

Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**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)****u** Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.**u** The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

**2008****Open to Public Inspection****A For the 2008 calendar year, or tax year beginning** 9/01/08 **, and ending** 8/31/09**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organizationUNIVERSITY FOUNDATION FOR  
EDUCATION & RESEARCH, INC.

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

1 TAMPA GENERAL CIRCLE

Room/suite

A327

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** Group ExemptionNumber **u****Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting method: ☒ Cash ☐ Accrual  
Other (specify) **u****I** Website: **u** N/A**J** Organization type (check only one)— ☒ 501(c) ( 3 ) **t** (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check **u** ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check **u** ☐ if the organization is not a section 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** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **u** \$ 129,742**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	127,452
	3	Membership dues and assessments	3	
	4	Investment income	4	2,287
	5a	Gross amount from sale of assets other than inventory	5a	3
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	5c	3
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		SEE STMT 1
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe )	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	129,742	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	1,600
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,650
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe SEE STATEMENT 2 )	16	10,075
17	<b>Total expenses.</b> Add lines 10 through 16	17	14,325	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	115,417
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	281,810
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	397,227

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	281,933	397,227
23 Land and buildings		
24 Other assets (describe )		
25 <b>Total assets</b>	281,933	397,227
26 <b>Total liabilities</b> (describe SEE STATEMENT 3 )	123	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	281,810	397,227

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

Form **990-EZ** (2008)

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

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instr. <b>u</b> <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>u</b> ; section 4912 <b>u</b> ; section 4955 <b>u</b>		
<b>b</b> Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I <b>40b</b>		X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>u</b>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <b>u</b>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed. <b>u</b> FL		
<b>42a</b> The books are in care of <b>u</b> DEVANAND MANGAR Telephone no. <b>u</b> 813-844-4434 1 TAMPA GENERAL CIR, SUITE A327 Located at <b>u</b> TAMPA, FL ZIP + 4 <b>u</b> 33606		
<b>b</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)? <b>42b</b>		X
If "Yes," enter the name of the foreign country: <b>u</b> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? <b>42c</b>		X
If "Yes," enter the name of the foreign country: <b>u</b>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <b>u</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44</b>		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>45</b>		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization(s) a section 527 organization?		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

<b>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>PRESIDENT, DIRECTOR</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4			
				EIN <b>u</b> 59-3621814
				Phone no. <b>u</b> 813-286-7373

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

## Federal Statements

### Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description		Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
How Received	Whom Sold						
FIDELITY INVESTMENTS				\$ 3	\$	\$	\$ 3
TOTAL				\$ 3	\$ 0	\$ 0	\$ 3

## Federal Statements

### Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
BANK CHARGES	160
CONSULTING FEES	2,600
LABORATORY COSTS	464
LICENSING & CERTIFICATION	4,280
OFFICE EXPENSE	18
TAXES & LICENSES	336
TRAVEL	2,217
TOTAL	\$ 10,075

### Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

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

### Statement 4 - Form 990-EZ, 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 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

KIMBERLY CLARK

THIS STUDY WAS A COLLABORATIVE EFFORT BY CRITICAL CARE INTENSIVISTS, ANESTHESIOLOGISTS, INFECTIOUS DISEASE STAFF, AND RESEARCH PERSONNEL TO DETERMINE IF A NEW LOW-PRESSURE MICROCUFF ADULT ENDOTRACHEAL TUBE REDUCED THE INCIDENCE OF VENTILATOR-ASSOCIATED PNEUMONIA. THE STUDY WAS FUNDED BY KIMBERLY CLARK FOR \$55,000. DR. JOHN SCHWEIGER WAS THE PRINCIPAL INVESTIGATOR. THE STUDY WAS COMPLETED IN JUNE 2009.

BACKGROUND: VENTILATOR ASSOCIATED PNEUMONIA (VAP) IS A LEADING CAUSE OF MORBIDITY AND MORTALITY IN ICU PATIENTS WITH RATES OF UP TO 15% OF ALL HOSPITAL ACQUIRED INFECTIONS. A NEW ENDOTRACHEAL (ET) TUBE MICROCUFF\* (KIMBERLY-CLARK) COMBATS VAP WITH ITS DESIGN TO REDUCE MICRO-ASPIRATIONS IN THE INTUBATED PATIENT.

METHODS: A RETROSPECTIVE REVIEW WITH HISTORICAL CONTROL PATIENT COHORT WAS PERFORMED AFTER A YEAR LONG FACILITY WIDE CONVERSION TO THE KIMBERLY-CLARK MICROCUFF ADULT ET TUBE, WHICH INCLUDED ALL OF THE ADULT MEDICAL ICUS,

## Federal Statements

**Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service  
Accomplishments (continued)**

Description

OPERATING ROOMS, AND CRASH CARTS. DATA WAS OBTAINED FROM PATIENTS ADMITTED TO THE ADULT ICUS FROM JULY 2006 TO JULY 2008 WHO RECEIVED MECHANICAL VENTILATION FOR >24 HOURS WITH HOSPITAL-ACQUIRED PNEUMONIA DIAGNOSES OCCURRING ? 24 HOURS FOLLOWING INTUBATION. FROM JULY 2006 TO JUNE 2007, THE MALLINCKRODT INTERMEDIATE HI-LO ET TUBE WAS THE STANDARD ET TUBE AND WAS CONSIDERED THE CONTROL GROUP IN OUR STUDY. IN JULY 2007, THE MICROCUFF TUBE WAS IMPLEMENTED HOSPITAL-WIDE. DURING THE TWO YEAR STUDY PERIOD 4022 PATIENTS WERE VENTILATED FOR GREATER THAN 24 HOURS WITHOUT AN INITIAL DIAGNOSIS OF PNEUMONIA. NINETY TWO ADULT PATIENTS DEVELOPED VAP AND ALL WERE INCLUDED IN OUR STUDY ANALYSIS. OF THE 4022 PATIENTS THAT WERE MECHANICALLY VENTILATED FOR >24 HOURS, A COMPUTER GENERATED RANDOMIZED SELECTION AT A RATIO OF 4:1 (MECHANICAL VENTILATED PATIENTS WITHOUT VAP: MECHANICALLY VENTILATED VAP PATIENTS) WAS USED TO RANDOMLY SELECT THE STUDY COHORT. PATIENT DEMOGRAPHICS, COMORBIDITIES, TOTAL NUMBER OF ICU DAYS, LENGTH OF MECHANICAL VENTILATION, LENGTH OF HOSPITAL STAY, AND MORTALITY WERE EXAMINED. RESULTS: AMONG THE PATIENTS INTUBATED FOR 24 HOURS OR LONGER, THE RATE OF MICROBIOLOGICALLY CONFIRMED VAP WAS REDUCED BY 61 %. DURING THE FIRST YEAR OF THE MICROCUFF IMPLEMENTATION THERE WERE 28 EPISODES OF VAP IN 14830 VENT DAYS, COMPARED TO 64 EPISODES OF VAP IN 13229 VENT DAYS THE YEAR PRIOR. WHEN NORMALIZED, THIS EQUATES TO A VAP RATE OF 1.9 EPISODES PER 1000 VENT DAYS VERSUS 4.8 EPISODES PER 1000 VENT DAYS THE YEAR PRIOR. THE MICROCUFF TUBE WAS ASSOCIATED WITH A SIGNIFICANTLY LOWER INCIDENCE OF VAP (CHI-SQUARE TEST, P-VALUE < 0.05) AND NUMBER OF ICU DAYS (MANN-WHITNEY U TEST, P-VALUE < 0.05). NO SIGNIFICANT DIFFERENCES WERE OBSERVED IN LENGTH OF HOSPITAL STAY, LENGTH OF MECHANICAL VENTILATION, OR MORTALITY. CONCLUSIONS: AFTER THE IMPLEMENTATION OF THE KIMBERLY-CLARK MICROCUFF ET TUBE, WE HAVE OBSERVED A CLINICALLY AND STATISTICALLY SIGNIFICANT REDUCTION IN THE INCIDENCE OF VAP. THIS DATA WAS PRESENTED AT THE ANNUAL SOCIETY FOR CRITICAL CARE MEDICINE MEETING IN OCTOBER 2009 AND A MANUSCRIPT HAS BEEN SUBMITTED TO ANESTHESIA AND ANALGESIA FOR PUBLICATION.

**Statement 6 - Form 990-EZ, Part III, Line 29 - Statement of Program Service  
Accomplishments**

Description

ORGANON/SCHERING PLOUGH  
THIS STUDY IS STILL ONGOING. THE PRINCIPAL INVESTIGATOR IS DR. ENRICO CAMPORESI. WE HAVE ENROLLED A TOTAL OF 18 SUBJECTS AT OUR LOCATION. THE TITLE OF THE STUDY IS 19.4.319: A MULTI-CENTER, RANDOMIZED, PARALLEL GROUP, COMPARATIVE, ACTIVE CONTROLLED, SAFETY ASSESSOR BLINDED

## Federal Statements

### **Statement 6 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments (continued)**

#### Description

TRIAL IN ADULT SUBJECTS COMPARING ROCURONIUM AND SUGAMMADEX WITH SUCCINYLCHOLINE IN SUBJECTS UNDERGOING SHORT SURGICAL PROCEDURES IN OUT-PATIENT SURGERY CENTERS. THE OBJECTIVES OF THIS STUDY ARE TO EVALUATE CHANGES IN PLASMA POTASSIUM LEVELS AFTER TREATMENT WITH ROCURONIUM, SUGAMMADEX, AND SUCCINYLCHOLINE IN ADULT SUBJECTS SCHEDULED FOR SHORT SURGICAL PROCEDURES IN OUT-PATIENT SURGICENTERS, TO EVALUATE THE SAFETY OF THE COMBINATION OF ROCURONIUM AND A SINGLE DOSE OF 4.0 MG.KG-1 SUGAMMADEX FOR REVERSAL AS COMPARED TO THE USE OF 1.0 MG.KG-1 SUCCINYLCHOLINE IN ADULT SUBJECTS, TO EVALUATE THE EFFICACY OF REVERSAL WITH 4.0 MG.KG-1 OF SUGAMMADEX AFTER NEUROMUSCULAR BLOCKADE INDUCED BY ROCURONIUM, TO EVALUATE SPONTANEOUS RECOVERY AFTER NEUROMUSCULAR BLOCK INDUCED BY SUCCINYLCHOLINE. SCHERING PLOUGH HOLDS THE INTELLECTUAL RIGHTS FOR ALL OF THE DATA COLLECTED AND GENERATED BY THIS STUDY. THIS STUDY IS EXPECTED TO GENERATE APPROXIMATELY \$125,000.

### **Statement 7 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments**

#### Description

NEUMEDX  
THE TITLE OF THIS STUDY IS A PROSPECTIVE, COMPARATIVE STUDY TO EVALUATE THE ACCURACY OF A NON-INVASIVE CENTRAL VENOUS PRESSURE METHOD TO THE STANDARD CVP METHOD. THE PRINCIPAL INVESTIGATOR IS DR. JOHN SCHWEIGER. THE STUDY IS EXPECTED TO START ENROLLING SUBJECTS IN MAY 2010. KNOWLEDGE OF CENTRAL VENOUS PRESSURE (CVP) IS CONSIDERED VALUABLE IN THE ASSESSMENT AND TREATMENT OF VARIOUS STATES OF CRITICAL ILLNESS AND INJURY. WE WOULD LIKE TO TEST A NONINVASIVE METHOD OF MEASURING CVP (NICVP) BY MONITORING UPPER ARM BLOOD FLOW CHANGES IN RESPONSE TO EXTERNALLY APPLIED CIRCUMFERENTIAL PRESSURE TO THE UPPER ARM VEINS. WE WOULD LIKE TO ENROLL 100 PATIENTS THAT ARE UNDERGOING CVP MONITORING AS A PART OF THEIR STANDARD CARE. ALL PATIENTS WILL SERVE AS AN INTERNAL CONTROL. ONLY PATIENTS THAT REQUIRE THE STANDARD INVASIVE CVP METHOD WILL BE ENROLLED IN THE STUDY. THERE WILL BE NO RANDOMIZATION OR BLINDING NECESSARY. VOLUME CHANGES WILL BE MEASURED IN THE UPPER ARM USING TETRAPOLAR IMPEDANCE PLETHYSMOGRAPHY UNDERNEATH A BLOOD PRESSURE CUFF. A PAIR OF CURRENT-INJECTING ELECTRODES WILL BE PLACED BELOW AND ABOVE THE BLOOD PRESSURE CUFF AND TWO SENSING ELECTRODES WILL BE PLACED UNDERNEATH THE BLOOD PRESSURE CUFF (THE BRACHIAL-AXILLARY VEIN SYSTEM). THESE LEADS EXTEND FROM THE ZOE MEDICAL DEVICE. THE CUFF WILL BE INFLATED OVER 5 SECONDS TO A PRESSURE ABOVE CVP BUT BELOW DIASTOLIC ARTERIAL PRESSURE. AFTER 45-60 SECONDS THE CUFF WILL BE RAPIDLY DEFLATED. THE DATA REQUIRED TO MAKE THE NONINVASIVE CVP MEASURE WILL BE ACQUIRED AND PROCESSED



## Federal Statements

### **Statement 7 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments (continued)**

#### Description

WITHIN THE ZOE MEDICAL DEVICE. THE NICVP MEASURE WILL BE REPORTED BY THE DEVICE. THE NICVP MEASUREMENT WILL BE REPEATED 3 TIMES IN EACH SUBJECT OVER 5 MINUTES FOR PERIOD OF 15 MINUTES. IF THE SUBJECT REQUIRES VOLUME RESUSCITATION, DIURESIS, OR ARE ADMINISTERED INOTROPIC DRUGS, WE WILL REEVALUATE CVP WITH THE NON-INVASIVE METHOD DURING THESE CIRCUMSTANCES. CVP WILL BE MEASURED EVERY 1 MINUTE TO CAPTURE RAPID CHANGES IN CVP. THE LENGTH OF TIME THAT WE MONITOR CVP WILL DEPEND ON THE LENGTH OF TIME REQUIRED TO DETECT CHANGES IN CVP. CORRELATION BETWEEN CVP AND NICVP WILL BE DETERMINED USING PEARSON'S CORRELATION. THE METHOD DESCRIBED BY BLAND AND ALTMAN WILL BE USED TO ANALYZE THE BIAS AND PRECISION BETWEEN CVP AND NICVP AND TO DETERMINE THE LIMITS OF AGREEMENT BY DEFINING THE MEAN DIFFERENCE AND S.D.S OF THE DIFFERENCES [1-3].

THE PRIMARY OBJECTIVE IS TO DETERMINE IF THE NEUMEDX NON-INVASIVE CVP MONITOR IS SUFFICIENTLY ACCURATE AS TO POTENTIALLY REPLACE OR SUBSTITUTE FOR THE STANDARD INVASIVE CVP MEASURING METHOD IN PATIENTS THAT REQUIRE A CENTRAL VENOUS CATHETER AND CVP MONITORING. THE CRITICAL ENDPOINTS TO BE EVALUATED IN MAKING THIS DETERMINATION ARE 1) AVERAGE CVPS OVER A 15 MINUTE PERIOD IN A PATIENT IN THE SUPINE POSITION. THE SECONDARY OBJECTIVE IS TO MONITOR PATIENTS OVER AN EXTENDED LENGTH OF TIME TO UNDERSTAND IF THE TECHNIQUE IS CAPABLE OF RAPIDLY DETECTING CHANGES IN CVP INDUCED BY VOLUME RESUSCITATION, DIURESIS, OR THE USE OF INOTROPIC AGENTS.

WE SEEK TO VALIDATE A NONINVASIVE TECHNIQUE TO DETERMINE CENTRAL VENOUS PRESSURE BY CALCULATING BIOIMPEDANCE FROM CHANGES IN FOREARM VOLUMES. WE HYPOTHEZIZE THAT THE NON-INVASIVE METHOD OF MEASURING CVP WILL BE A COMPARABLE TO THE STANDARD METHOD.

### **Statement 8 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**

#### Description

ADVERTISEMENT, PATIENT STIPEND, CERTIFICATION FEE



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1-3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)						<b>12</b>
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			208,000	33,525		241,525
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513				38,022	127,452	165,474
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5			208,000	71,547	127,452	406,999
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000				33,022	122,452	155,474
<b>c</b> Add lines 7a and 7b				33,022	122,452	155,474
<b>8 Public support.</b> (Subtract line 7c from line 6.)			208,000	38,525	5,000	251,525

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6			208,000	71,547	127,452	406,999
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			4,330	6,688	2,287	13,305
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b			4,330	6,688	2,287	13,305
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)			212,330	78,235	129,739	420,304

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	59.8436 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	100.0000 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	3.1656 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

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

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## Federal Diagnostics

PREPARED BY: JOLENE T. LOOS  
05/27/2010 11:10 AM  
JLOOS

### CRITICAL MESSAGES

NONE

### ELECTRONIC FILING

☐ SECOND EXTENSIONS CANNOT BE ELECTRONICALLY FILED.

### MISSING DATA

PRIOR YEAR DATA

#### GENERAL AND YEAR END INFORMATION

☐ ADDRESS CHANGE X

#### INCOME, ANALYSIS OF ACTIVITIES, ADDITIONAL INFORMATION

☐ DIRECT PUBLIC SUPPORT-CASH 525

### TICK DATA

FORM	CURRENT VALUE	PRIOR (TICKED) VALUE
------	---------------	----------------------

<input type="checkbox"/> FORM 990	1 TAMPA GENERAL CIRCLE	1 TAMPA GENERAL CIRCLE SUITE A327
<input type="checkbox"/> FORM 990	(NONE)	129,742
<input type="checkbox"/> FORM 990	(NONE)	X
<input type="checkbox"/> FORM 990	(NONE)	X
<input type="checkbox"/> FORM 990	(NONE)	3
<input type="checkbox"/> FORM 990	(NONE)	DEVANAND MANGAR
<input type="checkbox"/> FORM 990	(NONE)	1 TAMPA GENERAL CIRCLE SUITE A327
<input type="checkbox"/> FORM 990	(NONE)	TAMPA
<input type="checkbox"/> FORM 990	(NONE)	FL
<input type="checkbox"/> FORM 990	(NONE)	33606
<input type="checkbox"/> FORM 990	(NONE)	N/A
<input type="checkbox"/> FORM 990	(NONE)	X
<input type="checkbox"/> FORM 990	(NONE)	2006
<input type="checkbox"/> FORM 990	(NONE)	FL
<input type="checkbox"/> FORM 990	(NONE)	GENERAL CHARITABLE PURPOSES, MAKE GRANTS TO MEDICAL SCHOOLS & TEACHING
<input type="checkbox"/> FORM 990	(NONE)	HOSPITALS TO ENHANCE EDUCATIONAL OPPORTUNITIES OF THEIR STUDENTS PURSUING
<input type="checkbox"/> FORM 990	(NONE)	THE MEDICAL SPECIALTY OF ANESTHESIOLOGY AND TO PROVIDE & UNDERTAKE MEDICAL
<input type="checkbox"/> FORM 990	(NONE)	9
<input type="checkbox"/> FORM 990	(NONE)	9
<input type="checkbox"/> FORM 990	(NONE)	33,525
<input type="checkbox"/> FORM 990	(NONE)	38,022
<input type="checkbox"/> FORM 990	(NONE)	6,688
<input type="checkbox"/> FORM 990	(NONE)	78,235
<input type="checkbox"/> FORM 990	(NONE)	8,755
<input type="checkbox"/> FORM 990	(NONE)	8,755
<input type="checkbox"/> FORM 990	(NONE)	69,480
<input type="checkbox"/> FORM 990	(NONE)	281,933
<input type="checkbox"/> FORM 990	(NONE)	123
<input type="checkbox"/> FORM 990	(NONE)	281,810
<input type="checkbox"/> FORM 990	(NONE)	127,452
<input type="checkbox"/> FORM 990	(NONE)	2,290
<input type="checkbox"/> FORM 990	(NONE)	129,742

[illegible]

## Federal Diagnostics

PREPARED BY: JOLENE T. LOOS  
05/27/2010 11:10 AM  
JLOOS

### TICK DATA (CONT.)

FORM	CURRENT VALUE	PRIOR (TICKED) VALUE
<input type="checkbox"/> FORM 990	(NONE)	X
<input type="checkbox"/> FORM 990	(NONE)	X
<input type="checkbox"/> FORM 990	(NONE)	X
<input type="checkbox"/> FORM 990	(NONE)	X
<input type="checkbox"/> FORM 990	(NONE)	X
<input type="checkbox"/> FORM 990	(NONE)	9
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<input type="checkbox"/> FORM 990	(NONE)	X
<input type="checkbox"/> FORM 990	(NONE)	X
<input type="checkbox"/> FORM 990	(NONE)	FL
<input type="checkbox"/> FORM 990	(NONE)	X
<input type="checkbox"/> FORM 990	(NONE)	DEVANAND MANGAR
<input type="checkbox"/> FORM 990	(NONE)	1 TAMPA GENERAL CIR,
		SUITE A327
<input type="checkbox"/> FORM 990	(NONE)	FL
<input type="checkbox"/> FORM 990	(NONE)	TAMPA
<input type="checkbox"/> FORM 990	(NONE)	33606
<input type="checkbox"/> FORM 990	(NONE)	813-844-4434
<input type="checkbox"/> FORM 990	(NONE)	0
<input type="checkbox"/> FORM 990	(NONE)	X
<input type="checkbox"/> FORM 990	(NONE)	X



# Forms 990 / 990-EZ Return Summary

For calendar year 2008, or tax year beginning 9/01/08, and ending 8/31/09

UNIVERSITY FOUNDATION FOR  
EDUCATION & RESEARCH, INC.

20-5973618

Net Asset / Fund Balance at Beginning of Year

281,810

## Revenue

Contributions  
Program service revenue 127,452  
Investment income 2,287  
Capital gain / loss 3

### Special events:

Gross revenue  
Direct expenses  
Net income

Other income

### Total revenue

129,742

## Expenses

Program services  
Management and general  
Fundraising

### Total expenses

14,325

### Excess / (deficit)

115,417

Other changes

Net Asset / Fund Balance at End of Year

397,227

## Reconciliation of Revenue

Total revenue per financial statements

Less:

Unrealized gains  
Donated services  
Recoveries  
Other

Plus:

Investment expenses  
Other

### Total revenue per return

## Reconciliation of Expenses

Total expenses per financial statements

Less:

Donated services  
Prior year adjustments  
Losses  
Other

Plus:

Investment expenses  
Other

### Total expenses per return

## Balance Sheet

	Beginning	Ending	Differences
Assets	281,933	397,227	
Liabilities	123		
Net assets	281,810	397,227	115,417

## Miscellaneous Information

Amended return

Return / extended due date 7/15/10

Failure to file penalty

22054 University Foundation for  
20-5973618  
FYE: 8/31/2009

## Federal Statements

### Schedule A, Part III, Line 7b - Excess Gross Receipts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
RESEARCH STUDIES	\$	\$
2008	127,452	122,452
2007	38,022	33,022
TOTAL	\$ 165,474	\$ 155,474

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22054 University Foundation for  
20-5973618  
FYE: 8/31/2009

## Client Notes

Form 990

RN 4

Form 990

RN 3

Form 990

RN 3

Form 990

RN 4

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