784,402
AMRAT ANAND	65-0791956	FL GULF TO BAY ANESTH ASSOC PA SHAREHOLDER/EMPLOYEE	1,416,202
WILLIAM QUARTUCCIO	65-0791956	FL GULF TO BAY ANESTH ASSOC PA SHAREHOLDER/EMPLOYEE	1,468,202
ENRICO CAMPORESI	65-0791956	FL GULF TO BAY ANESTH ASSOC PA SHAREHOLDER/EMPLOYEE	349,500
VERONICA MASSEY	65-0791956	FL GULF TO BAY ANESTH ASSOC PA SHAREHOLDER/EMPLOYEE	1,362,702
EMERY NAVORI	65-0791956	FL GULF TO BAY ANESTH ASSOC PA SHAREHOLDER/EMPLOYEE	1,316,702
JOHN SCHWEIGER	65-0791956	FL GULF TO BAY ANESTH ASSOC PA SHAREHOLDER/EMPLOYEE	553,300
KRISTA SCHULTZ	65-0791956	FL GULF TO BAY ANESTH ASSOC PA SHAREHOLDER/EMPLOYEE	111,500
RACHEL KARLONSKI	65-0791956	FL GULF TO BAY ANESTH ASSOC PA SHAREHOLDER/EMPLOYEE	69,504

## Federal Diagnostics

### **CRITICAL MESSAGES**

NONE

### **ELECTRONIC FILING**

NONE

### **MISSING DATA**

	PRIOR YEAR DATA
GENERAL, YEAR END, PENALTIES	
<input type="checkbox"/> INITIAL RETURN	X
<input type="checkbox"/> APPLICATION PENDING	X
CLIENT DOCUMENT OPTIONS AND ELECTIONS	
<input type="checkbox"/> ELECTION 8	#4
BALANCE SHEET	
<input type="checkbox"/> BALANCE SHEET ROUNDING AMOUNT	10
<input type="checkbox"/> EOY-CASH	208,000
RECONCILIATION WITH AUDITED FINANCIAL STATEMENTS	
<input type="checkbox"/> NO AUDIT STMTS/PART OF GROUP	X

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**Forms 990 / 990-EZ Return Summary**For calendar year 2007, or tax year beginning 9/01/07, and ending 8/31/08UNIVERSITY FOUNDATION FOR  
EDUCATION & RESEARCH, INC.

20-5973618

**Net Asset / Fund Balance at Beginning of Year**212,330**Revenue**

Contributions	<u>33,525</u>
Program service revenue	<u>38,022</u>
Investment income	<u>6,688</u>

Capital gain / loss

Special events:

Gross revenue	<u>                          </u>
Direct expenses	<u>                          </u>
Net income	<u>                          </u>

Other income

Total revenue78,235**Expenses**

Program services	<u>6,337</u>
Management and general	<u>2,418</u>
Fundraising	<u>                          </u>
Payments to affiliates	<u>                          </u>

Total expenses8,755Excess / (deficit) 69,480

Other changes

**Net Asset / Fund Balance at End of Year**281,810**Reconciliation of Revenue**

Total revenue per financial statements	<u>78,235</u>
Less:	
Unrealized gains	<u>                          </u>
Donated services	<u>                          </u>
Recoveries	<u>                          </u>
Other	<u>                          </u>
Plus:	
Investment expenses	<u>                          </u>
Other	<u>                          </u>
Total revenue per return	<u>78,235</u>

**Reconciliation of Expenses**

Total expenses per financial statements	<u>8,755</u>
Less:	
Donated services	<u>                          </u>
Prior year adjustments	<u>                          </u>
Losses	<u>                          </u>
Other	<u>                          </u>
Plus:	
Investment expenses	<u>                          </u>
Other	<u>                          </u>
Total expenses per return	<u>8,755</u>

**Balance Sheet**

	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>212,330</u>	<u>281,933</u>	
Liabilities		<u>123</u>	
Net assets	<u>212,330</u>	<u>281,810</u>	<u>69,480</u>

**Miscellaneous Information**

Amended return	<u>                          </u>
Return / extended due date	<u>4/15/09</u>
Failure to file penalty	<u>                          </u>

## Federal Statements

### Form 990, Part I, Line 1b - Direct Public Support

Description	Cash	Noncash	Total
CHARLENE BUCHANAN	\$ 125	\$	\$ 125
DIANA CONTRERAS	200		200
SEUNG CHOI	200		200
CONTRIBUTIONS FROM SCHEDULE B	33,000		33,000
<b>TOTAL</b>	<b>\$ 33,525</b>	<b>\$ 0</b>	<b>\$ 33,525</b>

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