

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 private foundations)

U Do not enter Social Security numbers on this form as it may be made public.**U Information about Form 990 and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013**Open to Public Inspection****A For the 2013 calendar year, or tax year beginning 09/01/13, and ending 08/31/14****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)		E Telephone number
360 BLANCA AVE		813-990-6430
City or town, state or province, country, and ZIP or foreign postal code		
TAMPA FL 33606-3630		G Gross receipts \$ 11,172
F Name and address of principal officer: DEVANAND MANGAR 360 BLANCA AVE TAMPA FL 33606-3630		
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "No," attach a list. (see instructions)		

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () **t** (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **U** UFFER.ORG**H(c)** Group exemption number: **U****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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		
	2 Check this box <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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2013 (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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,350	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,820	886
	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)	17,170	886
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,000	20,000
	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)	10,811	4,470
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	60,811	24,470
19 Revenue less expenses. Subtract line 18 from line 12	-43,641	-23,584	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,066,451	1,042,867
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0
		1,066,451	1,042,867

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		Date	
	DEVANAND MANGAR		PRESIDENT, DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	JOLENE T. LOOS		JOLENE T. LOOS	
	Firm's name } C&L VALUE ADVISORS, LLC		Firm's EIN }	59-3621814
	Firm's address } 4805 WEST LAUREL ST STE 100 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.**Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 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 \$)

IMPACT OF ANESTHESIA-GUIDED PREOPERATIVE TESTING ON HOSPITAL EXPENSES AND SURGICAL ADVERSE EVENTS: A BEFORE & AFTER RETROSPECTIVE COHORT STUDY
 THIS STUDY WAS NOT INDUSTRY SPONSORED. THE STUDY WAS INITIATED IN JULY 2013 AND WAS COMPLETED IN JUNE 2014. A MANUSCRIPT IS CURRENTLY UNDER CONSIDERATION WITH ANESTHESIA & ANALGESIA. THE OBJECTIVES WERE DETERMINE WHETHER IMPLEMENTATION OF THE ANESTHESIA-LED SURGICAL HOME REDUCED HOSPITAL EXPENSES (ENDPOINT: SURGICAL CANCELLATIONS, INSURANCE DENIALS, # OF TESTS ORDERED) AND TO DETERMINE WHETHER IMPLEMENTATION OF THE ANESTHESIA-LED SURGICAL HOME MAINTAINED OR IMPROVED SURGICAL OUTCOMES. (ENDPOINT: FREQUENCY OF ADVERSE EVENTS. TIME FRAME: LENGTH OF HOSPITAL STAY FROM ADMISSION TO DISCHARGE).

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 20,000 including grants of \$ 20,000) (Revenue \$)

4e Total program service expenses 20,000

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
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		X
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		X
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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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		X
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		X
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		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
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)		X
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		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		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 25a		X
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		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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		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		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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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 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		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		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	X	

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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)	2b		
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" to line 3b, 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
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?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
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?	12a		
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.	13a		
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		

Check if Schedule O contains a response or note to any line in this Part VI

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line 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 employee	Former			
(1) ANAND, AMRAT	0.00									
EXEC VP/D	0.00	X		X				0	0	0
(2) CAMPORESI, ENRICO	0.00									
D	0.00	X						0	0	0
(3) KARLNOSKI, RACHEL	0.00									
D	0.00	X						0	0	0
(4) MANGAR, DEVANAND	2.00									
P/D/CEO	0.00	X		X				0	0	0
(5) MASSEY, VERONICA	0.00									
VP/S/D	0.00	X		X				0	0	0
(6) MCDONALD, CHRISTINA	0.00									
D	0.00	X						0	0	0
(7) NAVORI, EMERY	0.00									
T	0.00	X		X				0	0	0
(8) SCHWEIGER, JOHN	0.00									
D	0.00	X						0	0	0
(9) AMIN, SAPANA	0.00									
D	0.00	X						0	0	0
(10) CHAMBERS, MARC	0.00									
D	0.00	X						0	0	0
(11) VASAN, ROHIT	0.00									
D	0.00	X						0	0	0

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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u** 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		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		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		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 **u** 0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	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	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	180		
4 Income from investment of tax-exempt bond proceeds		u				
5 Royalties		u				
		(i) Real	(ii) Personal			
6a Gross rents						
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	(ii) Other			
		10,954	38			
b Less: cost or other basis & sales exps.		10,286				
c Gain or (loss)		668	38			
d Net gain or (loss)		u	706	706		
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					
12 Total revenue. See instructions.	u	886	706	0	180	

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 or note to any line 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	15,000	15,000		
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	5,000	5,000		
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	2,855		2,855	
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.)	210		210	
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 COMPUTER ONLINE STORAGE	1,369		1,369	
b BUSINESS REGISTRATION FEE	36		36	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	24,470	20,000	4,470	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 type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	995,228	2	971,854
	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	
	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	71,223	11	71,013
	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)	1,066,451	16	1,042,867	
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
Net Assets or Fund Balances	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	1,066,451	27	1,042,867
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	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	1,066,451	33	1,042,867	
34 Total liabilities and net assets/fund balances	1,066,451	34	1,042,867	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	886
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,470
3	Revenue less expenses. Subtract line 2 from line 1	3	-23,584
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,066,451
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	1,042,867

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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	X	
b 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		X
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.	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?		X
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.		

Form **990** (2013)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013**Open to Public
Inspection**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? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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	7,500				GENERAL SUPPORT
(2)	TAMPA GENERAL HOSPITAL FOUNDATION P. O. BOX 1289 TAMPA FL 33601-1289	23-7354477	501C 3	7,500				GENERAL SUPPORT
(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) (2013)

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. Provide the information required in Part I, line 2, Part III, column (b), and any other 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.

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

UNIVERSITY FOUNDATION FOR
EDUCATION & RESEARCH, INC.

Employer identification number

20-5973618

FORM 990 - ORGANIZATION'S MISSION

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 4A - FIRST ACCOMPLISHMENT

AFTER RECEIVING INSTITUTIONAL REVIEW BOARD APPROVAL, WE PERFORMED A RETROSPECTIVE CHART REVIEW TO IDENTIFY ADULT PATIENTS WHO HAD UNDERGONE ELECTIVE UROLOGIC SURGERY WITH A PREOPERATIVE ANESTHESIA CLINIC EVALUATION 1 YEAR BEFORE (02/2011 - 01/2012) AND AFTER (02/2012 - 01/2013) PROGRAM IMPLEMENTATION. DURING THE STUDY PERIOD, 1020 PATIENTS WERE IDENTIFIED WITH 504 IN THE BEFORE AND 516 IN THE AFTER IMPLEMENTATION GROUPS. THE GROUPS WERE SIMILAR EXCEPT FOR A STATISTICALLY SIGNIFICANT DIFFERENCE IN AGE.

IN THIS STUDY, WE FOUND A SIGNIFICANT DECREASE IN THE NUMBER OF LABORATORY TESTS, RADIOLOGIC STUDIES, AND ELECTROCARDIOGRAMS ORDERED AFTER IMPLEMENTATION OF OUR "ORDERS PER ANESTHESIA" PROTOCOL. CONSEQUENTLY, ASSOCIATED HOSPITAL CHARGES WERE REDUCED BY \$574,098 IN THE YEAR AFTER ADOPTING THE PROGRAM. DESPITE REDUCING THE AMOUNT OF PREOPERATIVE EVALUATIONS PERFORMED, THERE WERE NO SIGNIFICANT DIFFERENCES IN NEGATIVE SURGICAL OUTCOMES OR HOSPITAL EFFICIENCY MEASURES BETWEEN THE TWO TIME PERIODS. THE IMPLEMENTATION OF ONLY ONE PREOPERATIVE ASPECT OF THE PSH MODEL ALLOWED THE HOSPITAL TO SIGNIFICANTLY REDUCE COSTS AND NEED FOR PATIENT TESTING WHILE MAINTAINING SURGICAL OUTCOMES AND PERIOPERATIVE

Name of the organization

UNIVERSITY FOUNDATION FOR

Employer identification number

20-5973618

EFFICIENCY.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

\$5,000 - UNIVERSITY OF PADOVA DEPARTMENT OF BIOMEDICAL SCIENCES - RESEARCH
CONCENTRATED ON DIVERSE & COMPLEMENTARY ASPECTS OF CELLULAR & MOLECULAR
BIOLOGY, PHYSIOLOGY, MOLECULAR PATHOLOGY AND EXPERIMENTAL PHARMACOLOGY WITH
IMPLICATIONS FOR GENETIC & DEGENERATIVE DISEASES, INFLAMMATORY PROCESSES
AND TUMORS.

\$7,500 - HCSO CHARITIES, INC - BETTERMENT OF THE COMMUNITY THROUGH VARIOUS
OUTREACH PROGRAMS WITH A FOCUS ON DISADVANTAGE YOUTH SUPPORT OF COMBAT
WOUNDED AND FALLEN MILITARY PERSONNEL.

\$7,500 - TAMPA GENERAL HOSPITAL FOUNDATION - TO SUPPORT AND PROMOTE THE
PROGRAMS AND SERVICES OF TAMPA GENERAL HOSPITAL.

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

Name of the organization

UNIVERSITY FOUNDATION FOR

Employer identification number

20-5973618

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://UFFFER.ORG/ABOUT/REPORTS](http://ufffer.org/about/reports).

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SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support****Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.****u Attach to Form 990 or Form 990-EZ.****u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013**Open to Public
Inspection**

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) 2013**

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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** ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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	129,920	38,021	130,566	9,350		307,857
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	229,720	159,656	805,566	9,350		1,204,292
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	124,920	33,021	122,507	4,350		284,798
c Add lines 7a and 7b	124,920	33,021	122,507	4,350		284,798
8 Public support. (Subtract line 7c from line 6.)						919,494

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	229,720	159,656	805,566	9,350		1,204,292
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,167	1,063	330	380	180	3,120
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,167	1,063	330	380	180	3,120
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.)	230,887	160,719	805,896	10,930	180	1,208,612
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 2013 (line 8, column (f) divided by line 13, column (f))	15	76.08 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	69.09 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2013. 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—2012. 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. 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

Prepared by: Jolene T. Loos
05/29/2015 09:59 AM
jloos

Critical Messages

None

Electronic Filing

None

Informational Messages

- ☒ Form 990, Part X, line 27 end of year unrestricted net asset balance is calculated.
- ☒ 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
General and Year End Information	
<input checked="" type="checkbox"/> Address change	X
Public Charity Status and Public Support	
<input checked="" type="checkbox"/> Investment income percent	1
Income, Analysis of Activities, Additional Information	
<input checked="" type="checkbox"/> Program service revenue	9,350
<input checked="" type="checkbox"/> Taxable dividends	150
Extensions	
<input checked="" type="checkbox"/> Reason for second extension	3
Program Service Accomplishments	
<input checked="" type="checkbox"/> Program service revenue	2,200
<input checked="" type="checkbox"/> Program service revenue	7,150
IRS Filings and Tax Compliance	
<input checked="" type="checkbox"/> Filed all fed employment taxes	X
General Options, Prior Year Revenue and Expenses, Penalties	
<input checked="" type="checkbox"/> Prior year contributions rev	675,000
Functional Expenses Continued	
<input checked="" type="checkbox"/> Other exp Total %	6,656
List of Officers, Directors, Trustees, Etc. (Anand, Amrat)	
<input checked="" type="checkbox"/> Avg hrs per week - org	2.00
List of Officers, Directors, Trustees, Etc. (Camporesi, Enrico)	
<input checked="" type="checkbox"/> Avg hrs per week - org	5.00
List of Officers, Directors, Trustees, Etc. (Karlhoski, Rachel)	
<input checked="" type="checkbox"/> Avg hrs per week - org	0.00
List of Officers, Directors, Trustees, Etc. (Massey, Veronica)	
<input checked="" type="checkbox"/> Avg hrs per week - org	2.00
List of Officers, Directors, Trustees, Etc. (McDonald, Christina)	
<input checked="" type="checkbox"/> Avg hrs per week - org	20.00
List of Officers, Directors, Trustees, Etc. (Navori, Emery)	
<input checked="" type="checkbox"/> Avg hrs per week - org	2.00

Forms 990 / 990-EZ Return Summary

For calendar year 2013, or tax year beginning 09/01/13 , and ending 08/31/14

UNIVERSITY FOUNDATION FOR
EDUCATION & RESEARCH, INC.

20-5973618

Net Asset / Fund Balance at Beginning of Year

1,066,451

Revenue

Contributions	
Program service revenue	
Investment income	<u>180</u>
Capital gain / loss	<u>706</u>
Fundraising / Gaming:	
Gross revenue	
Direct expenses	
Net income	
Other income	<u>0</u>

Total revenue

886

Expenses

Program services	<u>20,000</u>
Management and general	<u>4,470</u>
Fundraising	

Total expenses

24,470

Excess / (deficit)

-23,584

Changes

Net Asset / Fund Balance at End of Year

1,042,867

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>886</u></u>

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>24,470</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>1,066,451</u>	<u>1,042,867</u>	
Liabilities			
Net assets	<u>1,066,451</u>	<u>1,042,867</u>	<u>-23,584</u>

Miscellaneous Information

Amended return
Return / extended due date 07/15/15
Failure to file penalty

Form 990	Two Year Comparison Report	2012 & 2013
For calendar year 2013, or tax year beginning 09/01/13, ending 08/31/14		

Name

Taxpayer Identification Number

 UNIVERSITY FOUNDATION FOR
 EDUCATION & RESEARCH, INC.

20-5973618

			2012	2013	Differences
Revenue	1. Contributions, gifts, grants	1.			
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	9,350		-9,350
	5. Investment income	5.	380	180	-200
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	7,440	706	-6,734
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	17,170	886	-16,284
Expenses	13. Grants and similar amounts paid	13.	50,000	20,000	-30,000
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.			
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	2,665	3,065	400
	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.			
	21. Other expenses	21.	8,146	1,405	-6,741
	22. Total expenses. Add lines 13 through 21	22.	60,811	24,470	-36,341
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-43,641	-23,584	20,057
Other Information	24. Total exempt revenue	24.	17,170	886	-16,284
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	17,170	886	-16,284
	27. Total assets	27.	1,066,451	1,042,867	-23,584
	28. Total liabilities	28.			
	29. Retained earnings	29.	1,066,451	1,042,867	-23,584
	30. Number of voting members of governing body	30.	8	11	
	31. Number of independent voting members of governing body	31.	8	11	
	32. Number of employees	32.	0	0	
	33. Number of volunteers	33.			

Form **990T****Two Year Comparison Report****2012 & 2013**For calendar year 2013, or tax year beginning 09/01/13, ending 08/31/14

Name

Taxpayer Identification Number

UNIVERSITY FOUNDATION FOR
EDUCATION & RESEARCH, INC.

20-5973618

	2012	2013	Differences
Revenue			
1. Gross profit/loss on business activities	1.		
2. Capital gains/losses	2.		
3. Income/loss from partnerships and S corporations	3.		
4. Rental income (net of expense)	4.		
5. Unrelated debt-financed income (net of expense)	5.		
6. Interest, and other income from controlled organizations (net of expense)	6.		
7. Investment income of specific organizations (net of expense)	7.		
8. Exploited exempt activity income (net of expense)	8.		
9. Advertising income (net of expense)	9.		
10. Other income	10.		
11. Total trade or business income. Combine lines 1 through 10	11.		
Expenses			
12. Compensation of officers, directors, and trustees	12.		
13. Other salaries and wages	13.		
14. Repairs and maintenance	14.		
15. Bad debts	15.		
16. Interest	16.		
17. Taxes and licenses	17.		
18. Charitable contributions	18.		
19. Depreciation and Depletion	19.		
20. Contributions to deferred compensation plans	20.		
21. Employee benefit programs	21.		
22. Other deductions	22.		
23. Total deductions. Add lines 12 through 22	23.		
24. Taxable income before NOL. Subtract line 23 from 11	24.		
25. Net operating loss deduction	25.		
26. Specific deduction	26.	1,000	1,000
27. Unrelated business taxable income.	27.	-1,000	-1,000
Tax & Credits			
28. Income tax (corporate or trust)	28.		
29. Proxy tax	29.		
30. Alternative minimum tax	30.		
31. Total taxes	31.		
32. Other credits	32.		
33. General business credit	33.		
34. Credit for prior year minimum tax	34.		
35. Total credits	35.		
36. Net tax after credits	36.		
37. Recapture taxes	37.		
38. Total Taxes	38.		
Due/Refund			
39. Prior year overpayment and estimated tax payments	39.		
40. Payment made with extension	40.		
41. Backup withholding and foreign withholding	41.		
42. Other payments	42.		
43. Total payments	43.		
44. Balance due/(Overpayment)	44.		
45. Overpayment applied to next year	45.		
46. Penalties	46.		
47. Total due/(Refund)	47.		

Form **990****Tax Return History****2013**

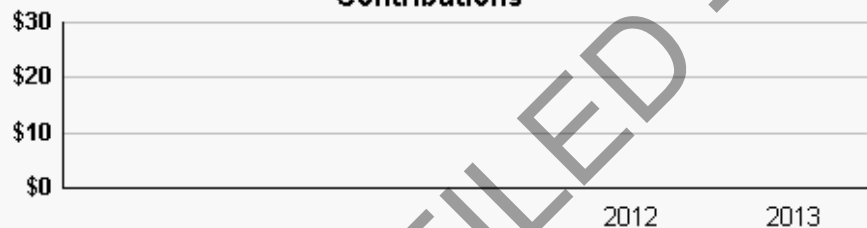
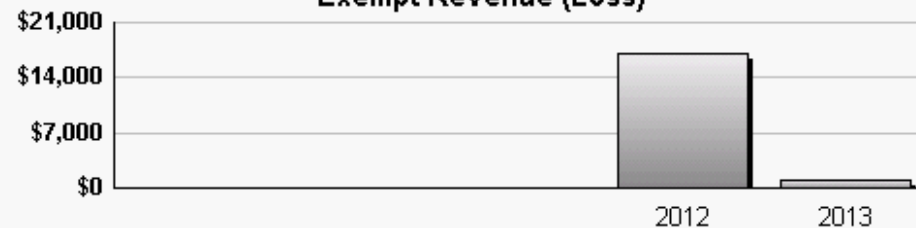
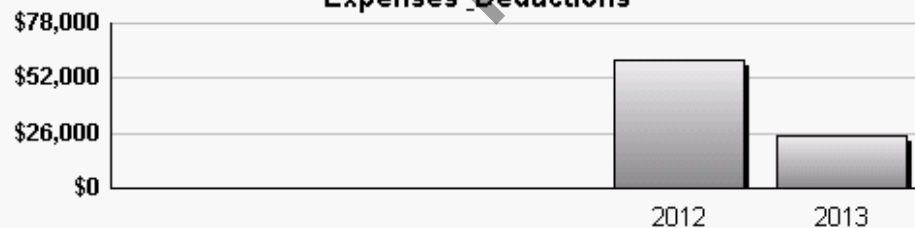
Name **UNIVERSITY FOUNDATION FOR
EDUCATION & RESEARCH, INC.**

Employer Identification Number
20-5973618

	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants						
Membership dues						
Program service revenue				9,350		
Capital gain or loss				7,440	706	
Investment income				380	180	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue				17,170	886	
Grants and similar amounts paid				50,000	20,000	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation						
Professional fees					3,065	
Occupancy costs						
Depreciation and depletion						
Other expenses				10,811	1,405	
Total expenses				60,811	24,470	
Excess or (Deficit)				-43,641	-23,584	
Total exempt revenue				17,170	886	
Total unrelated revenue						
Total excludable revenue				17,170	886	
Total Assets				1,066,451	1,042,867	
Total Liabilities						
Net Fund Balances				1,066,451	1,042,867	

Form **990T****Tax Return History****2013**Name **UNIVERSITY FOUNDATION FOR
EDUCATION & RESEARCH, INC.**Employer Identification Number
20-5973618

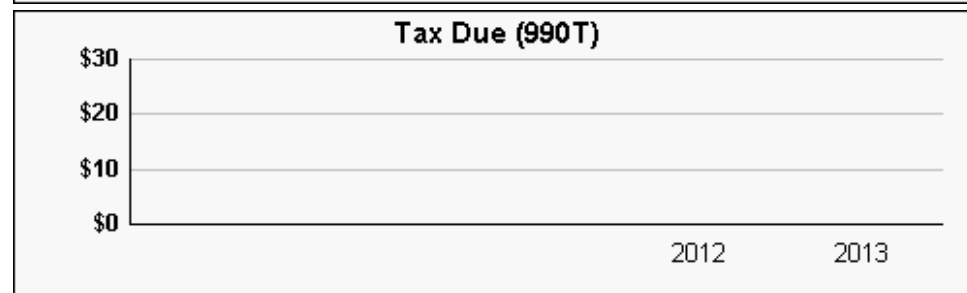
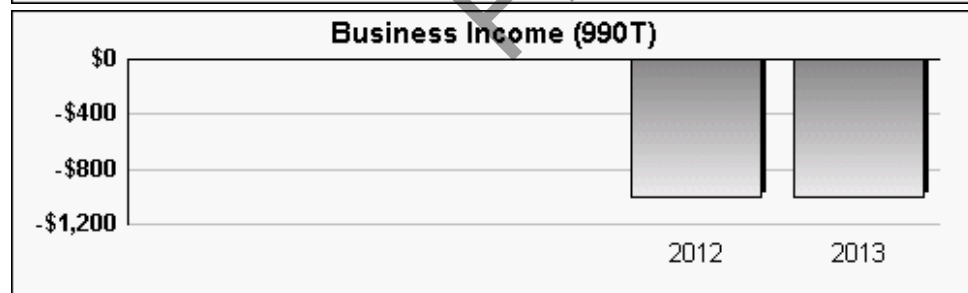
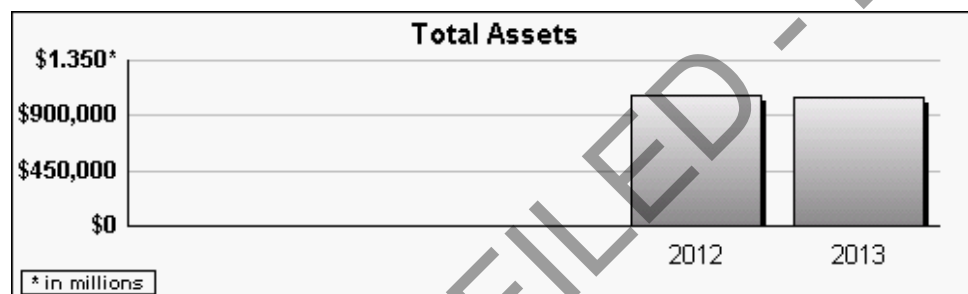
	2009	2010	2011	2012	2013	2014
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Contributions**Exempt Revenue (Loss)****Expenses Deductions****Net Exempt Revenue**

Form **990T****Tax Return History****2013**Name **UNIVERSITY FOUNDATION FOR
EDUCATION & RESEARCH, INC.**Employer Identification Number
20-5973618

	2009	2010	2011	2012	2013	2014
Other deductions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions				-1,000	-1,000	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



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	\$ 84		14			
TOTAL	\$ 84					

Tax-Exempt Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
FIDELITY INVESTMENTS	\$ 96		14			
TOTAL	\$ 96					

22054 University Foundation for
20-5973618
FYE: 8/31/2014

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description			Total Expenses	Program Service	Management & General	Fund Raising
INVESTMENT	EXPENSE-SPDR	GOLD	\$ 210	\$	\$ 210	\$
TOTAL			\$ 210	\$ 0	\$ 210	\$ 0

22054 University Foundation for
20-5973618
FYE: 8/31/2014

Federal Statements

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
RESEARCH STUDIES	\$	\$
2012	9,350	4,350
2011	130,566	122,507
2010	38,021	33,021
2009	129,920	124,920
TOTAL	\$ <u>307,857</u>	\$ <u>284,798</u>

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22054 University Foundation for
20-5973618
FYE: 8/31/2014

Federal Statements

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

Description	Amount
WELLS FARGO BANK	\$ 84
FIDELITY INVESTMENTS	96
TOTAL	<u>\$ 180</u>