

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public
Inspection

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 \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning 09/01/09, and ending 08/31/10

B Check if applicable:	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNIVERSITY FOUNDATION FOR EDUCATION & RESEARCH, INC.	D Employer identification number 20-5973618
<input type="checkbox"/> Address change		Number and street (or P.O. box, if mail is not delivered to street address) 1 TAMPA GENERAL CIRCLE	Room/suite A327
<input type="checkbox"/> Name change		City or town, state or country, and ZIP + 4 TAMPA FL 33606	F Group Exemption Number u
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Termination			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

● 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

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (3) t (insert no.) 4947(a)(1) or 527K 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ **u** \$ **230,890**

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	99,800
	2 Program service revenue including government fees and contracts	2	129,921
	3 Membership dues and assessments	3	
	4 Investment income	4	1,167
	5a Gross amount from sale of assets other than inventory	5a	2
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
8 Other revenue (describe ►)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►)	9	230,890	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	7,100
	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	98,850
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► SEE STATEMENT 3)	16	9,422
17 Total expenses. Add lines 10 through 16 ►)	17	115,372	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	115,518
	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	397,227
	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 through 20 ►)	21	512,745

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	397,227	22	512,745
23 Land and buildings		23	
24 Other assets (describe ►)		24	
25 Total assets	397,227	25	512,745
26 Total liabilities (describe ►)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	397,227	27	512,745

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

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 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 why the organization did not report the income on Form 990-T.	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	37a	
37a Enter amount of political expenditures, direct or indirect, as described in the instr. u 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
38a 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 outstanding at the end of the period covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u _____ ; section 4912 u _____ ; section 4955 u _____	40b	X
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	u _____	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	u _____	
e 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	40e	X
41 List the states with which a copy of this return is filed. u FL		
42a The organization's books are in care of u DEVANAND MANGAR Telephone no. u 813-844-4434 1 TAMPA GENERAL CIR, SUITE A327		
Located at u TAMPA, FL	ZIP + 4	u 33606
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)?	42b	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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: u _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here u 43 and enter the amount of tax-exempt interest received or accrued during the tax year		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 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	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	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		46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		49a	X
b	If "Yes," was the related organization a section 527 organization?		49b	
50	Complete this table for the organization's 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					

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's 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			

d Total number of other independent contractors each receiving over \$100,000

Sign Here	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 DEVANAND MANGAR	Date PRESIDENT, DIRECTOR		
Paid Preparer's Use Only	Type or print name and title.			
Preparer's signature	JOLENE T. LOOS	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instr.) P00541579
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"/> 59-3621814	Phone <input checked="" type="checkbox"/> no. 813-286-7373

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

22054 University Foundation for
20-5973618
FYE: 8/31/2010

Federal Statements

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

Description		How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
FIDELITY	INVESTMENTS					\$ 2	\$ 2	\$ 0	\$ 2
TOTAL						\$ 2	\$ 2	\$ 0	\$ 2

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Individuals

Relationship to Organization	Class of Activity	Date of Gift	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
		12/10/09		7,100				
TOTAL				7,100				

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
CONSULTING FEES	3,983
LICENSING & CERTIFICATION	4,100
SEMINARS & CONVENTIONS	470
TAXES & LICENSES	125
TRAVEL	744
TOTAL	\$ 9,422

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 ^{1,2} 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, 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

Federal Statements

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

Description

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 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

Federal Statements

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

Description

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

DYNATHERM MEDICAL INC
THE PURPOSE OF THIS STUDY WAS TO TEST AN ALTERNATIVE MEANS OF WARMING PATIENTS IN THE OPERATING ROOM.
THE STUDY WAS FUNDED BY DYNATHERM MEDICAL INC FOR \$34,500. DR. ENRICO CAMPORESI WAS THE PRINCIPAL INVESTIGATOR. THE STUDY WAS COMPLETED IN MARCH 2010.
BACKGROUND: INTRAOPERATIVE TEMPERATURE MANAGEMENT HAS BECOME AN INCREASING IMPORTANT MEASURE FOR THE PHYSICIAN QUALITY REPORTING INITIATIVE (PQRI). INDUCTION OF ANESTHESIA AFFECTS THERMOREGULATORY CONTROL AND LEADS TO PERIOPERATIVE HYPOTHERMIA. THE PREVENTION OF PERIOPERATIVE HYPOTHERMIA IMPROVES PATIENT OUTCOME. THE PRIMARY OBJECTIVE OF THIS STUDY WAS TO DETERMINE IF A VACUUM ENHANCED (<10MMHG) CONDUCTIVE WARMING SYSTEM UTILIZING A SINGLE FOREARM WARMING SLEEVE, DYNATHERM MEDICAL VITALHEAT™ TEMPERATURE MANAGEMENT SYSTEM (VITALHEAT) COMBINED WITH AN LMA PERFECTTEMP™ SURGICAL TABLE WARMING PAD, IS AS EFFECTIVE AS FORCED-AIR WARMING (BAIR HUGGER™) FOR MAINTENANCE OF INTRAOPERATIVE BODY TEMPERATURE IN PATIENTS UNDERGOING MAJOR ABDOMINAL SURGERY WITH GENERAL ANESTHESIA.
METHODS: THIS WAS A SINGLE SITE, PROSPECTIVE RANDOMIZED STUDY WHERE A TOTAL OF 46 SUBJECTS WERE ASSIGNED TO RECEIVE ONE OF TWO INTRAOPERATIVE WARMING METHODS; THE VITALHEAT SYSTEM OR THE BAIR HUGGER SYSTEM (CONTROL GROUP/ STANDARD WARMING METHOD USED AT OUR HOSPITAL). ALL SUBJECTS UNDERWENT A MAJOR OPEN ABDOMINAL PROCEDURE. INTRAOPERATIVE TEMPERATURE WAS RECORDED EVERY 10 MINUTES AND OBTAINED FROM AN ESOPHAGEAL TEMPERATURE PROBE INSERTED AT 30CM FROM DENTAL OCCLUSION. SUBLINGUAL TEMPERATURES WERE TAKEN PRE- AND POSTOPERATIVELY.
RESULTS: THE MEAN SUBLINGUAL PREOPERATIVE TEMPERATURES FOR THE VITALHEAT AND BAIR HUGGER GROUPS WERE EQUIVALENT AT 36.6°C WITH A P-VALUE OF 0.802 USING THE MANN-WHITNEY TEST. THE MEAN FINAL INTRAOPERATIVE TEMPERATURES WERE 36.6°C FOR THE BAIR HUGGER GROUP AND 36.4°C FOR THE VITALHEAT GROUP (T-TEST P=0.079). THE MEAN PACU TEMPERATURES WERE 36.7°C AND 36.3°C FOR THE BAIR HUGGER AND VITALHEAT GROUPS RESPECTIVELY (T-TEST P=0.008).
CONCLUSIONS: ACCORDING TO THE GUIDELINES SET BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES, A NORMOTHERMIC TEMPERATURE RECORDING OF ?36°C FOR THE LAST INTRAOP TEMP OR FIRST PACU QUALIFIES AS PROPER TEMPERATURE MANAGEMENT. THE VITALHEAT SYSTEM IS AN EFFICIENT WARMING ALTERNATIVE TO THE FORCED-AIR WARMING METHOD AND MIGHT BE PREFERABLE FOR CASES IN WHICH THE ENTIRE ABDOMINAL AREA AND UPPER BODY NEED TO BE ACCESSIBLE.

Federal Statements

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

Description

REGENERON PHARMACEUTICALS, INC \$4,000

THIS STUDY WAS A COLLABORATION BETWEEN CRITICAL CARE INTENSIVISTS AND THE BURN UNIT. THE TITLE OF THE STUDY WAS "A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED, PARALLEL-GROUP STUDY OF THE SAFETY AND EFFICACY OF REGN475 IN PATIENTS WITH PAIN RESULTING FROM THERMAL INJURY." THIS WAS A MULTICENTER STUDY WITH THE PURPOSE OF ASSESSING PAIN AFTER TREATMENT WITH AN INVESTIGATIONAL INTRAVENOUS DRUG. THE OVERALL TARGET FROM ALL SITES WAS ENROLLMENT OF 90 SUBJECTS WITH OUR SITE CONTRIBUTING 7 SUBJECTS. AFTER MONTHS OF SCREENING, NO SITE WAS ABLE TO ENROLL. THE STUDY WAS CLOSED IN APRIL 2010. WE RECEIVED \$4000 AS START UP COSTS.

BACKGROUND: THERMAL INJURIES ARE A PAINFUL AND OFTEN DISABLING FORM OF TRAUMA. DESPITE THE CONTINUED EMPHASIS ON PAIN ASSESSMENT AND PAIN MANAGEMENT IN HOSPITALIZED PATIENTS WITH THERMAL INJURIES, HIGH LEVELS OF BACKGROUND PAIN AND PAIN ASSOCIATED WITH WOUND CARE CONTINUE TO BE REPORTED IN THE LITERATURE.

THE CURRENT STANDARD OF CARE FOR PAIN MANAGEMENT DURING THERMAL INJURY WOUND CARE (EG, DEBRIDEMENT, HYDROTANK, DRESSING CHANGES), TYPICALLY INVOLVES THE USE OF POTENT, SHORT-ACTING OPIOIDS, SOMETIMES IN COMBINATION WITH KETAMINE OR SHORT-ACTING BENZODIAZEPINES. MORE RECENTLY, VIRTUAL REALITY HAS ALSO DEMONSTRATED ANALGESIC EFFICACY DURING WOUND CARE (HOFFMAN, 2008). FOR THE BACKGROUND PAIN ASSOCIATED WITH THERMAL INJURY, THE LONGER ACTING OPIOIDS ARE COMMONLY USED. DESPITE THE FACT THAT THESE TREATMENT APPROACHES HAVE REMAINED ESSENTIALLY UNCHANGED FOR MANY YEARS, THE PAIN ASSOCIATED WITH WOUND CARE PROCEDURES CONTINUES TO BE A SIGNIFICANT UNMET MEDICAL NEED.

THERE IS PRECLINICAL EVIDENCE THAT IMPLICATES NERVE GROWTH FACTOR (NGF) IN THE PAIN (HYPERALGESIA) ASSOCIATED WITH THERMAL INJURY. IN 2002, (UEDA, 2002) REPORTED THAT NGF LEVELS IN THE SKIN OF RATS INJURED BY SCALDING HOT WATER WERE APPROXIMATELY 10-FOLD HIGHER WHEN MEASURED 7 AND 14 DAYS AFTER THE INJURY. IN ADDITION, THE DAILY ADMINISTRATION OF ANTI-NGF SERUM SIGNIFICANTLY REDUCED THE HYPERALGESIA ASSOCIATED WITH THE SCALD INJURY IN THESE ANIMALS. A STUDY BY (SUMMER, 2006) DEMONSTRATED THAT THE ADMINISTRATION OF ANTI-SENSE TO THE NGF RECEPTORS TRKA AND PKC EPSILON ALSO CAUSED A DOSE-RELATED DECREASE IN BURN-INDUCED HYPERALGESIA.

NERVE GROWTH FACTOR (NGF) WAS THE FIRST NEUROTROPHIN TO BE IDENTIFIED, AND ITS ROLE IN THE DEVELOPMENT AND SURVIVAL OF BOTH PERIPHERAL AND CENTRAL NEURONS DURING DEVELOPMENT OF THE NERVOUS SYSTEM HAS BEEN WELL CHARACTERIZED (SMEYNE, 1994; CROWLEY, 1994). IN THE ADULT, NGF IS A PAIN MEDIATOR THAT SENSITIZES NEURONS AND IS NOT REQUIRED AS A SURVIVAL FACTOR (PEZET AND MCMAHON, 2006). THE ACTIVITY OF NGF IS MEDIATED THROUGH 2 DIFFERENT MEMBRANE-BOUND RECEPTORS, THE TRKA RECEPTOR AND THE P75 COMMON NEUROTROPHIN RECEPTOR.

THE ANTI-NGF ANTIBODY REGN475 IS A FULLY HUMAN ANTIBODY THAT SPECIFICALLY BINDS TO HUMAN, MONKEY, MURINE AND RAT NGF AND BLOCKS SIGNALING THROUGH BOTH TRKA AND P75 RECEPTORS. IT DOES NOT BIND TO OTHER NEUROTROPHIN FAMILY MEMBERS, NT-3, NT-4/5 OR BDNF, OR BLOCK SIGNALING OF NT-3 THROUGH THE TRKA OR TRKC RECEPTORS.

SMITHS MEDICAL \$8,750

THE TITLE OF THIS STUDY WAS CORRECTINJECT® SAFETY SYSTEM, A REDUCTION OF MEDICATION ADMINISTRATION ERROR RISK WITH THE USE OF A UNIQUE NEURAXIAL CONNECTOR SYSTEM. THIS MULTI-SITE INVESTIGATION INCLUDED A TOTAL OF FOUR (4) INVESTIGATION SITES IN THE UNITED STATES. SURGICAL, OBSTETRIC, OR PAIN

Federal Statements

Statement 8 - Form 990-EZ, Part III, Line 31 - Statement of Program Service
Accomplishments (continued)

Description

MANAGEMENT PATIENTS REQUIRING NEURAXIAL REGIONAL ANESTHESIA OR PAIN MANAGEMENT EMPLOYING EPIDURAL TECHNIQUES AND PLACEMENT OF AN EPIDURAL CATHETER WILL BE ELIGIBLE FOR THIS STUDY. SEVENTY FIVE (75) SUBJECTS WERE RECRUITED FROM EACH INVESTIGATION SITE. AFTER DATA COLLECTION FROM TWO HUNDRED (200) ENROLLED SUBJECTS, THE STUDY WAS TERMINATED IN SEPTEMBER 2010. WE RECEIVED A GRANT FOR \$7500. DR. MANGAR WAS THE PRINCIPAL INVESTIGATOR.

ONE OF THE MOST CHALLENGING ISSUES FACING HEALTHCARE TODAY IS ENSURING PATIENT SAFETY. ACCORDING TO AN ARTICLE IN JAMA IN 2000, MEDICAL ERRORS IN HOSPITALS ARE BELIEVED TO BE POTENTIALLY THE THIRD MOST COMMON CAUSE OF DEATH IN THE UNITED STATES.¹ THESE ERRORS KILL BETWEEN 44,000 AND 98,000 PEOPLE A YEAR.² MEDICATION ERRORS ACCOUNT FOR ABOUT 7,000 DEATHS A YEAR.² THE ADMINISTRATION OF THE IMPROPER DRUG OR THE ADMINISTRATION OF A DRUG THROUGH AN INAPPROPRIATE ROUTE IS ONE OF THE COMMON CONTRIBUTING FACTORS. SMITHS MEDICAL HAS DEVELOPED A NEURAXIAL INJECTION SAFETY SYSTEM THAT IS DESIGNED TO REDUCE THE HUMAN FACTORS RELATED TO INADVERTENT MIS-INJECTION OF MEDICATIONS INTO THE EPIDURAL OR INTRATHECAL SPACE. THIS SYSTEM CONSISTS OF A SPECIALLY DESIGNED LOCKING SYRINGE INTERFACE WHICH WHEN USED WITH A MATCHING FILTER AND CONNECTOR WILL SIGNIFICANTLY REDUCE THE POTENTIAL FOR MIS-INJECTION OF CHEMOTHERAPY, INTRAVENOUS, OR OTHER ANESTHETIC DRUGS. THIS SYSTEM IS DESIGNED FOR USE WHEN PROVIDING NEURAXIAL REGIONAL ANESTHESIA FOR SURGICAL PROCEDURES, OBSTETRICAL PAIN MANAGEMENT, POST-OPERATIVE PAIN MANAGEMENT, AND LONG-TERM PAIN MANAGEMENT. THE SYSTEM CAN BE USED FOR BOLUS INJECTIONS OR WITH A STANDARD PUMP SYSTEM.

ELOQUEST \$1,750

THE TITLE OF THIS STUDY WAS, "A RETROSPECTIVE, NON-COMPARATIVE CASE SERIES TO CHARACTERIZE THE OCCURRENCE OF ENDOTRACHEAL TUBE AND CENTRAL LINE DISLODGEMENTS IN HOSPITALIZED PATIENTS." THE STUDY WAS A REVIEW OF 50 MEDICAL RECORDS. THE MEDICAL RECORDS WERE RANDOMLY IDENTIFIED SUBJECTS THAT HAD A CENTRAL LINE OR ENDOTRACHEAL TUBE PLACEMENT DOCUMENTED WITHIN THE PAST YEAR. THE NURSING NOTES WERE REVIEWED TO DETERMINE IF ANY DISLODGEMENTS WERE DOCUMENTED. DR. MANGAR WAS THE PRINCIPAL INVESTIGATOR. THE TOTAL GRANT WAS \$1750. THE STUDY WAS COMPLETED IN JUNE 2010.

BACKGROUND: THE USE OF SURGICAL ADHESIVE TAPES AFTER MINOR SURGICAL, DERMATOLOGICA OPERATIONS OR OTHER PROCEDURES INVOLVING ENDOTRACHEAL TUBES OR CENTRAL LINES IS WIDESPREAD. THEIR USE REDUCED THE WOUND TENSION AND SEPARATION. THIS COMBINATION ULTIMATELY IMPROVES THE POSTOPERATIVE SCAR. THE MOST COMMONLY USED WOUND ADHESIVE ADJUNCTS TO ENHANCE THE ADHESIVENESS OF THE SURGICAL TAPES ARE TINCTURE OF BENZOIN AND MASTISOL. MASTISOL IS A LIQUID MEDICAL-GRADE ADHESIVE USED TO ENSURE THE INTEGRITY OF DRESSING, TAPES, AND CERTAIN DEVICES OVER AN EXTENDED PERIOD. IT HELPS THE EFFECTIVENESS OF STRIP SKIN CLOSURES AND MINIMIZES THE USE OF SUTURES.

TELEFLEX MEDICAL \$5,000

DR. MANGAR WAS CHOSEN TO LEAD A CLINICAL PRECEPTORSHIP PROGRAM WHERE ANESTHESIOLOGISTS COULD OBSERVE THE PLACEMENT OF NERVE BLOCKS USING THE SIMUCATH PRODUCT UNDER HIS TUTELAGE. THE PRECEPTORSHIP IS A 2-3 DAY, HANDS-ON TRAINING. AN INITIAL GRANT OF \$5000 WAS AWARDED AS A PREPAYMENT TO COVER ANY ANTICIPATED EXPENSES ASSOCIATED WITH THE PARTICIPATION BY HEALTH CARE PROFESSIONALS.

SCHEDULE A
 (Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service
Public Charity Status and Public Support

OMB No. 1545-0047

2009Open to Public
InspectionComplete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. See separate instructions.
Name of the organization UNIVERSITY FOUNDATION FOR
EDUCATION & RESEARCH, INC. **Employer identification number** 20-5973618

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

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

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 (ii) A family member of a person described in (i) above? _____
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
 h Provide the following information about the supported organization(s).

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

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) u	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3 % support test—2008. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) u	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		208,000	33,525		99,800	341,325
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513			38,022	127,452	129,920	295,394
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		208,000	71,547	127,452	229,720	636,719
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			33,022	122,452	124,920	280,394
c Add lines 7a and 7b			33,022	122,452	124,920	280,394
8 Public support (Subtract line 7c from line 6.)						356,325

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		208,000	71,547	127,452	229,720	636,719
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
		4,330	6,688	2,287	1,167	14,472
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		4,330	6,688	2,287	1,167	14,472
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		212,330	78,235	129,739	230,887	651,191
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 ► <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests—2009. 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 ► <input type="checkbox"/>		
b 33 1/3 % support tests—2008. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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Federal Diagnostics

CRITICAL MESSAGES

NONE

ELECTRONIC FILING

NONE

INFORMATIONAL MESSAGES

- DATA ACCEPTED VIA DATASHARING REVIEW AND VERIFY.
- THE CLIENT MAILING SLIPSHEET INFORMATION IS FORCED.
- FORM 8868 FOR FORM 990/990-EZ EXTENSION PREVIOUSLY PRINTED; VERIFY EXTENDED DUE DATE IN SCREEN EXT.
- PREPARER 'JOLENE T. LOOS'

MISSING DATA

CHECKLIST OF REQUIRED SCHEDULES

- OTHER ENTITIES

PRIOR YEAR DATA

X

RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS

- CONTROLLED ENTITY

X

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

- # OF GOVERNING VOTING MEMBERS
- # OF INDEPENDENT VOTING MEMBER
- PUBLIC INSPECT UPON REQUEST

9
9
X

GENERAL OPTIONS, PRIOR YEAR REVENUE AND EXPENSES, PENALTIES

- PRIOR YEAR CONTRIBUTIONS REV

33,525

BALANCE SHEET - LIABILITIES AND EQUITY

- OTHER LIABILITIES - BOY

123

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Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning 09/01/09, and ending 08/31/10

UNIVERSITY FOUNDATION FOR 20-5973618
EDUCATION & RESEARCH, INC.

Net Asset / Fund Balance at Beginning of Year 397,227

Revenue

Contributions	99,800
Program service revenue	129,921
Investment income	1,167
Capital gain / loss	2

Special events:	
Gross revenue	_____
Direct expenses	_____
Net income	_____
Other income	_____
Total revenue	_____

Expenses

Program services	_____
Management and general	_____
Fundraising	_____
Total expenses	115,372
Excess / (deficit)	

Net Asset / Fund Balance at End of Year	512,745
---	---------

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	<u>397,227</u>	<u>512,745</u>	
Liabilities			
Net assets	<u>397,227</u>	<u>512,745</u>	<u>115,518</u>

Miscellaneous Information

Amended return Return / extended due date 04/15/11
Failure to file penalty

22054 University Foundation for
20-5973618
FYE: 8/31/2010

Federal Statements

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

Donor Name	Total	Excess
RESEARCH STUDIES	\$ 129,920	\$ 124,920
2009	127,452	122,452
2008	38,022	33,022
2007		
TOTAL	<u>\$ 295,394</u>	<u>\$ 280,394</u>

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