NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



DLN: 93493307005159

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue

Return of Organization Exempt From Income Tax

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

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

Inspection

Servi								
A Fo	r the 2	008 с	alendar year	r, or tax year beginning 01-01-2008 C Name of organization	and ending 12-31-2008		D Employer id	entification number
_	eck ıf ap	•	Please	UNIVERSAL HEALTH CARE FNDTN OF CT IN	С			
Add	dress cha	ange	use IRS label or	Doing Business As			06-159006 E Telephone n	
Nar	me chan	ge	print or type. See	boiling Business vis			•	
_ Init	tial retur	n	Specific	Number and street (or P O box if mail is no	ot delivered to street addres	s) Room/suite	(203) 639-	
– Ter	mınatıor	า	Instruc- tions.	290 PRATT STREET			G Gross receip	ts \$ 12,013,512
– _{Am}	ended r	eturn		City or town, state or country, and ZIP + 4				
_				MERIDEN, CT 06450				
App	plication	pending						
			F Nam	ne and address of Principal Officer			a group returr	
						affiliat	es?	⊤Yes 🔽 No
						H(b) Are all	affiliates includ	ed?
ː Ta	x-exem	pt status	▽ 501(c)	(3) ◀(Insert no)	527			: See instructions)
w	eb site	::► ww	w universall	healthct org			Exemption Nu	
∢ Тур	e of orga	anızatıon	Corporati	ion trust association other ►	•	L Year of For	mation 2000 M	State of legal domicile CT
						1	•	
		_						
Pa	rt I		mary					
	1	Briefly	describe the	e organization's mission or most signi	ficant activities			
71	'	The Un	ıversal Hea	Ith Care Foundation's mission is to be	e a catalyst that engage	es people and	communities i	n shapıng a
<u> </u>		democr	atic health:	system that provides universal acces	s to quality health care	and promote	s health in Coi	nnecticut The
₹		Founda	tıon belıeve	es that health care is a fundamental rig	ght and that their work i	s part of a br	oader moveme	nt for social and
<u> </u>		econon	nic justice					
soveniance	2	Check	this box 🦵 i	ıf the organizatıon discontinued its op	erations or disposed of	more than 25	5% of its asset	S
	3	Numbe	r of voting m	nembers of the governing body (Part V	/I, line 1a)		3	10
٥ م			_	dent voting members of the governing	•			10
<u> </u>						,		
ž				nployees (Part V , line 2a)			•	17
Activities &				lunteers (estimate if necessary) .			6 .	
•		_		ted business revenue from Part VIII,		•	7a _.	0
	b	Net uni	elated busii	ness taxable income from Form 990-1	Г, line 34		7b	
						Prio	r Year	Current Year
	8	Contr	butions and	d grants (Part VIII, line 1h)				0
을	9	Progra	am service r	revenue (Part VIII, line 2g)				0
Revenue	10			ne (Part VIII, column (A), lines 3, 4, a			5,184,737	-845,870
æ	11			art VIII, column (A), lines 5, 6d, 8c, 9	•		, ,	13,060
	12		-	dd lines 8 through 11 (must equal Par				,
		12)					5,184,737	-832,810
	13	Grant	s and sımıla	ır amounts paıd (Part IX, column (A), l	lines 1-3)		2,347,398	1,564,770
	14	Benef	its paid to o	r for members (Part IX, column (A), lii	ne 4)			0
	15	Saları	es, other co	ompensation, employee benefits (Part	IX, column (A), lines 5	_		
82		10)					1,339,440	1,499,141
Expenses	16a	Profes	sional fundi	raising fees (Part IX, column (A), line	11e)			0
ੜੇ	b	(Total f	undraising exp	penses, Part IX, column (D), line 25 ⁰)			
ш	17			Part IX, column (A), lines 11a-11d, 1			2,547,035	1,630,914
	18			add lines 13-17 (must equal Part IX,			6,233,873	4,694,825
	19		•	penses Subtract line 18 from line 12	inie 25, column (A))		-1,049,136	-5,527,635
. <i>0</i> 7	15	Reven	iue iess exp	enses Subtract file 18 from file 12		+		
ල ඇ කුළු						Beginnir	ng of Year	End of Year
9.4E	20	Total	assets (Par	t X, line 16)			48,041,646	29,491,645
Net Assets of Fund Bafances	21	Total	lıabılıtıes (P	Part X, line 26)			1,297,075	676,819
2 2 2 3	22	Netas	sets or fund	d balances Subtract line 21 from line	20		46,744,571	28,814,826
Par	1111	Sian	ature Blo					
				rjury, I declare that I have examined this retu	rn including accompanying	schedules and st	atements and to	the best of my knowledge
				correct, and complete Declaration of preparer				
Plea		***				2009-	11-03	
Sign		Sign	ature of office	r		Date		
Here	е	РНІІ	_WHEELER Tre	easurer				
			e or print name					
		<u>'</u>			Date		Prenarer's DTII	V (See Gen Inst)
De : :	-1		parer's MI	ICHAEL A MALETTA CPA		Check If self-	Tepalers Fill	. (See Sell Inst.)
Paid			nature MI	CONSERVINCE ITA CIA		empolyed 🕨 🔽	·	
	pare		n's name (or y	voure h		•	1	
Use		ıf s	elf-employed),	·, •			EIN Þ	
Onl	y	ado	Iress, and ZIP	+ 4 Maletta & Company				
				<u> </u>				
				1001 Farmington Avenue Suite 202			Phone no 🕨	(860) 582-6715
		- 1		B 1 L CT 000402000			1	

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organiza PROGRAM GRANTS	tion's mission				
2	the prior Form 990 or	990-EZ?			which were not listed on	┌ Yes ┌ No
_	If "Yes," describe thes					
3	Did the organization c services? If "Yes," describe thes			changes in how it cond	ducts any program	┌ Yes ┌ No
4		-				
•	Section 501(c)(3) and	d (4) organizations an	d 4947(a)(1) t		argest program services by port the amount of grants a d	
4a	(Code PROGRAM GRANTS) (Expenses \$	2,368,984	including grants of \$	1,564,770) (Revenue \$)
4b	(Code RESEARCH) (Expenses \$	365,855	including grants of \$) (Revenue \$)
4c	(Code STRATEGIC COMMUNICA) (Expenses \$	879,139	including grants of \$) (Revenue \$)
4d	Other program servio (Expenses \$	ces (Describe in Scho 504,850 incl	edule O) luding grants o	f\$) (Revenue \$)
4e	Total program servic	e eynenses \$	4 118 82	8 Must equal Part IX	Line 25. column (B)	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
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.	5		No
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	6		No
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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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,"	9		No
	complete Schedule D, Part IV	9		
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{3}$ Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		No
	Parts VI , VII , VIII , IX , or X as applicable	11	Yes	
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 .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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	14b		Νο
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	15		No
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	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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	21	Yes	
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	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	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	25b		No
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	26		No
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	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	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.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
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	33		Νo
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	34	Yes	
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	35		No
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	36		Νο
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	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	•				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns . Enter -0- if not applicable					
		1a	95			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to	vend	dors and reportable	_		
_	gaming (gambling) winnings to prize winners?	•		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this	2a	17			
h	return					
J	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	the '	year covered by this	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in School	dule (o	3b		Νο
4a	At any time during the calendar year, did the organization have an interest in, or a signover, a financial account in a foreign country (such as a bank account, securities accaccount)?		•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Rep Financial Accounts.	ort o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	g the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited to	ax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Tax Shelter Transaction?	Entit	y Regarding Prohibited	5c		Νο
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
b	If "Yes," did the organization include with every solicitation an express statement tha					
	were not tax deductible?			6b		Νο
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contr more?	rıbutı	on of \$75 or	7a		N o
b	If "Yes," did the organization notify the donor of the value of the goods or services pro	ovide	d?	7b		Νο
c	Did the organization sell, exchange, or otherwise dispose of tangible personal propert	ty for	which it was required to	7c		NI -
al	file Form 8282?	7d		76		N o
u	The res, indicate the hamber of forms 3232 med during the year	/u	0			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay independent on tract?	•	iums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a persoi	nal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 88	899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file	e a F	orm 1098-C as			
_	required?			7h		N o
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds an supporting organizations. Did the supporting organization, or a fund maintained by a spexcess business holdings at any time during the year?			8		No
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					_
а				9a		Νο
b				9b		N o
10	Section 501(c)(7) organizations. Enter					
а		10a				
	-	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in l	lieu c	of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A	Δ.	Governing	Body	and	Management
	٦.	JOV CI IIIII 9	Doug	ana	rianagement

	N o
	No
	No
	No
	N -
1 1	Νo
	No
Yes	
Yes	
Yes	
Yes	
Yes	
	Νo
	No
Yes	
	No
	Yes Yes Yes Yes

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Ь	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			
а	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		No
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		No
		TOD		Νo

Section C. Disclosure

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

Linda Dahlmeyer 290 PRATT STREET MERIDEN,CT 064508600 (203) 639-0550

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * 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

	·	Posit	(C lon (d hat a	chec		I			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
TERESA YOUNGER , BOARD MEMBER	5 00	Х						0	0	0	
PHIL WHEELER , Treasurer	10 00			Х				0	0	0	
NANCY BURTON CNM MS , BOARD MEMBER	5 00	Х						0	0	0	
LORI PELLETIER , Vice Chair/Inv	5 00			Χ				0	0	0	
LESLIE GABEL-BRETT PHD , BOARD MEMBER	5 00	X						0	0	0	
KRISTEN ZARFOS MD , Board Member	5 00	Χ						0	0	0	
JULIAN NIEVES MD , Secretary	5 00			Х				0	0	0	
JUAN FIGUEROA , President	50 00				Х			171,466	0	28,955	
JERRY BROWN , Board Member	5 00	Х						0	0	0	
FRANCES PADILLA , VP OF PROGRAMS	50 00					Х		112,586	0	0	
DAN LIVINGSTON JD , Board Member	10 00	Х						0	0	0	
ALICE PRITCHARD PHD , Chairman	5 00			Х				0	0	0	
					<u> </u>						

Part VII Continued

(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	appl	у)	Highest compensated	Formor	(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
1b Total						>	284,052	2	28,955

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

			165	140
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		Νo
4	For any individual listed online 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	А	Yes	
		-	163	
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				
URBAN INSTITUTE DEPARTMENT 950 WASHINGTON, DC 200420950	RESERACH	197,505				
NORTH WOODS ADVERTISING 400 PLYMOUTH BLDG 12 SO 6TH ST MINNEAPOLIS, MN 55402	ADVERTISING	318,355				
JONATHAN GRUBER 83 PLEASANT STREET LEXINGTON, MA 02421	RESEARCH	150,000				
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation						

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

3

Voc No

Form 99 Part VIII	90 (2
Contributions, gifts, grants and other similar amounts	1a b c d e f g
Program Service Revenue	2a b c d e f
	3 4 5 6a b c
	7a b c d
Other Revenue	b c
,	9a b c

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
1a	Federated cam	paigns 1a	l				
ь	Membership du	es .1b					
c		ents 1c					
d		rations 1d					
e	Government grants						
	-	, ,					
f	sımılar amounts no	ons, gifts, grants, and 1f ot included above					
g	Noncash contri	butions included in					
	_						
h	Total (Add line	s 1a-1f)	•	0			
			Business Code				
2a							
b							
c							
d		_					
e							
f	All other progra	am service revenue					
-		service revenue					
g		s 2a-2f	. ► \$				
<u> </u>	0 Investment inc	ome (including dividen	ds interest				
		nounts)		621,966			621,9
ı		tment of tax-exempt bond		0			
;		· · · · · · ·		0			
	Noyannes .	(ı) Real	(II) Personal				
a	Gross Rents	(i) Kedi	(II) I CISCIIGI				
b	Less rental						
	expenses						
С	Rental income or (loss)						
d	Net rental inco	me or (loss)		0			
		(ı) Securities	(II) O ther				
'a	Gross amount from sales of assets other	11,378,486					
b	than inventory Less cost or other basis and	12,846,322					
c	sales expenses Gaın or (loss)	-1,467,836					
d		s)		-1,467,836	-1,467,836		
a		rom fundraising		, ,	, ,		
	events (not inc \$	luding reported on line 1c)					
		G if total exceeds					
	\$15,000						
Ь		penses b					
С		loss) from fundraising	events 🟲 I	0			
)a	See part IV, lın	ule G ıf total exceeds					
ь c		a penses b (loss) from gaming acti		0			
	Gross sales of returns and allo	inventory, less					
b	Less cost of go	a oods sold b					
c	Net income or (loss) from sales of inv	1	0			
	Miscellaneous	Revenue	Business Code				
1a	MISCELLANEC	DUSINCOME		13,060	13,060		
b c							
	-						
d	All other reven						
е	Total. Add lines	s 11a-11d	 \$ 13,060				
2	Total Revenue.	Add lines 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	-832,810	-1,454,776		621,9

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re)
	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	1,564,770	1,564,770		·
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	171,466	133,219	38,247	
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	934,112	686,961		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	313,447	204,679	108,768	
10	Payroll taxes	80,116	54,763	25,353	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	12,156		12,156	
c	Accounting	13,500		13,500	
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	97,349	71,956	25,393	
17	Travel	34,532	21,127	13,405	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	4,015	2,695	1,320	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	36,250	27,038	9,212	
23	Insurance	0			
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)				
а	PROGRAM OPERATIONS	603,734	603,734		
	OFFICE OPERATIONS	105,175	79,961	25,214	
c	MEETINGS	37,685	31,541	6,144	
d	DUES & SUBSCRIPTIONS	33,087	30,299	2,788	
e	COMMUNICATIONS	541,097	540,464	633	
	All other expenses	112,334	65,621	46,713	
25	Total functional expenses. Add lines 1 through 24f	4,694,825	4,118,828	575,997	0
26	Joint Costs. Check if 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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,-20,520		

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year		(B End o	
	1	Cash—non-interest-bearing			311,087	1		1,032,621
	2	Savings and temporary cash investments				2		0
	3	Pledges and grants receivable, net				3		0
	4	Accounts receivable, net			7,310	4		5,485
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L				5		0
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ction 4	4958(f)(1)) and		6		0
	7	Notes and loans receivable, net				7		0
	8	Inventories for sale or use				8		0
22	9	Prepaid expenses and deferred charges			35,583	9		16,680
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	329,504	1			
-4	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	137,282		10c		192,222
	11	Investments—publicly traded securities				11		0
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	t VII d	of	47,457,852	12	2	28,239,637
	13	Investments—program-related See Part IV, line 11 $\it Complete Pa of Schedule D$.	rt VIII			13		0
	14	Intangible assets				14		0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	5,000	15		5,000		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			48,041,646	16	2	9,491,645
	17	Accounts payable and accrued expenses .	781,568	17		366,818		
	18	Grants payable	515,507	18		310,000		
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities				20		
<u>.</u> 6	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D		25		1		
	26	Total liabilities. Add lines 17 through 25	1,297,075	26		676,819		
s es		Organizations that follow SFAS 117, check here ► √ and complet through 29, and lines 33 and 34.	ete lin	es 27				
an	27	Unrestricted net assets			46,744,571	27	2	8,814,826
Balance	28	Temporarily restricted net assets				28		
됟	29	Permanently restricted net assets		29				
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ and	comp	let e				
5		lines 30 through 34.				-		
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fun	40 = 11 == 1	32		0.044.55		
Net	33	Total net assets or fund balances			46,744,571	33		28,814,826
	34	Total liabilities and net assets/fund balances			48,041,646	34	2	9,491,645
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Deat VI	Financial Ctataments and Banautics	_
Part XI	Financial Statements and Reporting	1

1	Accounting method used to prepare the Form 990			
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		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		No

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization UNIVERSAL HEALTH CARE FNDTN OF CT INC

Employer identification number 06-1590060 Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

	ILT			ilatity Status (to be co					TH3ti uct	10113)		
he o	organı:		•	ation because it is (Please				•				
1		A church, c	onvention of ch	nurches, or association of ch	nurches de	escribed in	Section 1	170(b)(1)	(A)(i).			
2	Г	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Γ	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	Γ	A medical i	research organı	zatıon operated ın conjunctı	on with a l	hospital d	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	roperated	l by a gove	ernmental	unıt desc	rıbed ın	
		Section 170(b)(1)(A)(iv). (Complete Part II)										
6	Г	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental ι	ınıt or fron	n the gene	ral public	3
		described i	n Sect ion 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Pari	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontributior	ns, membe	rship fees	, and gro	SS
		receipts fro	m activities rel	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	e instruc	tions)	
11	굣			and operated exclusively fo								
				orted organizations describe						Section 5	09(a)(3)	.Check
			t describes the ype I b	type of supporting organiza Type II c	Type III				n d	Γ τνη _Φ	III - Ot	har
e	굣		• •	rtify that the organization is								
_		•		agers and other than one or			•			•		
		section 50		-	•		_					,
f				d a written determination fro	om the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ig organiz	zation,
		check this		as the organization accepted	d any dift	or contrib	ution from	any of the				ļ
g		following pe		as the organization accepted	d any gire	or continu	ation nom	ally of the	•			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organıza	tion?				11g	(i)	No
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	No
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	bove?				11g(iii)	No
h		Provide the	following inform	mation about the organizatio	ns the org	janization	supports				•	
	(i) Na	ame of	(ii) EIN	(iii) Type of organization		s the	(v) Did y	ou notify		s the	(vii) An	nount of
		orted		(described on lines 1 - 9	1	ation in	1	inization	, ,	ation in .	supp	ort?
	Organ	nization		above or IRC section (See Instructions))	1	listed in verning	_	i) of your oort?	col (1) o	rganized		
				(See Histructions))		nent?	Supp	ייייייייייייייייייייייייייייייייייייייי	in the	037		
					Yes	No	Yes	No	Yes	No		
CT H	ealth A	dv and			1.55		1.55	1	1.55	- 1.0		
Rese	arch Tru	ust	061586391	7	Yes		Yes		Yes			0
							-					
								-			-	
											-	

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.)

Pι	ıblic Support		, ,	,				
Cale	endar 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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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 (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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						
С	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						
12	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 fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		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 **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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

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 and any other additional information. (see instructions)

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DLN: 93493307005159

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Service If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities) Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B Section 527 organizations complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities) ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) ◆ Section 501(c)(4), (5), or (6) organizations complete Part III Name of the organization Employer identification number UNIVERSAL HEALTH CARE FNDTN OF CT INC 06-1590060 Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.) Provide a description of the organization's direct and indirect political campaign activities in Part IV 1 2 Political expenditures 3 Volunteer hours Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Was a correction made? **▽** No **4a** If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4

	separate political organization If none, enter -0-

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

section 4911 tax for this year?

┌ Yes ┌ No

	— • • • • • • • • • • • • • • • • • • •		->/2> 15 - 1 61 - 1 5	r uge i
Р		organizations exempt under section 501(tion 501(h)). (See the instructions for Schedule		68
	Check _ if the filing organization	belongs to an affiliated group checked box A and "limited control" provisions apply	e c ioi details.)	
		bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)	1,050	
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	96,088	
c	Total lobbying expenditures (add line	97,138		
d	Other exempt purpose expenditures	4,914,880		
е	Total exempt purpose expenditures	5,012,018		
f	Lobbying nontaxable amount Enter t	400,601		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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		
	Grassroots nontaxable amount (ente	r 25% of line 1f)	100,150	
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 -	O- If line f is more than line c		

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.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

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		453,505	480,750	400,601	1,334,856	
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,002,284	
c	Total lobbying expenditures		31,559	159,005	97,138	287,702	
d	Grassroots non-taxable amount		113,376	120,188	100,150	333,714	
е 	Grassroots ceiling amount (150% of line d, column (e))					500,571	
f	Grassroots lobbying expenditures			87,562	1,050	88,612	

	edule C (Form 990 or 990-EZ) 2008 rt II-B To be completed by or					ed F		age 3
	5768 (election under s	ection 501(h)). (See the	instructions for Schedule C for					
				(;	a)		(b)	
				Yes	No	A	moun	it
1	During the year, did the filing organizati legislation, including any attempt to infl referendum, through the use of							
а	Volunteers?							
Ь	Paid staff or management (include comp	pensation in expenses reported	on lines c through i)?					
С	Media advertisements?							
d	Mailings to members, legislators, or the	•						
е	Publications, or published or broadcast	statements?				<u> </u>		
f	Grants to other organizations for lobbyi	ng purposes?						
g	Direct contact with legislators, their sta	affs, government officials, or a l	egislative body?					
h	Rallies, demonstrations, seminars, conv	ventions, speeches, lectures, o	r any other means?					
i	Other activities If "Yes," describe in P	art IV						
j	Total lines 1c through							
2a	1: Did the activities in line 1 cause the org	anization to be not described i	n section 501(c)(3)?		1 1	1		
	If "Yes" enter the amount of any tax inc		, , ,					
	If "Yes" enter the amount of any tax inc		s under section 4912					
	If the filing organization incurred a sect	· -						
	rt IIII-A To be completed by all			ction	501(c)(5)	. or	
		the instructions for Schedi						
1	Were substantially all (90% or more) du	use recoved pendeductible by	mambara?			1	Yes	No
2	Did the organization make only in-house	·			-	2		
3	Did the organization make only in-nous				F	3		
	rt IIII-B To be completed by all			ction	F01/c			
	section 501(c)(6) if BO question 3 is answered	TH Part III-A, questions I "Yes." (See the instruction	1 and 2 are answered "No" ons for Schedule C for details.)	OR if	f Part			
1	Dues, assessments and similar amount				1 \$			
2	Section 162(e) non-deductible lobbying expenses for which the section 527(f		not include amounts of political	'				
а	Current Year	, un was paraj.			2a \$			
	Carryover from last year			Ī	2b\$			
С	Total			ŀ	2c \$			
3	Aggregate amount reported in section 6	033(e)(1)(A) notices of nonde	ductible section 162(e) dues	f	3 \$			
4	If notices were sent and the amount on	line 2c exceeds the amount on	line 3, what portion of the excess	ŀ				
	does the organization agree to carryove	r to the reasonable estimate of	nondeductible lobbying and politic					
	expenditure next year?			-	4 \$			
5	Taxable amount of lobbying and politica		nus 3 and 4)		5 \$			
	art IV Supplemental Informa							
	implete this part to provide the descriptions, complete this part for any additional in		Part I-B, line 4, Part I-C, line 5, and	l Part I	I-B, line	11		
	Ident if ier	Return Reference	Explana	tion				

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

DLN: 93493307005159

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

Supplemental Financial Statements

► 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 **Employer identification number** UNIVERSAL HEALTH CARE FNDTN OF CT INC 06-1590060 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 Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 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,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

Cat No 52283D

following amounts required to be reported under SFAS 116 relating to these items

-\$

	Organizations Maintaining Co	•			•			ntinued)
3	Using the organization's accession and other items (check all that apply)	er records, check any of th	ne fol	lowing that are	a significant u	se of its collection	1	
а	Public exhibition	d	Γ	Loan or exch	ange programs			
ь	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's c	collections and explain ho	w the	v further the o	rganization's ex	empt purpose in		
•	Part XIV	onections and explain no	** ****	y farefiel the of	rgumzation 5 cx	empt parpose m		
5	During the year, did the organization solicit						Yes	□ No
Dan	assets to be sold to raise funds rather than Trust, Escrow and Custodial	· · · · · · · · · · · · · · · · · · ·						
1 41	Part IV, line 9, or reported an a				inzacion answ	erea res to re	,, ,,, ,	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	dian or other intermediary	forc	ontributions o	r other assets r		Yes	┌ No
b	If "Yes," explain why in Part XIV and compl	ete the following table						
						A mou	int	
С	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	form 990, Part X, line 21?				Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI	V						
Pai	rt V Endowment Funds. Complete							
		(a)Current Year (b) Prior	Year (c)Two	Years Back (d)	hree Years Back (e)Four Y	ears Back
1a	Beginning of year balance							
Ь	Contributions							
С	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g g	End of year balance							
2	Provide the estimated percentage of the year	ar end balance held as						
a	Board designated or quasi-endowment	ar ena paramee nera as						
Ь	Permanent endowment -							
c 3a	Term endowment ► Are there endowment funds not in the posse	assion of the organization	that	are held and a	iministered for	the		
Ja	organization by	ession of the organization	tilat	are nela ana at	anninstered for	uiie	Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" to 3a(II), are the related organization	ons listed as required on S	Sched	dule R?		3b		
4	Describe in Part XIV the intended uses of t							
Par	t VI Investments—Land, Building	s, and Equipment. S	See F	orm 990, Pa	rt X, line 10.			
	Description of investment			a) Cost or other isis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a	Land					,		
b	Buildings							
c	Leasehold improvements				57,387	12,125		45,262
d	Equipment				117,674	72,401		45,273
	Other				154,443	·		101,687
Tota	I. Add lines 1a-1e <i>(Column (d) should equal F</i>	Form 990, Part X, column (B,), line	10(c).)		▶		192,222
Tota	I. Add lines 1a-1e (Column (d) should equal F	Form 990, Part X, column (B,), line	? 10(c).)		► Schedule D (F	orm 9	•

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation · year market value
Financial derivatives and other financial products			
Closely-held equity interests			
<u>O ther</u>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	28,239,637		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(-,	(-,	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part X	I ·		
(a) Description of Liability	(b) A mount		
Federal Income Taxes		-	
Rounding	1	-	
		-	
		-	
		-	
		1	
		1	
		1	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	1]	

Part	XI Reconciliation of C	<u>hange in Net Assets from Fori</u>	m 990 to Financial Statem	ents	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)		1	-832,810
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2	4,694,825
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	-5,527,635
4	Net unrealized gains (losses) o	n investments		4	-12,402,110
5	Donated services and use of fa	cilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lir	nes 4 - 8		9	-12,402,110
10		per financial statements Combine line	s 3 and 9	10	-17,929,745
Part		evenue per Audited Financial		per Ret	
1		r support per audited financial stateme		. 1	-13,234,920
2		it not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a -12,402,11	o	
b	Donated services and use of fa	acılıtıes	. 2b		
c	Recoveries of prior year grants	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines 2a through 2d .			2e	-12,402,110
3	Subtract line 2e from line 1 .			3	-832,810
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines 4a and 4b			4c	
5	Total Revenue Add lines 3 and	d 4c. (This should equal Form 990, Par	t I, line 12)	5	-832,810
Part	XIII Reconciliation of E	xpenses per Audited Financia	l Statements With Expense	es per R	eturn
1	Total expenses and losses per	r audited financial statements		1	4,694,825
2	A mounts included on line 1 bu	it not on Form 990, Part IX, line 25			
а	Donated services and use of fa	acılıtıes	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 ${f 2e}$ from line ${f 1}$.			3	4,694,825
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)		. 4b		
c	Add lines 4a and 4b			4c	
5		nd 4c. (This should equal Form 990, Pa	rt I, line 18)	5	4,694,825
Part	XIV Supplemental Inf	ormation			
		scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part XI		Part XIV , I	ines 1b and 2b,
	Ident if ier	Return Reference	Explana	at ion	

Part XIV Supplemental Information(continued)							
Ident if ier	Return Reference	Explanation					
	-						
	-						
	ļ						

Schedule D (Form 990) 2008

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Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493307005159

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Open to Public Inspect ion

Name of the organization						Employer identi	fication number
UNIVERSAL HEALTH CARE F	NDTN OF CT INC					06-1590060	
Part I General Infor	mation on Gra	nts and Assistanc	е			•	
	ed to award the gra	ints or assistance?			gibility for the grants or ass		√ Yes ┌
Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that rec itional space is	eived more than \$5,0	000. Check this box	tes. Complete if the orgif no one recipient rece	ived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of seconganizations		_			<u> </u>		22
					·		•4

Part III	Grants and Other Assistance to Individuals in the United States.	Complete if the organiza	tion answered	"Yes" on Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	,		,	•

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		THE FOLLOWING STEPS ARE USED TO MONITOR THE USE OF GRANT FUNDS STEP 1 - A LETTER OF INTEREST INTAKE OR APPLICATION IS FILLED OUTSTEP 2 - MONTHLY PROGRAM TEAM MEETS TO DISCUSS IF GRANT WILL MEET THE FOUNDATIONS MISSION, START THE GRANT PAPERWORK PROCESS THEN THE PROGRAM TEAM RECOMMENDS TO THE PROGRAM COMMITTEE STEP 3 - QUARTERLY THE PROGRAM COMMITTEE MEETS TO REVIEW PROGRAM TEAM RECOMMENDATIONS AND DECIDE WHAT TO RECOMMEND TO THE BOARD STEP 4 - QUARTERLY THE BOARD APPROVES GRANTSSTEP 5 - THE GRANTEE MUST COMPLETE BOTH AN INTERIM AND FINAL REPORT AND SUBMIT TO UHCF

Software ID: 08000091

Software Version: 2008v2.7

EIN: 06-1590060

Name: UNIVERSAL HEALTH CARE FNDTN OF CT INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	137	(h) Purpose of grant or assistance
University of Hartford200 Bloomfield Avenue West Hartford, CT 06117	06-0731360	501(c)(3)	10,000	0			Public Health Research
United Food & Commercial Workers Union290 Post Road West Westport, CT 06880	06-0605499	501(c)(5)	40,000	0			Work within labor for Healthcare4every1
United CT Action For Neighborhoods20-28 Sargeant Street Hartford, CT 06105	06-1582994	501(c)(3)	140,000	0			Coordinate activities for Healthcare4every1
United Action Connecticut 381 Main Street Middletown, CT 06457	06-1525092	501(c)(3)	50,000	0			Educate about health care access and disparities
SEIU CT State Council77 Huyshoppe Avenue Hartford,CT 06106	06-1500069	501(c)(5)	50,000	0			Work within labor for Healthcare4every1
Progressive America Fund2- 4 Nevins Street Brooklyn,NY 06511	13-3885314	501(c)(3)	50,000	0			Educate people about universal health care
Opportunity Agenda The568 Broadway New York, NY 10012	94-3213100	501(c)(3)	10,000	0			Technical Assistance adressing health disparities
Online Journalism Project 493 Central Avenue New Haven, CT 06515	20-3296979	501(c)(3)	35,000	0			Expand coverage of health reform issues
Meriden Childrens First Initiative105 Miller Street Meriden, CT 06450	06-1626440	501(c)(3)	105,000	0			Increase local support for universal health care
Latinos for National Health Insurance268 East Broadway Suite A1304 New York, NY 10002	75-3241288	501(c)(3)	8,000	0			Web Expansion

Form 990,Schedule I,	Part II, Gra	nts and Other A	ssistance to Gov	ernments and (Organizations in	the United State	es
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
John J Driscoll United Labor Agency56 Town Line Road Rocky Hill, CT 06067	06-0987695	501(c)(3)	50,000	0			Educate about universal health care
Greater New Haven Business & Professiona 192 Dixwell Avenue New Haven, CT 06511	06-0847657	501(c)(3)	20,000	0			Expand outreach to minority business associations
Eastern AHEC Inc1 Sylvandale Road Jewett City, CT 06351	06-1447939	501(c)(3)	7,800	0			To educate constituents about health care reform
CT Legal Services Inc62 Washington Avenue Middletown, CT 06457	06-0955461	501(c)(3)	20,000	0			Inform residents nonprofits & policymakers about health care
CT Center for Patient Safety26 West Woodland Drive Redding, CT 06896	20-1517678	501(c)(3)	10,000	0			To support Patient Safety
CT Association for Human Services110 Bartholomew Avenue Suite 4030 Hartford, CT 06106	06-0653158	501(c)(3)	40,000	0			A chieving universal health care
Connecticut State Conference NAACP32 Grand Street Hartford, CT 06106	33-1031249	501(c)(3)	30,000	0			Support the Office of Minority Health
Connecticut Health Policy Project703 Whitney Avenue New Haven, CT 06511	06-1550778	501(c)(3)	75,000	0			Monitor and report on health care reform
Connecticut Citizens Research Group30 Arbor Street Suite 6N Hartford, CT 06106	06-0889894	501(c)(3)	295,000	0			Build healthcare reform support
Connecticut Center for a New Economy425 College Street New Haven, CT 06511	06-1582994	501(c)(3)	110,000	0			Work within labor for Healthcare4every1

Form 990,Schedule I	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Christian Community Action168 Davenport Avenue New Haven, CT 06519	06-0841885	501(c)(3)	36,663	0			Develop leadership & work with disenfranchised	
Christian Activities Council47 Vine Street Hartford, CT 06112	06-0689693	501(c)(3)	60,000	0			Build Health Care Reform Support	
Capital Region Conference of Churches 60 Lorraine Street Hartford, CT 06105	06-0693695	501(c)(3)	60,000	0			Expand education & outreach programs on universal healthcare	
Bridgeport Child Advocacy Coalition2470 Fairfield Avenue Bridgeport, CT 06605	55-0823238	501(c)(3)	75,000	0			Build support for Healthcare4every1	
A merican Federation of Teachers 35 Marshall Road Rocky Hill, CT 06067	06-6069203	501(c)(5)	50,000	0			Educate members through Internet Outreach	
A mer Fed State County & Muni Emp CT444 Main Street New Britain, CT 06051	06-0797646	501(c)(5)	50,000	0			Coordinate Healthcare4every1	

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As Filed Data -

DLN: 93493307005159

Schedule J

Compensation Information

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.

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization
UNIVERSAL HEALTH CARE FNDTN OF CT INC

Employer identification number

06-1590060

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
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			
	First class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		<u> </u>
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?	2		
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			
	Compensation committee ✓ Written employment contract			
	▼ Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	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			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νο
	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	7		Νο
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	8		Νο

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-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JUAN FIGUEROA (I					28,955	200,421	
(ii)						
(i)) -						
(ii)						
(i)							
(ii)						
(i)							
(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

Ident if ier	Return Reference	Explanation
-		
	·	

Software ID: 08000091

Software Version: 2008v2.7

EIN: 06-1590060

Name: UNIVERSAL HEALTH CARE FNDTN OF CT INC

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

Ident if ier	Ret urn Reference	Explanat ion
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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.

2008
Open to Public Inspection

Service
Name of the organization
UNIVERSAL HEALTH CARE FNDTN OF CT INC

SCHEDULE 0

(Form 990)

Department of the

Internal Revenue

Treasury

Employer identification number

06-1590060

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	APPLICABLE DOCUMENTS ARE MADE AVAIALBLE UPON WRITTEN REQUEST TO UHCF AND ARE MADE AVAILABLE BASED ON CURRENT REGULATIONS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	,	Outside consultant was retained to perform comparison analysis for all permanent positions in 2008

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Conflict of Interest ProcessAnnually all Officers, Directors and Key Employees fill out Statement of Affiliation and Conflict of Interest Disclosure Form

ldentifier	Return Reference	Explanation
Form 990, Part VI,	Form 990, Part VI, Line 10 Form 990	THE FORM WAS REVIEWED BY MEMBERS OF THE AUDIT COMMITTEE
Line 10	Review Process	BEFORE IT WAS FILED

ldentifier	Return Reference	Explanation				
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The Member appoints the Board of Directors				

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 6		The Member CT HEALTH ADV AND RESEARCH TRUST is the Corporate Parent

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 CONVENING

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Department of the Treasury Internal Revenue Service Open to Public Inspection

Name of the organization UNIVERSAL HEALTH CARE FNDTN OF CT INC				Employer identification number			
ONIVERSAL HEALTH CARE FROM OF CT INC				06-1590060			
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 Ei	(E) nd-of-year assets	(F) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiza	tions						
(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 sta (if section 501(c)	(F) Itus Direct controlling (3)) entity		
CT HEALTH ADV AND RESEARCH TRUST 290 PRATT STREET MERIDEN, CT06450 06-1586391	RESEARCH, DEVELOPMENT 8 EDUCATION DEDICATED TO HEALTH CARE	СТ	501(C)(3)	509(a)(1)	N/A		

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
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Pel	τν	Transactions with Related Organizations				
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	s No
1 Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	s with one or more related organizations listed in Parts II-	IV?		T
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	ity		1a	No
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No
d	Loans	or loan guarantees to or for other organization(s)			1d	No
e	Loans	or loan guarantees by other organization(s)			1e	No
f	Sale o	f assets to other organization(s)			1f	No
g	Purch	ase of assets from other organization(s)		<u>:</u>	1g	No
h	Excha	nge of assets		<u>:</u>	1h	No
i 1	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1j	No
k	Perfor	mance of services or membership or fundraising solicitations for other org	anızatıon(s)	<u>:</u>	1k	No
1 1	Perforr	nance of services or membership or fundraising solicitations by other orga	anization(s)		11	No
m	Sharın	g of facilities, equipment, mailing lists, or other assets		<u>:</u>	1m	No
n	Sharır	ng of paid employees		<u>:</u>	1n	No
o	Reımb	ursement paid to other organization for expenses		<u> </u>	10	No
р	Reımb	ursement paid by other organization for expenses		<u> </u>	1p	No
q	Other	transfer of cash or property to other organization(s)		<u> </u>	1q	No
r	O ther	transfer of cash or property from other organization(s)		Ĺ	1r	No
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsl	nips and transaction thresholds		
		(A)	(B) Transaction	(C)		
		Name of other organization(s)	type(a-r)	Amount Involved		
(1)						
(2)						
<u> </u>						
(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

									_									
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No								
			•	•		•		Cabadul	D / Form									