

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)

2011**Open to Public
Inspection****A For the 2011 calendar year, or tax year beginning 09/01/11, and ending 08/31/12**

B Check if applicable:	C Name of organization UNIVERSITY FOUNDATION FOR EDUCATION & RESEARCH, INC.	D Employer identification number 20-5973618
<input checked="" type="checkbox"/> Address change	Doing Business As	
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite
<input type="checkbox"/> Initial return	809 SOUTH ALBANY AVENUE	
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4	
<input type="checkbox"/> Amended return	TAMPA	FL 33606
<input type="checkbox"/> Application pending	F Name and address of principal officer: DEVANAND MANGAR 809 S ALBANY AVENUE TAMPA FL 33607	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: U FFER.ORG		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other U		H(c) Group exemption number U
L Year of formation: 2006 M State of legal domicile: FL		

Part I Summary1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box **U** if the organization discontinued its operations or disposed of more than 25% of its net assets.
 3 Number of voting members of the governing body (Part VI, line 1a)
 4 Number of independent voting members of the governing body (Part VI, line 1b)
 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)
 6 Total number of volunteers (estimate if necessary)
 7a Total unrelated business revenue from Part VIII, column (C), line 12
 b Net unrelated business taxable income from Form 990-T, line 34

3	8
4	3
5	0
6	0
7a	0
7b	0

Activities & Governance**Revenue****Expenses****Net Assets or Fund Balances**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	121,635	675,000
9 Program service revenue (Part VIII, line 2g)	38,021	130,566
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,063	330
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	160,719	805,896
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) U 0	152,727	216,541
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	152,727	216,541
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,992	589,355
19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	520,876	1,110,092
21 Total liabilities (Part X, line 26)	139	0
22 Net assets or fund balances. Subtract line 21 from line 20	520,737	1,110,092

Part II Signature Block

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.

Sign Here	Signature of officer DEVANAND MANGAR	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOLENE T. LOOS	Preparer's signature JOLENE T. LOOS	Date	Check <input type="checkbox"/> if self-employed	PTIN P00541579
	Firm's name } C&L VALUE ADVISORS, LLC		Firm's EIN } 59-3621814		
	Firm's address } 4805 WEST LAUREL ST STE 100				
	Firm's address } TAMPA, FL 33607			Phone no.	813-286-7373

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$ 2,422)

FENTANYL (POSTOPERATIVE KNEE STRENGTH FOLLOWING TOTAL KNEE REPLACEMENT): THIS STUDY WAS FUNDED BY TAMPA GENERAL HOSPITAL. THE STUDY WAS INITIATED IN MARCH 2011 AND WAS COMPLETED IN NOVEMBER 2011. THE PURPOSE OF THIS RESEARCH STUDY WAS TO ASSESS MUSCLE STRENGTH IN THE OPERATIVE KNEE BEFORE AND AFTER TOTAL KNEE REPLACEMENT WHEN A PATIENT IS RANDOMLY GIVEN CONTINUOUS FEMORAL NERVE SHEATH CATHETER ADMINISTRATION OF FENTANYL OR ROPIVACAINE OR A CONTINUOUS IV INFUSION OF FENTANYL. SERUM FENTANYL LEVELS WERE ANALYZED BY QUEST DIAGNOSTICS LABORATORY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 15,875)

LV LEAD (QUICKFLEX® μ 1258T LEFT HEART PACING LEAD POST APPROVAL STUDY): THE STUDY IS SPONSORED BY ST JUDE MEDICAL. THE STUDY WAS INITIATED IN NOVEMBER 2010 WITH A PROJECTED END DATE OF 2017. THE PURPOSE OF THIS POST-APPROVAL STUDY IS TO EVALUATE THE ACUTE AND CHRONIC PERFORMANCE OF THE SJM QUICKFLEX®? 1258T LV LEAD IN A PATIENT POPULATION INDICATED FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATOR AND CARDIAC RESYNCHRONIZATION THERAPY. THE QUICKFLEX®? 1258T LV LEAD STUDY WILL BE PERFORMED IN COMPLIANCE WITH THE CONDITIONS FOR APPROVAL AS AGREED UPON WITH THE FDA.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 35,110)

IRASE (IRRIGATED ABLATION SYSTEM EVALUATION FOR AF): THIS STUDY IS SPONSORED BY ST JUDE MEDICAL INC. THE STUDY WAS INITIATED IN MARCH 2011 WITH A PROJECTED END DATE OF JANUARY 2013. THE PURPOSE OF THE STUDY IS TO TEST THE SAFETY AND EFFICACY OF THE SAFIRE BLU DUO IRRIGATED ABLATION SYSTEM FOR THE TREATMENT OF SYMPTOMATIC PAROXYSMAL ATRIAL FIBRILLATION. THE DATA GENERATED FROM THIS STUDY WILL BE USED TO FULFILL A PREMARKET APPROVAL APPLICATION FOR THE FDA.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 212,421 including grants of \$) (Revenue \$ 77,159)

4e Total program service expenses **212,421**

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

3 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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a		X
11b		X
11c		X
11d		X
11e		X
11f		X
12a		X
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Is the organization 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

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

	Yes	No
21		X
22		X
23	X	
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X
28a		X
28b		X
28c		X
29	X	
30		X
31		X
32		X
33		X
34	X	
35a	X	
35b	X	
36		X
37		X
38	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	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)?	4a	X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7	Organizations that may receive deductible contributions under section 170(c).	7b	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 8	
1b		1b 3	
2	Enter the number of voting members included in line 1a, above, who are independent	2 X	
3	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	3 X	
4	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	4 X	
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5 X	
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6 X	
7a	Did the organization have members or stockholders?	7a X	
7b	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7b X	
8a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	8a X	
8b	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8b X	
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X
13	Did the organization have a written whistleblower policy?	13 X
14	Did the organization have a written document retention and destruction policy?	14 X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
a	The organization's CEO, Executive Director, or top management official	15a X
b	Other officers or key employees of the organization	15b X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b X

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> FL
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: <input checked="" type="checkbox"/> DEVANAND MANGAR TAMPA

1 TAMPA GENERAL CIR, SUITE A327
FL 33606 813-844-4434

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(1) MANGAR, DEVANAND P/D/CEO	5.00	X		X			0	4,819,506	0
(2) ANAND, AMRAT EXEC VP/D	2.00	X		X			0	1,454,395	0
(3) MASSEY, VERONICA SNR VP/S/D	2.00	X		X			0	689,624	0
(4) NAVORI, EMERY T	2.00	X		X			0	474,071	0
(5) SCHWEIGER, JOHN D	5.00	X					0	373,934	0
(6) CAMPORESI, ENRICO D	5.00	X					0	367,500	0
(7) KARLNOSKI, RACHEL D	40.00	X					0	125,669	0
(8) MCDONALD, CHRISTINA D	2.00	X					0	0	0
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Officer Key employee Highest compensated	Individual trustee or director	Institutional trustee			
(15)							
(16)							
(17)							
(18)							
(19)							
(20)							
(21)							
(22)							
(23)							
(24)							
(25)							
1b Sub-total					u	8,304,699	
c Total from continuation sheets to Part VII, Section A					u		
d Total (add lines 1b and 1c)					u	8,304,699	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

Part VIII Statement of Revenue

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federated campaigns	1a				
1b Membership dues	1b				
1c Fundraising events	1c				
1d Related organizations	1d				
1e Government grants (contributions)	1e				
1f All other contributions, gifts, grants, and similar amounts not included above	1f	675,000			
g Noncash contributions included in lines 1a-1f: \$		175,000			
h Total. Add lines 1a-1f	u	675,000			
Program Service Revenue		Busn. Code			
2a IRRIGATED ABLATION SYSTEM			35,110	35,110	
2b REGIONAL VS GENERAL ANESTHESIA			32,000	32,000	
2c DYNATHERM MEDICAL VITALHEAT			26,959	26,959	
2d QUICKFLEX 1258T LEFT HEART			15,875	15,875	
2e MOLNYCKE HEALTHCARE AB -			10,000	10,000	
2f All other program service revenue			10,622	10,622	
g Total. Add lines 2a-2f	u	130,566			
3 Investment income (including dividends, interest, and other similar amounts)		u	330		330
4 Income from investment of tax-exempt bond proceeds		u			
5 Royalties		u			
6a Gross rents	(i) Real	(ii) Personal			
6b Less: rental exps.					
6c Rental inc. or (loss)					
6d Net rental income or (loss)	u				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
7b Less: cost or other basis & sales exps.					
7c Gain or (loss)					
7d Net gain or (loss)	u				
8a Gross income from fundraising events (not including \$					
of contributions reported on line 1c). See Part IV, line 18		a			
b Less: direct expenses	b				
c Net income or (loss) from fundraising events	u				
9a Gross income from gaming activities. See Part IV, line 19		a			
b Less: direct expenses	b				
c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances		a			
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue	Busn. Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	u	805,896	130,566	0	330
12 Total revenue. See instructions.	u				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	175,000	175,000		
b Legal	2,595		2,595	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LABORATORY COSTS	35,471	35,471		
b LICENSING & CERTIFICATION	1,875	1,875		
c COMPUTER ONLINE STORAGE	744		744	
d MEMBERSHIP & DUES	440		440	
e All other expenses	416	75	341	
25 Total functional expenses. Add lines 1 through 24e	216,541	212,421	4,120	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	520,876	2	1,110,092
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	520,876	16	1,110,092
	17 Accounts payable and accrued expenses		139	17
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
Liabilities	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	139	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	520,737	27	1,110,092
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	520,737	33	1,110,092
	34 Total liabilities and net assets/fund balances	520,876	34	1,110,092

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	805,896
2 Total expenses (must equal Part IX, column (A), line 25)	2	216,541
3 Revenue less expenses. Subtract line 2 from line 1	3	589,355
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	520,737
5 Other changes in net assets or fund balances (explain in Schedule O)	5	
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,110,092

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b	X	
2c	X	
3a		
3b		

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

UNIVERSITY FOUNDATION FOR
EDUCATION & RESEARCH, INC.

Employer identification number

20-5973618

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

UNIVERSITY FOUNDATION FOR

Employer identification number

20-5973618

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FLORIDA GULF TO BAY ANESTH ASSOC PA 809 S ALBANY AVENUE TAMPA FL 33606	\$ 275,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	GULF TO BAY ANESTH ASSOC PA 809 S ALBANY AVENUE TAMPA FL 33606	\$ 400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

UNIVERSITY FOUNDATION FOR

Employer identification number

20-5973618

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PROFESSIONAL SERVICES	\$ 175,000	08/31/12
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given	\$	

SCHEDULE J
(Form 990)
Department of the Treasury
Internal Revenue Service
Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
u Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2011**Open to Public Inspection**

Name of the organization

UNIVERSITY FOUNDATION FOR
EDUCATION & RESEARCH, INC.Employer identification number
20-5973618**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes

No

1b**2****4a**

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MANGAR, DEVANAND	(i) 0	(ii) 720,000	(iii) 4,099,506	0	0	0	0
2	ANAND, AMRAT	(i) 0	(ii) 360,000	(iii) 1,094,395	0	0	0	0
3	MASSEY, VERONICA	(i) 0	(ii) 360,000	(iii) 329,624	0	0	0	0
4	NAVORI, EMERY	(i) 0	(ii) 360,000	(iii) 114,071	0	0	0	0
5	SCHWEIGER, JOHN	(i) 0	(ii) 360,000	(iii) 13,934	0	0	0	0
6	CAMPORESI, ENRICO	(i) 0	(ii) 360,000	(iii) 7,500	0	0	0	0
7		(i) 0	(ii) 0	(iii) 0	0	0	0	0
8		(i) 0	(ii) 0	(iii) 0	0	0	0	0
9		(i) 0	(ii) 0	(iii) 0	0	0	0	0
10		(i) 0	(ii) 0	(iii) 0	0	0	0	0
11		(i) 0	(ii) 0	(iii) 0	0	0	0	0
12		(i) 0	(ii) 0	(iii) 0	0	0	0	0
13		(i) 0	(ii) 0	(iii) 0	0	0	0	0
14		(i) 0	(ii) 0	(iii) 0	0	0	0	0
15		(i) 0	(ii) 0	(iii) 0	0	0	0	0
16		(i) 0	(ii) 0	(iii) 0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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SCHEDULE M
(Form 990)

 Department of the Treasury
 Internal Revenue Service
2011**Open To Public
Inspection****Noncash Contributions****U** Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

U Attach to Form 990.

Name of the organization

UNIVERSITY FOUNDATION FOR
EDUCATION & RESEARCH, INC.Employer identification number
20-5973618**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (PROFSSNL SVCS)	X	1	175,000	ACTUAL EXPENSES
26 Other u (.....				
27 Other u (.....				
28 Other u (.....				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization	UNIVERSITY FOUNDATION FOR EDUCATION & RESEARCH, INC.	Employer identification number 20-5973618
--------------------------	---------------------------------------------------------	----------------------------------------------

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
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.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT
CABANA (CATHETER ABLATION VERSUS ANTIARRHYTHMIC DRUG THERAPY FOR ATRIAL
FIBRILLATION TRIAL): THIS IS A STUDY IS FUNDED BY THE NATIONAL HEART &
LUNG INSTITUTE (NIH). DUKE CLINICAL RESEARCH INSTITUTE IS A CONTRACTED
RESEARCH ORGANIZATION THAT COORDINATES THE STUDY FOR THE NIH. ALL PAYMENTS
RECEIVED FOR THIS STUDY WILL COME FROM DUKE CORPORATE ACCOUNTS PAYABLE.
THE STUDY WAS INITIATED IN MAY 2010 WITH A PROJECTED END DATE IN 2017. THE
STUDY IS DESIGNED TO COMPARE DRUG THERAPY AND CATHETER ABLATION IN PATIENTS
WITH ATRIAL FIBRILLATION. THIS STUDY WILL DETERMINE WHICH TREATMENT
APPROACH IS BEST OR WHEN ONE OR THE OTHER THERAPY IS PREFERRED. THE CABANA
STUDY WILL ALSO COMPARE THE COST OF CARE FOR THE TWO TREATMENT APPROACHES
AND DETERMINE THE EFFECT THESE THERAPIES HAVE ON QUALITY OF LIFE.

LESS (REGIONAL VS. GENERAL ANESTHESIA FOR LAPAROENDOSCOPIC SINGLE SITE
CHOLECYSTECTOMIES): THIS STUDY WAS SPONSORED BY TAMPA GENERAL HOSPITAL. IT
WAS INITIATED IN NOVEMBER 2010. EXPECTED COMPLETION OF THIS PROJECT IS
DECEMBER 2011. THE PURPOSE OF THIS STUDY IS TO DETERMINE IF EPIDURAL
ANESTHESIA GIVES BETTER PAIN CONTROL AND FASTER RECOVERY FROM SURGERY THAN

Name of the organization

UNIVERSITY FOUNDATION FOR

Employer identification number

20-5973618

STANDARD GENERAL ANESTHESIA.

DYNATHERM (INTRAOPERATIVE WARMING: COMPARISON OF PERFORMANCE OF THE DYNATHERM MEDICAL VITALHEAT™ TEMPERATURE MANAGEMENT SYSTEM (VH2) AND THE ARIZANT BAIR HUGGER TEMPERATURE MANAGEMENT SYSTEM): THIS STUDY WAS SPONSORED BY DYNATHERM MEDICAL INC. THE STUDY WAS INITIATED IN JULY 2011. THE COMPLETION DATE WAS JANUARY 2012. THE PURPOSE OF THIS STUDY IS TO COMPARE TWO WARMING DEVICES, THE DYNATHERM MEDICAL VITALHEAT TEMPERATURE MANAGEMENT SYSTEM AND THE ARIZANT BAIR HUGGER TEMPERATURE MANAGEMENT SYSTEM TO MAINTAIN YOUR BODY TEMPERATURE WHILE THE PATIENT IS UNDER ANESTHESIA. THE ARIZANT BAIR HUGGER SYSTEM IS USED AS THE STANDARD OF CARE AT OUR HOSPITAL.

KIMVENT (KIMVENT* PDT SYSTEM BEDSIDE PERCUTANEOUS DILATATIONAL TRACHEOSTOMY IDE STUDY): THIS STUDY IS FUNDED BY KIMBERLY CLARK. THE STUDY WAS APPROVED IN AUGUST 2011. THE COMPLETION DATE WAS PROJECTED TO BE DECEMBER 2012, HOWEVER THE SPONSOR WAS NOT ABLE TO OBTAIN FDA APPROVAL AND CONSEQUENTLY CLOSED THE STUDY. THE PURPOSE OF THIS STUDY WAS TO EVALUATE THE PERFORMANCE OF A NEW TRACHEOSTOMY SYSTEM THAT IS USED FOR PLACING A BREATHING TUBE (TRACHEOSTOMY TUBE) THROUGH THE NECK AND INTO THE WINDPIPE IN ADULT VENTILATED PATIENTS. THE NEW TRACHEOSTOMY SYSTEM WAS CALLED THE KIMBERLY-CLARK KIMVENT** PERCUTANEOUS DILATATIONAL TRACHEOSTOMY SYSTEM (PDT). THIS MEDICAL DEVICE IS NOT CURRENTLY APPROVED BY FDA FOR SALE AND USE WITHIN THE UNITED STATES. PERFORMANCE OF THE DEVICE WILL BE ASSESSED BY EVALUATING ANY COMPLICATIONS THAT OCCUR DURING THE PLACEMENT OF THE TUBE AND/OR COMPLICATIONS RELATED TO THE PLACEMENT OF THE KIMVENT* PDT TUBE.

Name of the organization

UNIVERSITY FOUNDATION FOR

Employer identification number

20-5973618

MEPITEL (AN OPEN, PROSPECTIVE RANDOMIZED PILOT INVESTIGATION EVALUATING PAIN WITH THE USE OF A SOFT SILICONE WOUND CONTACT LAYER, MEPITEL ONE, VS. BRIDAL VEIL AND STAPLES USED ON SPLIT THICKNESS SKIN GRAFTS AS A PRIMARY DRESSING.) THIS STUDY WAS SPONSORED BY MOLNYCKE HEALTHCARE AB. THE UNIVERSITY OF SOUTH FLORIDA WAS THE GRANT RECIPIENT. WE RECEIVED OUR PORTION OF THE STUDY GRANT FROM USF WHICH CONSISTED OF A ONETIME PAYMENT OF \$10,000 (RECEIVED JULY 2012). THE PURPOSE OF THIS STUDY WAS TO COMPARE TWO TYPES OF WOUND DRESSINGS USED ON TOP OF SKIN GRAFTS. THE TWO DRESSINGS COMPARED WERE MEPITEL®ONE AND BRIDAL VEIL AND STAPLES. BOTH DRESSINGS ARE FDA APPROVED FOR USE IN BURNS. THE MAIN PURPOSE OF THE STUDY WAS TO COMPARE PAIN AT THE TIME OF DRESSING CHANGE FOR EACH OF THESE DRESSINGS. THE STUDY ALSO INVESTIGATED HOW WELL THE DRESSING STUCK TO WOUNDS, HOW WELL SKIN RESPONDS TO THE DRESSING, OVERALL COSTS BY DAY 7, EASE OF USE, AND SAFETY USING EACH OF THESE DRESSINGS.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

FL GULF TO BAY ANESTH ASSOC PA

Name of the organization

UNIVERSITY FOUNDATION FOR

Employer identification number

20-5973618

FL GULF TO BAY ANESTH ASSOC PA

FL GULF TO BAY ANESTH ASSOC PA

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

BOARD MEMBERS REVIEW THE FORM 990

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL DIRECTORS SIGN DISCLOSURE STATEMENTS ANNUALLY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST VIA EMAIL OR ON THE

WEBSITE [HTTP://UFFER.ORG/ABOUT/REPORTS](http://UFFER.ORG/ABOUT/REPORTS).

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SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2011**Open to Public
Inspection**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

Name of the organization

UNIVERSITY FOUNDATION FOR
EDUCATION & RESEARCH, INC.Employer identification number
20-5973618**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes
(1)							
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1)											
(2)											
(3)											
(4)											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) FL GULF TO BAY ANESTH ASSOC 809 SOUTH ALBANY AVENUE TAMPA FL 33606 65-0791956	ANESTHESIA	FL	N/A	S	N/A	N/A	N/A
(2) GULF TO BAY ANESTH ASSOC 809 SOUTH ALBANY AVENUE TAMPA FL 33606 59-3411711	ANESTHESIA	FL	N/A	S	N/A	N/A	N/A
(3)							
(4)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

		Yes	No
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to related organization(s)		X
c	Gift, grant, or capital contribution from related organization(s)		
d	Loans or loan guarantees to or for related organization(s)		X
e	Loans or loan guarantees by related organization(s)		X
f	Sale of assets to related organization(s)		
g	Purchase of assets from related organization(s)		X
h	Exchange of assets with related organization(s)		X
i	Lease of facilities, equipment, or other assets to related organization(s)		X
j	Lease of facilities, equipment, or other assets from related organization(s)		
k	Performance of services or membership or fundraising solicitations for related organization(s)		
l	Performance of services or membership or fundraising solicitations by related organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n	Sharing of paid employees with related organization(s)	X	
o	Reimbursement paid to related organization(s) for expenses		
p	Reimbursement paid by related organization(s) for expenses		X
q	Other transfer of cash or property to related organization(s)		
r	Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	FL GULF TO BAY ANESTHESIOLOGY ASSOC	N	175,000	ACTUAL EXPENSE
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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SCHEDULE A
 (Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

2011Open to Public
Inspection
 Complete 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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) <u>11</u>	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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>11</u>	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. 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 checked="" type="checkbox"/>	<input type="checkbox"/>
b 33 1/3% support test—2010. 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 checked="" type="checkbox"/>	<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2011. 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 checked="" type="checkbox"/>	<input type="checkbox"/>
b 10%-facts-and-circumstances test—2010. 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 checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33,525		99,800	121,635	675,000	929,960
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	38,021	130,566	463,981
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	71,547	127,452	229,720	159,656	805,566	1,393,941
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	33,021	122,507	435,922
c Add lines 7a and 7b	33,022	122,452	124,920	33,021	122,507	435,922
8 Public support (Subtract line 7c from line 6.)						958,019

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	71,547	127,452	229,720	159,656	805,566	1,393,941
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,688	2,287	1,167	1,063	330	11,535
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,688	2,287	1,167	1,063	330	11,535
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)	78,235	129,739	230,887	160,719	805,896	1,405,476
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 type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	68.16 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. 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 checked="" type="checkbox"/>
b 33 1/3% support tests—2010. 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. Also complete this part for any additional information. (See instructions).

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CRITICAL MESSAGES

NONE

ELECTRONIC FILING

NONE

INFORMATIONAL MESSAGES

- FORM 990, PART X, LINE 27 END OF YEAR UNRESTRICTED FUND BALANCE IS CALCULATED.
- IF SCHEDULE B IS REQUIRED, ENTER DATA ON SCREEN SCHB INSTEAD OF SCREEN INCOME.
- DATA ACCEPTED VIA DATASHARING REVIEW AND VERIFY.
- THE CLIENT MAILING SLIPSHEET INFORMATION IS FORCED.
- PREPARER 'JOLENE T. LOOS'

INFORMATIONAL: INPUT SCREEN OVERRULES

GENERAL AND YEAR END INFORMATION

- ROOM OR SUITE NUMBER

PROGRAM SERVICE ACCOMPLISHMENTS

- EXEMPT PURPOSE DESCRIPTION
- EXEMPT PURPOSE DESCRIPTION

RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS

- RELATED CORPS OR TRUSTS

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

- OFFICERS RELATED PARTY INFO

FUNCTIONAL EXPENSES CONTINUED

- OTHER EXP P/S

LIST OF OFFICERS, DIRECTORS, TRUSTEES, ETC. (NAVORI, EMERY)

- NAME

MISSING DATA

	PRIOR YEAR DATA
PUBLIC CHARITY STATUS AND PUBLIC SUPPORT	
<input checked="" type="checkbox"/> RETURN FILED WITHIN 5 YEARS	X
EXTENSIONS	
<input checked="" type="checkbox"/> EXTENDED DUE DATE 1ST EXT	4/15/12
GENERAL OPTIONS, PRIOR YEAR REVENUE AND EXPENSES, PENALTIES	
<input checked="" type="checkbox"/> PRIOR YEAR OTHER REVENUE	2
<input checked="" type="checkbox"/> PRIOR YEAR GRANTS EXPENSE	7,100
LIST OF OFFICERS, DIRECTORS, TRUSTEES, ETC. (ANAND, AMRAT)	
<input checked="" type="checkbox"/> 990T, SCHK, % TIME DEVOTED	5.00
LIST OF OFFICERS, DIRECTORS, TRUSTEES, ETC. (CAMPORESI, ENRICO)	
<input checked="" type="checkbox"/> 990T, SCHK, % TIME DEVOTED	12.50
LIST OF OFFICERS, DIRECTORS, TRUSTEES, ETC. (KARLNOSKI, RACHEL)	
<input checked="" type="checkbox"/> 990T, SCHK, % TIME DEVOTED	100.00
LIST OF OFFICERS, DIRECTORS, TRUSTEES, ETC. (MANGAR, DEVANAND)	
<input checked="" type="checkbox"/> 990T, SCHK, % TIME DEVOTED	12.50
LIST OF OFFICERS, DIRECTORS, TRUSTEES, ETC. (MASSEY, VERONICA)	
<input checked="" type="checkbox"/> 990T, SCHK, % TIME DEVOTED	5.00

Federal Diagnostics

MISSING DATA (CONT.)

LIST OF OFFICERS, DIRECTORS, TRUSTEES, ETC. (MCDONALD, CHRISTINA)

<input checked="" type="checkbox"/> REL ORG BASE	87,507
<input checked="" type="checkbox"/> 990T, SCHK, % TIME DEVOTED	5.00

LIST OF OFFICERS, DIRECTORS, TRUSTEES, ETC. (NAVORI, EMERY)

<input checked="" type="checkbox"/> 990T, SCHK, % TIME DEVOTED	5.00
----------------------------------------------------------------	------

LIST OF OFFICERS, DIRECTORS, TRUSTEES, ETC. (SCHWEIGER, JOHN)

<input checked="" type="checkbox"/> 990T, SCHK, % TIME DEVOTED	12.50
----------------------------------------------------------------	-------

BALANCE SHEET - LIABILITIES AND EQUITY

<input checked="" type="checkbox"/> ACCOUNTS PAYABLE - EOY	139
------------------------------------------------------------	-----

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Forms 990 / 990-EZ Return Summary

For calendar year 2011, or tax year beginning 09/01/11, and ending 08/31/12

UNIVERSITY FOUNDATION FOR
EDUCATION & RESEARCH, INC.

20-5973618

Net Asset / Fund Balance at Beginning of Year

520,737

Revenue

Contributions	<u>675,000</u>
Program service revenue	<u>130,566</u>
Investment income	<u>330</u>
Capital gain / loss	<u></u>

Special events:

Gross revenue	<u></u>
Direct expenses	<u></u>
Net income	<u>0</u>

Other income

Total revenue

805,896

Expenses

Program services	<u>212,421</u>
Management and general	<u>4,120</u>
Fundraising	<u></u>

Total expenses

216,541

Excess / (deficit)

589,355

Other changes

Net Asset / Fund Balance at End of Year

1,110,092

Reconciliation of Revenue

Total revenue per financial statements	<u></u>
Less:	<u></u>
Unrealized gains	<u></u>
Donated services	<u></u>
Recoveries	<u></u>
Other	<u></u>
Plus:	<u></u>
Investment expenses	<u></u>
Other	<u></u>
Total revenue per return	<u>805,896</u>

Reconciliation of Expenses

Total expenses per financial statements	<u></u>
Less:	<u></u>
Donated services	<u></u>
Prior year adjustments	<u></u>
Losses	<u></u>
Other	<u></u>
Plus:	<u></u>
Investment expenses	<u></u>
Other	<u></u>
Total expenses per return	<u>216,541</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>520,876</u>	<u>1,110,092</u>	
Liabilities	<u>139</u>	<u></u>	
Net assets	<u>520,737</u>	<u>1,110,092</u>	<u>589,355</u>

Miscellaneous Information

Amended return	<u></u>
Return / extended due date	<u>01/15/13</u>
Failure to file penalty	<u></u>

22054 University Foundation for
20-5973618
FYE: 8/31/2012

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
WELLS FARGO BANK	\$ 261				14	
TOTAL	\$ 261					

Tax-Exempt Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
FIDELITY INVESTMENTS	\$ 69				14	
TOTAL	\$ 69					

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Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
BUSINESS REGISTRATION FEE	\$ 125	\$	\$ 125	\$
SUPPLIES	107		107	
CONSULTING FEES	75			
TAXES & LICENSES	61		61	
POSTAGE & MAILING SERVICE	48		48	
TOTAL	<u>416</u>	<u>75</u>	<u>341</u>	<u>0</u>

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Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
FLORIDA GULF TO BAY ANESTH ASSOC PA	
CASH CONTRIBUTION	\$ 100,000
PROFESSIONAL SERVICES	175,000
GULF TO BAY ANESTH ASSOC PA	
CASH CONTRIBUTION	
TOTAL	400,000
	\$ 675,000

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Federal Statements

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

Donor Name	Total	Excess
RESEARCH STUDIES	\$ 130,566	\$ 122,507
2011	38,021	33,021
2010	129,920	124,920
2009	127,452	122,452
2008	38,022	33,022
2007		
TOTAL	<u>\$ 463,981</u>	<u>\$ 435,922</u>

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Federal Statements

Schedule A, Part III, Line 10a(e)

Description	Amount
WELLS FARGO BANK	\$ 261
FIDELITY INVESTMENTS	69
TOTAL	<u>330</u>

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