

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

u The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning 09/01/12, and ending 08/31/13

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization UNIVERSITY FOUNDATION FOR EDUCATION & RESEARCH, INC.		D Employer identification number 20-5973618	
Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 360 BLANCA AVE		Room/suite	E Telephone number 813-990-6430
City, town or post office, state, and ZIP code TAMPA FL 33606-3630		G Gross receipts \$ 84,081	
F Name and address of principal officer: DEVANAND MANGAR 360 BLANCA AVE TAMPA FL 33606-3630		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: u UFFER.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		L Year of formation: 2006	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Revenue	2 Check this box u <input type="checkbox"/> 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)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Expenses	Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	675,000	0
	9 Program service revenue (Part VIII, line 2g)	130,566	9,350
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	330	7,820
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	805,896	17,170
Net Assets or Fund Balances	Prior Year	Current Year	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	216,541	10,811
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	216,541	60,811	
19 Revenue less expenses. Subtract line 18 from line 12	589,355	-43,641	
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
21 Total liabilities (Part X, line 26)	1,110,092	1,066,451	
22 Net assets or fund balances. Subtract line 21 from line 20	0	0	
	1,110,092	1,066,451	

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	PRESIDENT, DIRECTOR			
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

Form 990 (2012)

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 O2 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 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 \$ 85 including grants of \$) (Revenue \$ 2,200)

CABANA (CATHETER ABLATION VERSUS ANTIARRHYTHMIC DRUG THERAPY FOR ATRIAL FIBRILLATION TRIAL): THIS 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.

4b (Code:) (Expenses \$ 1,345 including grants of \$) (Revenue \$ 7,150)

LV LEAD (QUICKFLEX® 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 \$ 350 including grants of \$) (Revenue \$)

EZ DERM USE IN BURN PATIENTS AT TGH BURN UNIT - A RETROSPECTIVE REVIEW: THIS STUDY WAS NOT INDUSTRY SPONSORED. THE STUDY WAS INITIATED IN JULY 2012 AND WAS COMPLETED IN OCTOBER 2012. THE PRIMARY OBJECTIVE IS TO REVIEW THE PERFORMANCE OF EZ DERM IN THE TGH BURN POPULATION. TGH SERVES AS THE REGIONAL BURN CENTER, AND AS SUCH HAS EXTENSIVE EXPERIENCE WITH THE USE OF EZ DERM (BRENNEN MEDICAL), AND ALDEHYDE CROSS-LINKED PORCINE DERMIS AVAILABLE SINCE THE MID 1980'S. IT IS BELIEVED THAT A REVIEW OF OUR USE OF THIS DRESSING WOULD HELP TO UPDATE THE LITERATURE ON THE CURRENT USE AND INDICATIONS OF PORCINE WOUND DRESSINGS IN THE MODERN BURN UNIT. A TOTAL OF 157 PATIENTS WERE IDENTIFIED AND MET THE STUDY CRITERIA. EIGHTEEN COMPLICATIONS WERE REPORTED FROM 16 OF THE 157 PATIENTS. COMPLICATIONS WERE

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

(Expenses \$ 54,876 including grants of \$ 50,000) (Revenue \$)

4e Total program service expenses **u** 56,656

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, for escrow or custodial account liability; 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 and XII

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 and XII 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 VIII, 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)

		Yes	No
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	21	X
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	22	X
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	23	X
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	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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	25a	X
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	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
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	27	X
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):	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
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	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
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	X
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	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	35a	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	
b	If "Yes" to line 35a, 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	X
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	X
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	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		

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	0
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?		
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?		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
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:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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	1a	8
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.		
1b Enter the number of voting members included in line 1a, above, who are independent	1b	8
2 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?	2	X
3 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?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a 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?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
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?		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b	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 <input type="checkbox"/> Other (explain in Schedule O)		
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	360 BLANCA AVE	FL 33606-3630 813-909-6430

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 (list any hours for related organizations below dotted line)	(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 or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) ANAND, AMRAT EXEC VP/D	2.00 0.00	X		X			0	0	0
(2) CAMPORESI, ENRICO D	5.00 0.00	X					0	0	0
(3) KARLNOSKI, RACHEL D	0.00 0.00	X					0	0	0
(4) MANGAR, DEVANAND P/D/CEO	5.00 0.00	X		X			0	0	0
(5) MASSEY, VERONICA SNR VP/S/D	2.00 0.00	X		X			0	0	0
(6) MCDONALD, CHRISTINA D	20.00 0.00	X					0	0	0
(7) NAVORI, EMERY T	2.00 0.00	X		X			0	0	0
(8) SCHWEIGER, JOHN D	5.00 0.00	X					0	0	0
(9)									
(10)									
(11)									

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 or director	Individual trustee	Institutional trustee	Officer			
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								
(19)								
1b Sub-total							u	
c Total from continuation sheets to Part VII, Section A							u	
d Total (add lines 1b and 1c)							u	

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	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	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.

(A) Name and business address	(B) Description of services	(C) Compensation

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 **11**

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII.

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				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a-1f: \$					
h Total. Add lines 1a-1f	u				
Program Service Revenue					
2a LV LEAD - QUICKFLEX MICRO	Busn. Code	7,150	7,150		
b CABANA - CATHETER ABLATION VS		2,200		2,200	
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f	u	9,350			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)	u	380			380
4 Income from investment of tax-exempt bond proceeds	u				
5 Royalties	u				
6a Gross rents	(i) Real				
b Less: rental exps.					
c Rental inc. or (loss)					
d Net rental income or (loss)	u				
7a Gross amount from sales of assets other than inventory	(i) Securities				
b Less: cost or other basis & sales exps.		74,351			
c Gain or (loss)		66,911			
d Net gain or (loss)	u	7,440			7,440
8a Gross income from fundraising events (not including \$	(ii) Other				
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.	a				
See Part IV, line 19					
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					
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	17,170	7,150	0	10,020
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).

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	50,000	50,000		
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				
b Legal				
c Accounting	2,665		2,665	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
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	6,306	6,306		
b COMPUTER ONLINE STORAGE	1,005		1,005	
c BUSINESS REGISTRATION FEE	361		361	
d CONSULTING FEES	350	350		
e All other expenses	124		124	
25 Total functional expenses. Add lines 1 through 24e	60,811	56,656	4,155	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 SheetCheck if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	1,110,092	2	995,228
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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). Complete Part II of Schedule L		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	71,223
	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)	1,110,092	16	1,066,451
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	0	26	0
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,110,092	27	1,066,451
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117 (ASC 958), 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	1,110,092	33	1,066,451
	34 Total liabilities and net assets/fund balances	1,110,092	34	1,066,451

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	17,170
2 Total expenses (must equal Part IX, column (A), line 25)	2	60,811
3 Revenue less expenses. Subtract line 2 from line 1	3	-43,641
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,110,092
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,066,451

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c 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.	2c	X
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?	3a	X
3b 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	3b	

Form 990 (2012)

SCHEDULE I
(Form 990)
Department of the Treasury
Internal Revenue Service
**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012Open to Public
Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

Name of the organization

UNIVERSITY FOUNDATION FOR
EDUCATION & RESEARCH, INC.Employer identification number
20-5973618**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

 Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HSCO CHARITIES, INC. 2008 EAST 8TH AVENUE TAMPA	FL 33605	20-1895808	501C 3	10,000			GENERAL SUPPORT
(2)	TAMPA GENERAL HOSPITAL FOUNDATION P. O. BOX 1289 TAMPA	FL 33601-1289	23-7354477	501C 3	40,000			REMOTE TELEMETRY FD
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

u 2

3 Enter total number of other organizations listed in the line 1 table

u 0

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

DAA

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

2012

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 4C - THIRD ACCOMPLISHMENT
ATTRIBUTED TO POSITIONING (2/133=1.5%), INFECTION (4/133=3.0%), INCOMPLETE
EPITHELIALIZATION AT TIME OF SEPARATION (3/133=2.2%), NEED FOR ADDITIONAL
EXCISION AND GRAFTING (6/133=4.5%), HYPERTROPHIC SCARING (2/60=3.3) AND
CRYPTOGENIC (1/133=0.75) (TABLE PORCINE DERMIS HAS PROVEN TO BE A ROBUST
WOUND DRESSING THAT PROVIDES CONSISTENT DURABLE WOUND COVERAGE WITH MINIMAL
COMPLICATIONS THAT RESOLVE WITHOUT LONG-TERM SEQUELA.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT
SURGICAL AND ANESTHETIC INFLUENCE ON CYTOKINE RESPONSE: THIS STUDY WAS NOT
INDUSTRY SPONSORED. THIS STUDY WAS INITIATED IN FEBRUARY 2013 AND IS STILL
ONGOING. IT IS A COLLABORATION WITH THE USF COLLEGE OF NURSING ON A STUDY
ENTITLED, "ORAL CARE INTERVENTION IN MECHANICALLY VENTILATED ADULTS; USF
IRB# PRO00003622." ONE OF THE SECONDARY AIMS OF THIS STUDY IS TO EXPLORE
POTENTIAL BIOMARKERS OF VENTILATOR ASSOCIATED PNEUMONIA (VAP) DEVELOPMENT
AND RESOLUTION WITH PROINFLAMMATORY CYTOKINES. CHANGES IN CYTOKINES ARE
EARLY MARKERS OF IMMUNE ACTIVATION, AND ACTIVATION OF THE IMMUNE SYSTEM
CHARACTERIZES INFECTIONS INCLUDING VAP. FOR THIS STUDY, SUBJECTS WERE

Name of the organization

UNIVERSITY FOUNDATION FOR

Employer identification number

20-5973618

ENROLLED IN THE STUDY PRIOR TO INTUBATION/SURGERY. SUBJECTS REMAINED IN THE STUDY FOR FIVE DAYS OR UNTIL EXTUBATION IF EXTUBATED BEFORE FIVE DAYS. THE LENGTH OF PARTICIPATION FOR SUBJECTS WAS CHOSEN BASED ON INCREASED RISK OF DEVELOPMENT OF VAP IN THE EARLY PART OF ICU HOSPITALIZATIONS, AND THE THEORETICAL CONSIDERATION THAT THE INTERVENTION IS MOST LIKELY TO REDUCE INITIAL RISK OF EARLY VAP. SERUM WAS COLLECTED DAILY FROM EVERY SUBJECT (PRIOR TO SURGERY ON DAY 1), AND STORED AT -70C IN THE VCU SCHOOL OF NURSING CENTER FOR BIOBEHAVIORAL RESEARCH (FOR VCU SUBJECTS) OR THE USF COLLEGE OF NURSING LABORATORY (FOR TGH SUBJECTS) UNTIL SAMPLES WERE COLLECTED FROM THE FIRST 100 SUBJECTS WHO HAVE REMAINED INTUBATED BEYOND 24 HOURS. LEVELS OF CYTOKINES IN SERUM WILL BE DETERMINED USING A BIO-PLEX SUSPENSION ARRAY SYSTEM (BIO-RAD) WITH A COMMERCIAL 17-PLEX CYTOKINE DETECTION KIT ACCORDING TO THE KIT MANUFACTURER'S PROTOCOL. ASSAYS WILL BE PERFORMED IN THE VCU SCHOOL OF NURSING CBCR LABORATORY. IN MARCH 2013 WE RECEIVED A COMPLETE DATASET AND HAD PRELIMINARY STATISTICAL ANALYSES PERFORMED BY KATHERYNE DOWNES.

A PHASE III, RANDOMIZED, DOUBLE BLIND, SINGLE CENTER, STUDY TO DETERMINE ANALGESIC EFFICACY OF OFIRMEV VERSUS KETOROLAC FOR PARATHYROIDECTOMY POST-OPERATIVE PAIN: THIS STUDY WAS INITIATED IN JANUARY 2012 AND COMPLETED IN MAY 2013. THIS STUDY WAS NOT INDUSTRY-SPONSORED. THE AIM OF THE STUDY WAS TO DETERMINE WHETHER INTRAVENOUS (IV) ACETAMINOPHEN (1 G) OR KETOROLAC (30 MG) PROVIDE BETTER PAIN CONTROL AFTER PARATHYROIDECTOMY. A PARALLEL, RANDOMIZED, DOUBLE BLIND, COMPARATIVE STUDY WAS COMPLETED ON 180 PATIENTS SCHEDULED FOR OUTPATIENT PARATHYROIDECTOMY UTILIZING GENERAL ANESTHESIA. PATIENTS WERE RANDOMIZED TO A BLINDED ADMINISTRATION OF EITHER INTRAVENOUS ACETAMINOPHEN 1 G OR KETOROLAC 30 MG INTRA-OPERATIVELY. OVERALL MEAN

Name of the organization

UNIVERSITY FOUNDATION FOR

Employer identification number

20-5973618

POSTOPERATIVE VAS SCORES WERE NOT SIGNIFICANTLY DIFFERENT BETWEEN THE TWO TREAT-MENT GROUPS ($P = 0.07$). HOWEVER, KETOROLAC PRODUCED SIGNIFICANTLY LOWER PAIN SCORES COMPARED WITH ACETAMINOPHEN IN THE LATER POSTOPERATIVE PERIODS (3.9 ± 1.9 VS. 4.8 ± 2.4 AT 45 MIN, $P = 0.009$; 3.4 ± 1.7 VS. 4.5 ± 2.1 AT 60 MIN, $P = 0.04$; AND 3.2 ± 2.1 VS. 4.4 ± 2.1 AT 75 MIN, $P = 0.03$). BOTH POSTOPERATIVE REGIMENS PROVIDED ADEQUATE ANALGESIA BUT PATIENTS RECEIVING KETOROLAC INTRAOPERATIVELY HAD SIGNIFICANTLY LOWER PAIN SCORES AT LATER RECOVERY TIME POINTS AND SIGNIFICANTLY LOWER OCCURRENCES OF NAUSEA.

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

FGTBA REAL ESTATE ENTERPRISES

809 SOUTH ALBANY BILLING OFFICE LLC

PARTNERS

PARTNERS

TAMPA BAY ANESTHESIOLOGY PA

NAKANACHI I LLC

PARTNERS

SHAREHOLDERS

NAKANACHI II LLC

NAKANACHI III LLC

PARTNERS

PARTNERS

FLORIDA SURGERY CENTER ENTERPRISES

TAMPA SURGERY CTR REAL ESTATE ENT

PARTNERS

PARTNERS

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.

Schedule O (Form 990 or 990-EZ) (2012)

Page 2

Name of the organization

UNIVERSITY FOUNDATION FOR

Employer identification number

20-5973618

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).

FILED - DO NOT COPY

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

OMB No. 1545-0047

2012Open 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—Non-functionally integrated
 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? _____

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

h Provide the following information about the supported organization(s).

(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 monetary 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) 2012

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	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2012. 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—2011. 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—2012. 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—2011. 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		

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		99,800	121,635	675,000		896,435
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	127,452	129,920	38,021	130,566	9,350	435,309
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	127,452	229,720	159,656	805,566	9,350	1,331,744
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	122,452	124,920	33,021	122,507	4,350	407,250
c Add lines 7a and 7b	122,452	124,920	33,021	122,507	4,350	407,250
8 Public support (Subtract line 7c from line 6.)						924,494

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	127,452	229,720	159,656	805,566	9,350	1,331,744
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,287	1,167	1,063	330	380	5,227
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,287	1,167	1,063	330	380	5,227
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					1,200	1,200
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.)	129,739	230,887	160,719	805,896	10,930	1,338,171

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	69.09 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	68.16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1 %
19a 33 1/3% support tests—2012. 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—2011. 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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Federal Diagnostics

Critical Messages

None

Electronic Filing

None

Informational Messages

- Form 990, Part X, line 27 end of year unrestricted net asset balance is calculated.
- If Schedule B is required, enter data on Screen SchB instead of Screen Income.
- 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

	Prior Year Data
Functional Expenses	
<input checked="" type="checkbox"/> Total %, management fees	175,000
Extensions	
<input checked="" type="checkbox"/> Suppress 990 extension	X
Program Service Accomplishments	
<input checked="" type="checkbox"/> Program service revenue	35,110
<input checked="" type="checkbox"/> Program service revenue	77,159
Related Organizations and Unrelated Partnerships	
<input checked="" type="checkbox"/> Related TE or taxable entity	X
<input checked="" type="checkbox"/> Sharing of paid employees	X
<input checked="" type="checkbox"/> Capital contribution - from	X
List of Officers, Directors, Trustees, Etc. (Anand, Amrat)	
<input checked="" type="checkbox"/> Rel org base	360,000
<input checked="" type="checkbox"/> Rel org bonus	1,094,395
List of Officers, Directors, Trustees, Etc. (Camporesi, Enrico)	
<input checked="" type="checkbox"/> Rel org base	360,000
<input checked="" type="checkbox"/> Rel org bonus	7,500
List of Officers, Directors, Trustees, Etc. (Karlnoski, Rachel)	
<input checked="" type="checkbox"/> Rel org base	125,669
List of Officers, Directors, Trustees, Etc. (Mangar, Devanand)	
<input checked="" type="checkbox"/> Rel org base	720,000
<input checked="" type="checkbox"/> Rel org bonus	4,099,506
List of Officers, Directors, Trustees, Etc. (Massey, Veronica)	
<input checked="" type="checkbox"/> Rel org base	360,000
<input checked="" type="checkbox"/> Rel org bonus	329,624
List of Officers, Directors, Trustees, Etc. (Navori, Emery)	
<input checked="" type="checkbox"/> Rel org base	360,000
<input checked="" type="checkbox"/> Rel org bonus	114,071
List of Officers, Directors, Trustees, Etc. (Schweiger, John)	
<input checked="" type="checkbox"/> Rel org base	360,000
<input checked="" type="checkbox"/> Rel org bonus	13,934
Non-Cash Contributions	
<input checked="" type="checkbox"/> Other - method	Actual Expenses
<input checked="" type="checkbox"/> Other - contribution desc	Profssnl Svcs

Federal Diagnostics

Missing Data (cont.)

Balance Sheet - Liabilities and Equity

Accounts payable - BOY

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Forms 990 / 990-EZ Return Summary

For calendar year 2012, or tax year beginning 09/01/12, and ending 08/31/13

UNIVERSITY FOUNDATION FOR
EDUCATION & RESEARCH, INC.

20-5973618

Net Asset / Fund Balance at Beginning of Year

1,110,092

Revenue

Contributions	<u>9,350</u>
Program service revenue	<u>380</u>
Investment income	<u>7,440</u>
Capital gain / loss	
Special events:	
Gross revenue	<u> </u>
Direct expenses	<u> </u>
Net income	<u> </u>
Other income	<u>0</u>
Total revenue	<u>17,170</u>

Expenses

Program services	<u>56,656</u>
Management and general	<u>4,155</u>
Fundraising	<u> </u>
Total expenses	<u>60,811</u>
Excess / (deficit)	<u>-43,641</u>

Other changes	<u> </u>
Net Asset / Fund Balance at End of Year	<u>1,110,092</u>
	<u>1,066,451</u>

Reconciliation of Revenue

Total revenue per financial statements	<u> </u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>17,170</u>

Reconciliation of Expenses

Total expenses per financial statements	<u> </u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>60,811</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>1,110,092</u>	<u>1,066,451</u>	
Liabilities	<u> </u>	<u> </u>	
Net assets	<u>1,110,092</u>	<u>1,066,451</u>	<u>-43,641</u>

Miscellaneous Information

Amended return	<u> </u>
Return / extended due date	<u>07/15/14</u>
Failure to file penalty	<u> </u>

22054 University Foundation for
20-5973618
FYE: 8/31/2013

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	\$ 131				14	
TOTAL	\$ 131					

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
FIDELITY INVESTMENTS	\$ 150				18	
TOTAL	\$ 150					

Tax-Exempt Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
FIDELITY INVESTMENTS	\$ 99				14	
TOTAL	\$ 99					

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22054 University Foundation for
20-5973618
FYE: 8/31/2013

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
SUPPLIES	\$ 124	\$ 0	\$ 124	\$ 0
TOTAL	\$ 124	\$ 0	\$ 124	\$ 0

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22054 University Foundation for
20-5973618
FYE: 8/31/2013

Federal Statements

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

Donor Name	Total	Excess
RESEARCH STUDIES	\$ 9,350	\$ 4,350
2012	130,566	122,507
2011	38,021	33,021
2010	129,920	124,920
2009	127,452	122,452
TOTAL	\$ 435,309	\$ 407,250

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22054 University Foundation for
20-5973618
FYE: 8/31/2013

Federal Statements

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

Description	Amount
WELLS FARGO BANK	\$ 131
FIDELITY INVESTMENTS	99
FIDELITY INVESTMENTS	150
TOTAL	\$ 380

Schedule A, Part III, Line 11

Description	Amount
CABANA - CATHETER ABLATION VS	\$ 2,200
LESS: DEDUCTIONS	-1,000
TOTAL	\$ 1,200

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