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Form 990

Return of Organization Exempt From Income Tax

2008

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

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

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

C Name of organization UNIVERSITY COMMUNITY HOSPITAL INC	D Employer identification number 59-1113901
Doing Business As	
E Number and street (or P O box if mail is not delivered to street address) 3100 EAST FLETCHER AVENUE	F Room/suite
G City or town, state or country, and ZIP + 4 TAMPA, FL 336134688	

E Telephone number
(813) 971-6000

G Gross receipts \$ 442,267,942

F Name and address of Principal Officer

H(a) Is this a group return for affiliates? Yes No

I Tax-exempt status 501(c) (3) (insert no) 4947(a)(1) or 527

H(b) Are all affiliates included? Yes No
(If "No," attach a list. See instructions)

J Web site: ► www.uch.org

H(c) Group Exemption Number ►

K Type of organization Corporation trust association other ►

L Year of Formation 1968 M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities TO PROVIDE HEALTHCARE SERVICES TO INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5 Total number of employees (Part V, line 2a)	5	3,683
6 Total number of volunteers (estimate if necessary)	6	282
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	42,695
b Net unrelated business taxable income from Form 990-T, line 34	7b	39,446
8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	146,078	963,368
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	429,804,332	431,647,626
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,676,010	4,785,710
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,875,186	4,007,701
	437,501,606	441,404,405
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
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)	153,532,185	162,110,945
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b (Total fundraising expenses, Part IX, column (D), line 25 0)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	276,110,777	268,942,011
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	429,642,962	431,052,956
19 Revenue less expenses Subtract line 18 from line 12	7,858,644	10,351,449
20 Total assets (Part X, line 16)	Beginning of Year	End of Year
21 Total liabilities (Part X, line 26)	449,210,443	444,939,368
22 Net assets or fund balances Subtract line 21 from line 20	325,168,403	323,860,230
	124,042,040	121,079,138

Part II Signature Block

Please Sign Here	<p>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</p> <p>***** Signature of officer MARVIN KURTZ CORP CFO Type or print name and title</p>		
	Date 2010-08-13		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► PRICEWATERHOUSECOOPERS LLP 4221 W Boy Scout Blvd Suite 200 TAMPA, FL 33607			EIN ►
				Phone no ► (813) 229-0221

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission.

TO PROVIDE HEALTHCARE SERVICES TO INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY

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

(Code) (Expenses \$	337,911,128	including grants of \$	960,167) (Revenue \$	431,647,626)
<p>University Community Hospital, Inc (UCH) provides quality medical health care regardless of race, creed, sex, national origin, handicap, age or ability to pay For the year ended September 30, 2009 a record number of persons were treated, including approximately 99,800 at UCH's emergency rooms The Hospital also serviced 27,700 inpatients and provided other outpatient services to more than 75,600 Home Health services and other individuals in 2009 UCH is dedicated to meeting the health care needs of the community This commitment is clearly demonstrated by many free (or low cost) wellness programs, community education programs and special programs for the elderly, in addition to a variety of broad community support activities provided by UCH, as highlighted below</p> <p>COMMUNITY OUTREACH ACTIVITIES IN 2009 - UCH employees participated in several community events including a Christmas adopt-a-family program thru Mort Elementary School in Tampa, where approximately 1,000 children received needed clothing, toys and grocery gift certificates UCH also contributed 400 Book Bags and school supplies for students at Mort Elementary - UCH participated in 100 free or low cost community and corporate health fairs and events to foster health education in the community More than 35,000 people visited our booths during these fairs to obtain education, screening and wellness services - Free and low cost health care screenings were provided at the hospital's outreach sites and at community and corporate health fairs UCH provided screening for skin cancer, Cholesterol, pulmonary function, blood sugar, blood pressure, body fat, and osteoporosis totaling more than 3,900 screenings In addition, 250 educational classes and/or workshops were offered throughout the year with approximate 2,800 total people in attendance - UCH had an active speaker's bureau, which provides more than 250 physicians and other health care professionals to speak to community organizations about health education topics</p> <p>HEALTH AND FITNESS - In addition to the Community Outreach activities described above, UCH in partnership with the UCH Foundation, offers "Healthy Company", a program aimed at helping employees have easy access to health care professionals who can identify and prevent possible health problems, thereby reducing healthcare costs - Corporate Screening UCH nurses bring state-of-the-art health care screenings into the workplace offering employees an opportunity to receive personalized information on their health care risks</p> <p>PUBLICATIONS - Health information brochures are distributed to the public at workshops, lectures and health fairs - A wide array of brochures and fact sheets about hospital programs, services and medical information are handed out at community events and health fairs Topics range from emergency first aid to information about social service programs</p>					

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 337,911.128 Must equal Part IX, Line 25, column (B)

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?

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? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

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

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

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

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

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school as 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 U.S.?

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

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, Part II

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, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

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

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

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

- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

25b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

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

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10	Yes	
11	Yes	
12	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20	Yes	
21		No
22		No
23	Yes	
24a	Yes	
24b		No
24c		No
24d		No
25a		No
25b		No
26		No
27		No

Part IV Checklist of Required Schedules (Continued)

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

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

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

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

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

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

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

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

37 Did the organization conduct more than 5 percent 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

	Yes	No
28a		No
28b		No
28c		No
29		No
30		No
31		No
32		No
33		No
34	Yes	
35		No
36		No
37		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	352
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	3,683
2b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
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	No
4b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
5c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>	7a	No
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7b	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	No
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	No
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>	9a	
9a	Did the organization make any taxable distributions under section 4966?	9b	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	10a	
10	<i>Section 501(c)(7) organizations.</i> Enter	10b	
10a	Initiation fees and capital contributions included on Part VIII, line 12	11a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
11	<i>Section 501(c)(12) organizations.</i> Enter	11a	
11a	Gross income from members or shareholders	11b	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12a	
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12b	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body . . .	1a	23
1b Enter the number of voting members that are independent . . .	1b	23
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	No
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	Yes
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6 Does the organization have members or stockholders?	6	No
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	No
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a the governing body?	8a	Yes
b each committee with authority to act on behalf of the governing body?	8b	Yes
9a Does the organization have local chapters, branches, or affiliates?	9a	Yes
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes
11 Is there any officer, director or 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	11	No

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes
13 Does the organization have a written whistleblower policy?	13	Yes
14 Does the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b Other officers or key employees of the organization?	15b	Yes
Describe the process in Schedule O		
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	Yes
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 own website another's website upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 MIGUEL ALVAREZ
 3100 E FLETCHER AVENUE
 TAMPA, FL 33613
 (813) 971-6000

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

* 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, or 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 the organization did not compensate any officer, director, trustee or key employee.

Part VII **Continued**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
1b Total							2,951,938	0	54,298

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **106**

	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	No
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	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

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

(A) Name and business address	(B) Description of services	(C) Compensation
ADVANCED CARDIAC MGMT LLC 3450 East Fletcher Ave ste 110 TAMPA, FL 33613	MEDICAL SERVICES	941,282
BMA Carrollwood po box 23924 TAMPA, FL 33626	medical services	762,874
CARROLLWOOD DIAGNOSTIC IMAGING ACCO 6893 east fowler ave TAMPA, FL 33617	MEDICAL SERVICES	566,507
PRICEWATERHOUSECOOPERS PO BOX 932011 ATLANTA, GA 31193	AUDITORS	839,407
HAYNES ARCHITECTURE PA 211 W BEACH PLACE NO2 TAMPA, FL 33606	ARCHITECTURE	534,455
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		62

Part
VIII

Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . 1a					
	b Membership dues . . . 1b					
	c Fundraising events . . . 1c	3,200				
	d Related organizations . . . 1d	597,510				
	e Government grants (contributions) 1e	362,658				
	f All other contributions, gifts, grants, and similar amounts not included above 1f					
	g Noncash contributions included in lines 1a-1f \$ 1f					
	h Total (Add lines 1a-1f)	963,368				
Program Service Revenue	2a NET PATIENT REVENUE SERVICES	Business Code				
	b DIETARY EDUCATION		429,977,599	429,977,599		
	c PHARMACY SALES/SVC		607,009	607,009		
	d HEALTH SOURCE		2,249		2,249	
	e HEALTH SCREENINGS		5,052	5,052		
	f All other program service revenue		70,495	70,495		
	g Total. Add lines 2a-2f	985,222	942,527	42,695		
	h \$ 431,647,626					
Other Revenue	3 Investment income (including dividends, interest other similar amounts)		4,685,226	4,685,226		
	4 Income from investment of tax-exempt bond proceeds .		0			
	5 Royalties		0			
	6a Gross Rents	(i) Real	(ii) Personal			
	b Less rental expenses	827,689				
	c Rental income or (loss)	791,357				
	d Net rental income or (loss)	36,332		36,332		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	100,484					
c Gain or (loss)	0					
d Net gain or (loss)	100,484		100,484			
8a Gross income from fundraising events (not including \$ 171,320 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a						
b Less direct expenses . . . b	72,180					
c Net income or (loss) from fundraising events .			99,140			
9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000						
b Less direct expenses . . . b			0			
c Net income or (loss) from gaming activities .			0			
10a Gross sales of inventory, less returns and allowances .						
b Less cost of goods sold . . . b			0			
c Net income or (loss) from sales of inventory .			0			
Miscellaneous Revenue	Business Code					
11a MEDICAL RECORDS		817	817			
b SCRAP/WASTE SALES		1,700	1,700			
c MISCELLANEOUS		59,262	59,262			
d All other revenue		3,810,450	1,839,306		1,971,144	
e Total. Add lines 11a-11d	\$ 3,872,229					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	441,404,405	438,188,993	42,695	1,973,393		

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

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	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,569,024	2,072,276	496,748	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	133,352,758	107,567,589		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	26,189,163		26,189,163	
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	711,385	2,681	708,704	
c Accounting	527,897		527,897	
d Lobbying	0			
e Professional fundraising See Part IV, line 17 . . .	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	287,770	144,983	142,787	
20 Interest	12,704,621	12,704,621		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	20,777,663	20,777,663		
23 Insurance	12,908,381	12,573,577	334,804	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a UTILITIES	5,247,946	307,337	4,940,609	
b PROFESSIONAL FEES	18,533,175	10,856,190	7,676,985	
c FOOD COSTS	2,892,995	2,518,070	374,925	
d LAUNDRY EXPENSES	1,388,228	1,377,249	10,979	
e SUPPLIES	95,374,191	93,955,497	1,418,694	
f All other expenses	97,587,759	73,053,395	24,534,364	
25 Total functional expenses. Add lines 1 through 24f	431,052,956	337,911,128	93,141,828	0
26 Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing	7,900	1	50,171,715
2	Savings and temporary cash investments	36,107,259	2	1,720,955
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	57,432,060	4	51,572,860
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	9,243,048	8	8,319,092
9	Prepaid expenses and deferred charges	6,464,752	9	6,869,777
10a	Land, buildings, and equipment cost basis	10a	466,363,990	
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	273,008,186	182,884,786 10c 193,355,804
11	Investments—publicly traded securities			11
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		52,135,303	57,377,977 12
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>			13
14	Intangible assets			14
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>		104,935,335	75,551,188 15
16	Total assets. Add lines 1 through 15 (must equal line 34)		449,210,443	444,939,368 16
17	Accounts payable and accrued expenses		89,356,745	99,707,729 17
18	Grants payable			18
19	Deferred revenue		1,087,405	21,300 19
20	Tax-exempt bond liabilities		198,338,727	201,415,636 20
21	Escrow account liability <i>Complete Part IV of Schedule D</i>			21
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>			22
23	Secured mortgages and notes payable to unrelated third parties		6,200,000	7,388,603 23
24	Unsecured notes and loans payable			24
25	Other liabilities <i>Complete Part X of Schedule D</i>		30,185,526	15,326,962 25
26	Total liabilities. Add lines 17 through 25		325,168,403	323,860,230 26
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		114,799,570	113,961,507 27
28	Temporarily restricted net assets		9,242,470	6,787,255 28
29	Permanently restricted net assets			29 330,376
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30
31	Paid-in or capital surplus, or land, building or equipment fund			31
32	Retained earnings, endowment, accumulated income, or other funds			32
33	Total net assets or fund balances		124,042,040	121,079,138 33
34	Total liabilities and net assets/fund balances		449,210,443	444,939,368 34

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .	2a	No
b	Were the organization's financial statements audited by an independent accountant? . . .	2b	Yes
c	If "Yes" to lines 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? . . .	2c	Yes
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	No
b	If "Yes," did the organization undergo the required audit or audits? . . .	3b	

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2008**Department of the Treasury
Internal Revenue Service**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.****Attach to Form 990 or Form 990-EZ. See separate instructions.****Open to Public
Inspection****Name of the organization**

UNIVERSITY COMMUNITY HOSPITAL INC

Employer identification number

59-1113901

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

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)**. (Attach Schedule H)

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)**. (See instructions)

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

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 the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

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

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

Part II Support Schedule for Organizations Described in IRC 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.)
Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 501(c)(3) organization, check this box and **stop here**

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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% Test - 2007. If the organization did not check the 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 - 2008. 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 - 2007. 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 the 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 IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18
19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	►
b 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	►
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	►

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

Facts and Circumstances Test

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns—			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c Enter -0- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?			No	
b Paid staff or management (include compensation in expenses reported on lines c through i)?			No	
c Media advertisements?			No	
d Mailings to members, legislators, or the public?			No	
e Publications, or published or broadcast statements?			No	
f Grants to other organizations for lobbying purposes?			No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		30,000	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	No			
i Other activities If "Yes," describe in Part IV	No			
j Total lines 1c through 1i			30,000	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No			
b If "Yes" enter the amount of any tax incurred under section 4912				
c If "Yes" enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	No			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1 Dues, assessments and similar amounts from members	1 \$
2 Section 162(e) non-deductible lobbying and political expenditures (<i>do not include amounts of political expenses for which the section 527(f) tax was paid</i>).	
a Current Year	2a \$
b Carryover from last year	2b \$
c Total	2c \$
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

Part IV Supplemental Information

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2008****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service► Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**Name of the organization**

UNIVERSITY COMMUNITY HOSPITAL INC

Employer identification number

59-1113901

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate Contributions to (during year)		
3 Aggregate Grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

 Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

 Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	10,986,474				
b Contributions	1,292,565				
c Investment earnings or losses	14,366				
d Grants or scholarships					
e Other expenditures for facilities and programs	-4,039,214				
f Administrative expenses					
g End of year balance	16,332,619				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment 4 002 %
 b Permanent endowment 4 002 %
 c Term endowment 95 998 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		14,898,617		14,898,617
b Buildings		251,883,448	125,133,576	126,749,872
c Leasehold improvements				
d Equipment		179,968,765	142,132,287	37,836,478
e Other		19,613,160	5,742,324	13,870,836
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				193,355,803

Part VII Investments—Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other CASH & CASH EQUIVALENTS	565,643	F
Other U.S. TREASURY MONEY MARKET	245,730	F
Other COMMON STOCKS	11,815,142	F
Other MUTUAL FUNDS	44,751,462	F

Part VIII Investments—Program Related. See Form 990, Part X, line 13

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
DUE FROM AFFILIATES	869,609
OTHER RECEIVABLES	3,836,748
BOND ISSUANCE COST, NET	47,340,648
INTEREST IN UCH FOUNDATION	10,096,948
INTEREST IN PHCHS	10,498,166
INTERST IN SERP FUND	2,909,069
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)	75,551,188

Part X Other Liabilities See Form 990 Part X, line 25

(a) Description of Liability	(b) Amount
Federal Income Taxes	
CAPITAL LEASE OBLIGATIONS	8,070,35
EST 3RD PARTY PAYOR SETTLEMENT	7,256,60
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	15,326,96

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	441,404,405
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	431,052,956
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,351,449
4	Net unrealized gains (losses) on investments	4	14,366
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-13,328,717
9	Total adjustments (net) Add lines 4 - 8	9	-13,314,351
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,962,902

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	429,351,989
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-11,189,512
e	Add lines 2a through 2d	2e	-11,189,512
3	Subtract line 2e from line 1	3	440,541,501
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	862,904
c	Add lines 4a and 4b	4c	862,904
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	441,404,405

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	430,190,052
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	430,190,052
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	862,904
c	Add lines 4a and 4b	4c	862,904
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	431,052,956

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
SCHEDULE D, PART XI, LINE 8	SCHEDULE D, PART XI, LINE 8	NET ASSETS RELEASED FOR PURCHASE OF EQUIPMENT \$444,006 CHANGE IN INTEREST IN UCH FOUNDATION 27,965 NET ASSETS RELEASED TO SUPPORT HOSPITAL (1,622,483) CHANGE IN TEMP RESITRICTED NET ASSETS (2,139,205) PENSION RELATED CHANGES (10,039,000) ----- (\$13,328,717) =====
SCHEDULE D, PART XII, LINE 2D	SCHEDULE D, PART XII, LINE 2D	NET ASSETS RELEASED FOR PURCHASE OF EQUIPMENT \$444,006 CHANGE IN INTEREST IN UCH FOUNDATION 27,965 NET ASSETS RELEASED TO SUPPORT HOSPITAL (1,622,483) PENSION RELATED CHANGES (10,039,000) ----- (\$11,189,512) =====
SCHEDULE D, PART XII, LINE 4B	SCHEDULE D, PART XII, LINE 4B	RECLASS INVESTMENT MANAGEMENT EXPENSE \$862,904 ----- \$862,904 =====
SCHEDULE D, PART XIII, LINE 4B	SCHEDULE D, PART XIII, LINE 4B	RECLASS INVESTMENT MANAGEMENT EXPENSE \$862,904 ----- \$862,904 =====

SCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

UNIVERSITY COMMUNITY HOSPITAL INC

Employer identification number

59-1113901

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total	►					

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>DINNER/DANCE</u> (event type)	<u>SPORTS EVENT</u> (event type)	0 (total number)	
Revenue	1 Gross receipts	128,170	43,150		171,320
	2 Less Charitable contributions	2,200	1,000		3,200
	3 Gross revenue (line 1 minus line 2)	125,970	42,150		168,120
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	57,329	14,851		72,180
	8 Direct expense summary Add lines 4 through 7 in column (d) ►				72,180
	9 Net income summary Combine lines 3 and 8 in column (d) ►				95,940

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ►				

9 Enter the state(s) in which the organization operates gaming activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states?	<input type="checkbox"/> 9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<input type="checkbox"/> 10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	<input type="checkbox"/> 11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> 12	

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	
b An outside facility	13b	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

SCHEDULE H
(Form 990)Department of the Treasury
Internal Revenue Service

Hospitals

► To be completed by organizations that answer "Yes" to Form 990,
Part IV, line 20.
► Attach to Form 990.

Name of the organization
UNIVERSITY COMMUNITY HOSPITAL INC

Employer identification number

59-1113901

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

1a Does the organization have a charity care policy? If "No," skip to question 6a

b If "Yes," is it a written policy?

2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals

Applied uniformly to all hospitals Applied uniformly to most hospitals
 Generally tailored to individual hospitals

3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients

a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care

100% 150% 200% Other _____ %

b Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care

200% 250% 300% 350% 400% Other _____ 600%

c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care

4 Does the organization's policy provide free or discounted care to the "medically indigent"?

5a Does the organization budget amounts for free or discounted care provided under its charity care policy?

b If "Yes," did the organization's charity care expenses exceed the budgeted amount?

c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a Does the organization prepare an annual community benefit report?

6b If "Yes," does the organization make it available to the public?

	Yes	No
1a	Yes	
1b	Yes	
3a	Yes	
3b	Yes	
4	Yes	
5a	Yes	
5b		
5c		
6a		
6b		

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from worksheets 1 and 2)						
b Unreimbursed Medicaid (from worksheet 3, column a)						
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, and Collection Practices (Optional for 2008)

Section A—Bad Debt Expense

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?

2 Enter the amount of the organization's bad debt expense (at cost)

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit

	Yes	No
1		
2		
3		
4		

Section B—Medicare

5 Enter total revenue received from Medicare (including DSH and IME)

6 Enter Medicare allowable costs of care relating to payments on line 5

7 Enter line 5 less line 6—surplus or (shortfall)

8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used

Cost accounting system

Cost to charge ratio

Other

9a		
9b		

Section C—Collection Practices

9a Does the organization have a written debt collection policy?

9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information (Required for 2008)

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves.

3 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.

4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g. open medical staff, community board, use of surplus funds, etc.)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

8. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

UNIVERSITY COMMUNITY HOSPITAL INC

Employer identification number

59-1113901

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

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

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

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Norman V stein	(i) 596,058 (ii) 0	0 0	104,437 0	0	12,011 0	712,506 0	0 0
Brigitte shaw	(i) 298,645 (ii) 0	0 0	62,712 0	0 0	13,649 0	375,006 0	0 0
Larry Archbell	(i) 505,035 (ii) 0	0 0	188,096 0	0 0	2,172 0	695,303 0	0 0
Marvin Kurtz	(i) 282,704 (ii) 0	0 0	7,217 0	0 0	7,970 0	297,891 0	0 0
JAMES ORLOWSKI	(i) 437,212 (ii) 0	0 0	0 0	0 0	0 0	437,212 0	0 0
LARRY HANAN	(i) 174,094 (ii) 0	0 0	8,787 0	0 0	9,729 0	192,610 0	0 0
DONALD EVANS	(i) 274,477 (ii) 0	0 0	12,464 0	0 0	8,767 0	295,708 0	0 0
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

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

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds**2008**Department of the Treasury
Internal Revenue Service**To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.****Open to Public
Inspection**

Name of the organization

UNIVERSITY COMMUNITY HOSPITAL INC

Employer identification number

59-1113901

Part I Bond Issues (Required for 2008)

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	HILLSBOROUGH COUNTY INDUSTRIAL DEVELOPMENT AUTHOR		432321FE2	06-26-2008	133,935,000	CONSTRUCTION, CAP EXPENDITURES, R		X		X

Part II Proceeds (Optional for 2008)

		A		B		C		D		E	
		Yes	No								
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

		A		B		C		D		E	
		Yes	No								
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No								
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No								
1 Has a Form 8038-T been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

2008

Open to Public
Inspection**SCHEDULE O**
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990****► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.****Name of the organization**
UNIVERSITY COMMUNITY HOSPITAL INC**Employer identification number**

59-1113901

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	FORM 990, PART VI, SECTION C, QUESTION 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
REVIEW OF TAX RETURN BY GOVERNING BODY	FORM 990, PART VI, SECTION A, QUESTION 10	A COPY OF UNIVERSITY COMMUNITY HOSPITAL'S TAX RETURN IS POSTED ON A WEBSITE AND MEMBERS OF THE GOVERNING BODY ARE GIVEN A CHANCE TO REVIEW THE TAX RETURN PRIOR TO FILING

Identifier	Return Reference	Explanation
MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, QUESTION 12C	OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AND SIGN CONFLICT OF INTEREST DISCLOSURE FORMS ON AN ANNUAL BASIS

Identifier	Return Reference	Explanation
EXECUTIVE COMPENSATION POLICY	FORM 990, PART VI, SECTION B, QUESTION 15A	<p>Preamble There is established an Executive Compensation Committee of the Board of Trustees of University Community Hospital, Inc. The Executive Compensation Committee is responsible to determine the "Compensation Package," including the salary, Benefits (as defined below), bonus, incentive, and any perquisites and deferred compensation of all employees of University Community Hospital, Inc., and Tarpon Springs Hospital Foundation, Inc. who hold executive positions (with title Vice President or above) at any hospital, entity or organization within the University Community Health system ("Executives"). Members and Voting The Executive Compensation Committee shall be comprised of the Officers of University Community Hospital, Inc. However, whenever the Compensation Package (or adjustment thereto) of an Executive who serves Helen Ellis Memorial Hospital is considered, the Chairman and Vice Chairman of the corporate board of Tarpon Springs Hospital Foundation, Inc. shall substitute for and serve as members in place of the Secretary and Treasurer of University Community Hospital, Inc. Each shall be a voting member of the Committee, provided that he/she is independent. Independence means that the individual does not have any duties, commitments or outside interests that would deter from his/her ability to faithfully carry out the duties and responsibilities of the Executive Compensation Committee. This includes but is not limited to financial or fiduciary relationships with competing organizations or organizations that have significant business relationships with any University Community Health facility. Any such duties, commitments or outside interests must be fully disclosed and acted upon in accordance with the Conflict of Interest Policy of the Board of Trustees of University Community Health. In the event any named Committee member is unable to serve on the Executive Compensation Committee, in any year, or with respect to addressing the compensation of any individual, the next officer in line of the specific corporation, or, with respect to University Community Hospital, Inc., the immediate past chairman, shall serve for that year or to address the specific individual compensation. A quorum is comprised of all of the Committee members. The vote of a majority of the Committee members shall constitute action of the Committee. Advisors The President of University Community Hospital, Inc. shall be an advisor to the Committee. He/she shall be responsible to present the qualifications and performance evaluation of each candidate for compensation and compensation adjustment. The Committee shall have the authority to engage and consult with such other advisors or consultants from within or outside the organization as it deems appropriate. Meetings The Executive Compensation Committee shall meet as needed, but not less than annually. Periodic executive session meetings without the presence of advisors or others shall be held at the discretion of the Committee or upon request of any Committee member. The President of University Community Hospital, Inc. shall not be present at any time during deliberation, discussion or decision relating to any part of his/her evaluation of performance, salary, Benefits, or compensation package (other than to answer questions of the Committee). Chair The Chairman of the Committee shall be the Chairman of the Board of University Community Hospital, Inc. Compensation Philosophy It is the philosophy of University Community Hospital, Inc. for University Community Health that the compensation of Executives of University Community Health fairly and reasonably reflect the scope and magnitude of individual job duties, education, training, experience, and tenure within University Community Health. As not-for-profit entities, the assets of University Community Health organizations should be dedicated first to assuring the delivery of healthcare services within the communities served. To achieve this, qualified, competent Executives are essential. Therefore, compensation must be competitive and the overall value of the Compensation Package must be consistent with fair market value. Bonus and/or incentive compensation may be paid to achieve clearly defined corporate goals, reasonable recruitment incentives may be paid to attract qualified competent individuals, and perquisites should be limited to those generally available to all employees and those that are reasonable and necessary to fulfill specific job duties. The target salary and wages component of Executive Compensation Packages is 5% to 10% above the national mean of the compensation packages of like positions (as determined through the fair market value comparison data) unless special circumstances warrant an amount in excess. Such special circumstances must support the additional compensation, and be noted and recorded by the Committee in its records. Authority and Responsibility 1. The Executive Compensation Committee shall have full delegated authority of the Board of Trustees of University Community Hospital, Inc. and Tarpon Springs Hospital Foundation, Inc. to carry out the following duties in accordance with the Compensation Philosophy and Guidelines in this Policy. A. Determine the initial Compensation Package of all Executives. B. Determine periodic adjustments to such Compensation Packages, including, without limitation, salary increases, bonus or incentive compensation, deferred compensation, perquisites, and Benefits. For purposes of this policy, Benefits include only those employment benefits and perquisites provided to any Executive which are outside the scope of the standard benefits and perquisites offered to employees generally at the director level of University Community Health. C. Determine Executive severance and separation Compensation Packages. D. Approve all contracts entered into with any Executive. Guidelines 1. Each Compensation Package for each Executive must be consistent with fair market value determined on the basis of A. The specific job duties and scope of the position. B. The education, training, experience and any special talent or expertise of the individual filling the position. C. The performance of the individual within the position. D. The Compensation Philosophy in this Policy. 2. Fair Market Value and mean range shall be determined by evaluating salary and compensation data from at least 2 external, objective nationally recognized sources, comparing similar positions at like organizations including, specifically, not-for-profit organizations, within the United States. If such data is not available, data on the closest comparable position should be obtained. To the extent available, Tampa Bay Region or Florida data should be considered. 3. The Executive Compensation Committee shall maintain minutes of all meetings. Compensation data and other supporting information shall be appended to the minutes at which such information was considered. The minutes should reflect the members present at each meeting, the recusal of any Committee member who is not independent or who bears a conflict of interest with respect to any particular Compensation Package considered, the presence of any substitute member, determinations by the Committee that each specific Compensation Package reviewed is consistent with fair market value and this Policy, actions taken by the Committee, and the basis for the actions taken. 4. The Executive Compensation Committee shall report at least once annually to the full Board of each facility (with respect only to Executives of the respective facility), and, with respect to University Community Hospital, Inc. to the Executive Committee, advising whether approved Executive Compensation Packages are consistent with this policy and any material deviations. The Board shall be advised of any Compensation Package that exceeds fair market value or is inconsistent in any material manner with the Compensation Philosophy. Any Compensation Package that includes a contract or severance agreement of more than eighteen (18) months shall be approved by the Executive Committee of University Community Hospital and with respect to Helen Ellis Memorial Hospital Executives, the respective Board of the facility.</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public
Inspection**

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
► **See separate instructions.**

► **See separate instructions**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY COMMUNITY HOSPITAL INC.

Employer identification number

59-111390

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
UNIVERSITY COMMUNITY HOSPITAL FOUND INC 3100 E FLETCHER AVE TAMPA, FL33613 59-2554889	FUNDRAISING	FL	501(C)(3)	509(A)(3)-1	
UNIVERSITY COMMUNITY SPECIALTY CARE INC 3100 E FLETCHER AVE TAMPA, FL33613 59-3231322	PERSONAL SERV	FL	501(C)(3)	509(A)(3)-1	
HELEN ELLIS MEMORIAL HOSPITAL 1395 S PINELLAS AVE TARPON SPRINGS, FL34689 59-0898901	ACUTE CARE	FL	501(C)(3)	170B1A(iii)	

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
Carrollwood Diagnostic Imaging Associate 6983 E Fowler Ave TAMPA, FL33617 13-4244917	IMAGING			RELATED	2,484,714	35,268,109		No	0		No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p		No
1q		No
1r		No

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	HELEN ELLIS MEMORIAL HOSPITAL	d,o	4,160,985
(2)	UNIVERSITY COMMUNITY HOSPITAL FOUND INC	C	597,510
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

TY 2008 Itemized Other Assets Schedule

Name: UNIVERSITY COMMUNITY HOSPITAL INC**EIN:** 59-1113901

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		OTHER RECEIVABLES	13,909,633	4,235,553
		REINSURANCE RECOVERABLE	8,731,250	6,903,680
		INTEREST RECEIVABLE	0	0
		EXPERIENCE ACCOUNT	0	1,399,712
		PREPAID EXPENSES	37,127	3,971

TY 2008 Other Deductions Schedule

Name: UNIVERSITY COMMUNITY HOSPITAL INC**EIN:** 59-1113901

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
UNDERWRITING LOSSES & LOSS EXPENSES		5,896,517
ADMINISTRATIVE EXPENSES		1,306,118

TY 2008 Itemized Other Investments Schedule

Name: UNIVERSITY COMMUNITY HOSPITAL INC**EIN:** 59-1113901

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		OTHER INVESTMENTS	29,337,664	35,597,084

TY 2008 Itemized Other Liabilities Schedule

Name: UNIVERSITY COMMUNITY HOSPITAL INC**EIN:** 59-1113901

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		ACCRUED EXPENSES	919,986	0
		LOSSES PAYABLE	5,691,748	2,413,557
		UNEARNED PREMIUM RESERVE	5,367,959	1,231,911
		RESERVES FOR LOSSES & ADJUSTMENTS	31,150,081	27,212,883

TY 2008 Paid-In or Capital Surplus Reconciliation Statement

Name: UNIVERSITY COMMUNITY HOSPITAL INC

EIN: 59-1113901

Description	Beginning Amount	Ending Amount
SHARE PREMIUM	123,896	123,896
CONTRIBUTED SURPLUS	1,366,402	1,366,402

Additional Data

Software ID:
Software Version:
EIN: 59-1113901
Name: UNIVERSITY COMMUNITY HOSPITAL INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
Robert L Anderson PhD , Chairman	5 0	X		X			0	0	0
Henry G Enis Jr CPA , Vice Chairman	5 0	X		X			0	0	0
Jack Hendricks , Trustee	5 0	X					0	0	0
Jose Vivero , Treasurer	5 0	X					0	0	0
Scott Bronleewe Md , Trustee	5 0	X					0	0	0
Alma G Bryant PhD , Secretary	5 0	X					0	0	0
Jack Butcher , Trustee	5 0	X					0	0	0
Jon Courson , Trustee	5 0	X					0	0	0
Arthenia L Joyner Esq , Trustee	5 0	X					0	0	0
Donald Lau , Trustee	5 0	X					0	0	0
Ken Lightfoot , Trustee	5 0	X					0	0	0
Mary Mahon Esq , Trustee	5 0	X					0	0	0
Brendan O Malley MD , Trustee	5 0	X					0	0	0
Thaddeus C Parker IV , Trustee	5 0	X					0	0	0
Eric M Newman , Trustee	5 0	X					0	0	0
Charlie Robbins , Trustee	5 0	X					0	0	0
Robert Rosequist MD , Trustee	5 0	X					0	0	0
Basil Scaglione , Trustee	5 0	X					0	0	0
Kurt Stonesifer MD , Ex Officio	5 0	X					0	0	0
N Michael Kouskoutis , TRUSTEE	5 0	X					0	0	0
Tom Pepin , TRUSTEE	5 0	X					0	0	0
FRED MEYER , TRUSTEE	5 0	X					0	0	0
SHARAD PATEL MD , TRUSTEE	5 0	X					0	0	0
Norman V Stein , President	40 0			X	X		700,495	0	12,011
Brigitte shaw , CEO - Peppin Hospital	40 0			X	X		361,357	0	13,649
Larry Archbell , CEO-MC	40 0			X	X		693,131	0	2,172
Marvin Kurtz , CORP CFO	40 0			X	X		289,921	0	7,970
JAMES ORLOWSKI , MEDICAL DIRECTOR	40 0			X	X		437,212	0	0
LARRY HANAN , CEO-MC	40 0			X			182,881	0	9,729
DONALD EVANS , CEO-HE	40 0			X			286,941	0	8,767

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a NET PATIENT REVENUE SERVICES		429,977,599	429,977,599		
b DIETARY EDUCATION		607,009	607,009		
c PHARMACY SALES/SVC		2,249			2,249
d HEALTH SOURCE		5,052	5,052		
e HEALTH SCREENINGS		70,495	70,495		