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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

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
FLETCHER ALLEN HEALTH CARE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
111 COLCHESTER AVENUE

City or town, state or country, and ZIP + 4
BURLINGTON, VT 05401

D Employer identification number
03-0219309

E Telephone number
(802) 847-1800

G Gross receipts $ 1,077,612,806

F Name and address of Principal Officer
DR MELINDA ESTES
111 COLCHESTER AVENUE
BURLINGTON, VT 05401

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

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

H(c) Group Exemption Number ▶

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

J Web site: ▶ WWW FLETCHERALLEN ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1968

M State of legal domicile VT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE BY INTEGRATING PATIENT CARE, EDUCATION, AND RESEARCH IN A CARING ENVIRONMENT

2 Check this box ☐ 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	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	7,341
6	Total number of volunteers (estimate if necessary)	6	755
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	6,129,110
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,544,106	3,332,977
9	Program service revenue (Part VIII, line 2g)	772,921,233	836,239,559
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-5,829,867	-5,437,398
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,444,749	698,409
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	785,080,221	834,833,547
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	116,000	434,655
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)	437,130,504	493,823,917
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 1,455,363)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	340,644,937	325,308,400
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	777,891,441	819,566,972
19	Revenue less expenses Subtract line 18 from line 12	7,188,780	15,266,575

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	896,732,900	927,039,341
21	Total liabilities (Part X, line 26)	555,074,517	585,891,518
22	Net assets or fund balances Subtract line 21 from line 20	341,658,383	341,147,823

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

****** | 2010-08-13
Signature of officer | Date

ROGER DESHAIES CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Brian D Todd	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD LLP 910 E ST LOUIS 200/PO BOX 1190 SPRINGFIELD, MO 658062523			EIN ▶ Phone no ▶ (417) 865-8701

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

See Additional Data Table

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

4a (Code) (Expenses $ 213,257,707 including grants of $ 127,354) (Revenue $ 243,222,361)

INPATIENT SERVICES FOR MORE INFORMATION, SEE SCHEDULE O

4b (Code) (Expenses $ 289,681,118 including grants of $ 172,993) (Revenue $ 330,383,959)

OUTPATIENT SERVICES FOR MORE INFORMATION, SEE SCHEDULE O

4c (Code) (Expenses $ 224,903,180 including grants of $ 134,308) (Revenue $ 256,504,129)

PROFESSIONAL SERVICES FOR MORE INFORMATION, SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 727,842,005 *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	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	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		
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*	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," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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*	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		No
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		No
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	Yes	
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	Yes	
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	Yes	
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	Yes	
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	Yes	
b	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		No
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			
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*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
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*	**28c**	Yes	
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? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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**	Yes	
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**	Yes	
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**		No
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

Part 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	547		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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 return	2a	7,341		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	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		Yes	
b	If "Yes," enter the name of the foreign country BD See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

			Yes	No
	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.			
1a	Enter the number of voting members of the governing body . .	1a 18		
b	Enter the number of voting members that are independent . .	1b 12		
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	Yes	
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4	Yes	
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		No
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		
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		No

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

ROGER DESHAIES
111 COLCHESTER AVENUE
BURLINGTON, VT 05401
(802) 847-1800

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

(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	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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 ▶								7,508,650	275,993	757,989

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 381

			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**	Yes	
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*	**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
CTR FOR DONATION AND TRNSPLNT	LABORATORY	1,138,500
DINSE KNAPP AND MCANDREW PC	LEGAL CONSULTING	1,108,365
UNIVERSITY OF VERMONT	TECHNICAL	1,287,395
MEDIQUE USA	MEDICAL SUPPLIER	1,793,569
MAYO MEDICAL LABS	LABORATORY	2,056,348

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 41

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 332,521				
	d	Related organizations 1d 207,810				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,792,646				
	g	Noncash contributions included in lines 1a-1f $ 14,146				
	h	**Total (Add lines 1a-1f)** ▶	3,332,977			
Program Service Revenue		Business Code				
	2a	PATIENT SERVICES	900,099	804,168,268	804,168,268	
	b	PATIENT SERVICES - PHARMACY	446,110	13,885,016	13,013,016	872,000
	c	PREMIUM REVENUE	900,099	4,604,299	4,604,299	
	d	CAFETERIA	722,210	2,744,350	2,744,350	
	e	COFFEE SHOP	722,210	1,574,679	1,574,679	
	f	All other program service revenue		9,262,947	4,005,837	5,257,110
	g	**Total. Add lines 2a-2f** ▶ $ 836,239,559				
	3	Investment income (including dividends, interest other similar amounts) ▶	6,228,392			6,228,392
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents: 1,058,435 /				
	b	Less rental expenses: 303,527 /				
	c	Rental income or (loss): 754,908 /				
	d	Net rental income or (loss) ▶	754,908			754,908
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 230,708,000 / 4,691				
	b	Less cost or other basis and sales expenses: 242,370,507 / 7,974				
	c	Gain or (loss): -11,662,507 / -3,283				
	d	Net gain or (loss) ▶	-11,665,790			-11,665,790
	8a	Gross income from fundraising events (not including $ 40,752 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a 332,521				
	b	Less direct expenses b 97,251				
	c	Net income or (loss) from fundraising events ▶	-56,499			-56,499
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
Other Revenue		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 0				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	834,833,547	830,110,449	6,129,110	-4,738,989

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	331,996	331,996		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	102,659	102,659		
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	4,255,431		4,255,431	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	498,196	357,812	140,384	
7	Other salaries and wages	395,423,628	353,641,780	140,384	10,628
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,638,480	21,955,270	682,428	782
9	Other employee benefits	44,335,127	41,631,812	2,701,830	1,485
10	Payroll taxes	26,673,055	25,002,717	1,669,449	889
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,594,138		1,594,138	
c	Accounting	516,432		516,432	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	28,829,426	22,295,105	6,524,775	9,546
12	Advertising and promotion	1,218,453	107,462	1,110,991	
13	Office expenses	133,760,831	132,032,383	1,726,257	2,191
14	Information technology	7,415,617	3,077,903	4,337,714	
15	Royalties . .	0			
16	Occupancy	10,649,896	8,017,032	2,612,244	20,620
17	Travel	2,953,192	1,698,524	1,254,668	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	2,746,603	2,319,315	427,258	30
20	Interest	20,483,774	17,891,698	2,541,468	50,608
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	37,672,716	32,932,835	4,647,339	92,542
23	Insurance	14,915,281	12,995,458	1,915,480	4,343
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	DUES & SUBSCRIPTIONS	601,151	327,971	273,173	7
b	RECRUITMENT	718,160	508,773	209,387	
c	NON-OPERATING FUNDRAISING EXP	1,229,750			1,229,750
d	BAD DEBT	20,461,612	20,461,612		
e	OTHER	39,541,368	30,151,888	9,357,538	31,942
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	819,566,972	727,842,005	90,269,604	1,455,363
26	**Joint Costs.** Check ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		-2,635,804	1	-1,179,996
	2	Savings and temporary cash investments		55,393,309	2	62,267,959
	3	Pledges and grants receivable, net		6,624,427	3	1,375,987
	4	Accounts receivable, net		99,101,757	4	104,051,580
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		857,742	7	2,228,213
	8	Inventories for sale or use		11,532,662	8	13,492,780
	9	Prepaid expenses and deferred charges		25,404,228	9	32,808,164
	10a	Land, buildings, and equipment cost basis	10a 718,563,226			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 282,050,946	423,811,176	10c	436,512,280
	11	Investments—publicly traded securities		229,524,286	11	236,533,889
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		37,067,276	13	23,550,577
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		10,051,841	15	15,397,908
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		896,732,900	16	927,039,341
Liabilities	17	Accounts payable and accrued expenses		88,582,548	17	102,486,332
	18	Grants payable		9,765,320	18	8,731,842
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		423,785,534	20	416,154,407
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,196,145	23	2,327,864
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		30,744,970	25	56,191,073
	26	**Total liabilities.** *Add lines 17 through 25*		555,074,517	26	585,891,518
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		303,898,766	27	302,162,026
	28	Temporarily restricted net assets		11,493,567	28	13,957,185
	29	Permanently restricted net assets		26,266,050	29	25,028,612
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		341,658,383	33	341,147,823
	34	Total liabilities and net assets/fund balances		896,732,900	34	927,039,341

Part XI Financial Statements and Reporting

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

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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

2008

Open to Public Inspection

Name of the organization
FLETCHER ALLEN HEALTH CARE

Employer identification number
03-0219309

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 331/3% 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 331/3% 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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(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 ▶

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 ▶

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 ▶

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 ▶

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 ▶

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** (Substract 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 and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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
FLETCHER ALLEN HEALTH CARE	03-0219309

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.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

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.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b 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.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 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

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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? ☐ **Yes** ☑ **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) Yes	(a) No	(b) 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)?	Yes		
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		33,560
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		97,192
j	Total lines 1c through 1i			130,752
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 ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
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 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING ACTIVITY	SCHEDULE C, PART II-B	FLETCHER ALLEN REGULARLY MONITORS THE WORK OF THE VERMONT STATE LEGISLATURE TO IDENTIFY ISSUES THAT DIRECTLY AFFECT THE ORGANIZATION AND PERIODICALLY WORKS DIRECTLY WITH STATE LEGISLATORS TO ADVOCATE ON PARTICULAR ISSUES STAFF EXPENDITURES ASSOCIATED WITH THESE ACTIVITIES ARE REPORTED TO THE STATE THREE TIMES A YEAR AS REQUIRED BY VERMONT LOBBYIST DISCLOSURE LAWS STAFF ALSO WORK DIRECTLY WITH OUR CONGRESSIONAL DELEGATION (TWO SENATORS AND ONE REPRESENTATIVE) ON SPECIFIC PIECES OF LEGISLATION THAT IMPACT THE ORGANIZATION THESE EXPENSES ARE REPORTED ON LINE G THE ORGANIZATION ALSO BELONGS TO MEMBER ORGANIZATIONS (INCLUDING THE AMERICAN HOSPITAL ASSOCIATION AND THE VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS) THAT IN TURN HAVE LOBBYING EXPENSES THE PORTION OF DUES ASSOCIATED WITH THOSE ACTIVITIES IS REPORTED ON LINE I

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FLETCHER ALLEN HEALTH CARE

Employer identification number
03-0219309

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 importantly 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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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
c 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 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	22,578,923				
b Contributions	142,738				
c Investment earnings or losses	805,381				
d Grants or scholarships	4,784				
e Other expenditures for facilities and programs	724,121				
f Administrative expenses					
g End of year balance	22,798,137				

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 69 %
- c Term endowment ▶ 31 %

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?	3b		

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		8,015,949		8,015,949
b Buildings		470,281,310	144,676,663	325,604,647
c Leasehold improvements		35,119,444	21,579,238	13,540,206
d Equipment		178,684,309	108,238,653	70,445,656
e Other		26,462,214	7,556,392	18,905,822
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				436,512,280

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

(a) Description of security or cateory (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		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENTS IN RELATED	23,550,577	F
BEN INT IN PERP TRUST		F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
CASH SURRENDER VALUE LIFE INS	1,672,565
DUE FROM FAHV	3,875
DUE FROM VMC	4,053,616
DUE FROM VHV	64,327
DUR FROM FAMG	213,968
OTHER ASSETS	561
BENFICIAL INT IN PERP TRUST	9,388,996
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ESTIMATED 3RD PARTY BILLINGS	15,237,211
SWAP LIABILITY	8,119,390
DUE TO VMCIC	1,501,315
PENSION OBLIGATION	30,337,380
ASSET RETIREMENT OBLIGATION	995,777
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	56,191,073

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
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	
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			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

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
ENDOWMENT FUNDS	SCHEDULE D, PART V, QUESTION 4	THE FUNDS, AND ALL NET EARNINGS IN ADDITION THERETO, ARE HELD TO BENEFIT CHARITY, EDUCATION, RESEARCH AND CHILDREN'S PROGRAMS

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FLETCHER ALLEN HEALTH CARE

Employer identification number
03-0219309

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance . . . . . ☐ Yes ☑ No

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

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean	0	1	Program Services	CAPTIVE INSURANCE	5,343,611
Totals . . . . . ▶	0	1			5,343,611

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

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

Identifier	ReturnReference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FLETCHER ALLEN HEALTH CARE

Employer identification number
03-0219309

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** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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 BIG CHNG RND-UP (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	179,470	101,311	92,492	373,273
	2 Less Charitable contributions	179,470	83,263	69,788	332,521
	3 Gross revenue (line 1 minus line 2)		18,048	22,704	40,752
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes		3,318	190	3,508
	6 Rent/Facility costs		14,240	3,758	17,998
	7 Other direct expenses	25,246	20,683	29,816	75,745
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				97,251
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-56,499

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	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?	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 ▶ _____		
	☐ Director/officer ☐ Employee ☐ 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 ▶ $		

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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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FLETCHER ALLEN HEALTH CARE

Employer identification number
03-0219309

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

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
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 _____%	3a		
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 _____%	3b		
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"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
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 eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

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

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
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 3			
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			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
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

Section C—Collection Practices

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

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(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)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
See Additional Data Table									

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 communites served

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

Form 990 Schedule H, Part V - Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
REHAB OUTPATIENT CENTER 101 COLCHESTER PARKWAY COLCHESTER,VT 05446									MEDICAL OFFICE
CENTER FOR PAIN MEDICINE 62 TILLEY DRIVE SOUTH BURLINGTON,VT 05403									MEDICAL OFFICE
COMMUNITY HEALTH IMPROVEMENT 199 MAIN STREET BURLINGTON,VT 05401									MEDICAL OFFICE

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FLETCHER ALLEN HEALTH CARE

Employer identification number
03-0219309

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMPLAIN INITIATIVE CO UNITED WAY OF CHITTENDEN412 FARRELL ST S BURLINGTON,VT 05403	03-0217229	501(C)(3)	40,000				COMMUNITY HLTH IMPROVEMENT
COMMUNITY HEALTH CENTER OF BURLINGTON 617 RIVERSIDE AVE BURLINGTON,VT 05401	23-7182584	501(C)(3)	167,996				COMMUNITY HLTH IMPROVEMENT
BURLINGTON SCHOOL DISTRICT DENTAL HEALTH PROGRAM150 COLCHESTER AVE BURLINGTON,VT 05401	03-6000410	115	10,000				COMMUNITY HLTH IMPROVEMENT
DIABETES EXERCISE PROGRAM - BURLINGTON YMCA266 COLLEGE STREET BURLINGTON,VT 05401	03-0185810	501(C)(3)	16,000				COMMUNITY HLTH IMPROVEMENT
UNITED WAY OF CHITTENDEN COUNTY412 FARRELL STREET S BURLINGTON,VT 05403	03-0217229	501(C)(3)	30,000				COMMUNITY HLTH IMPROVEMENT
VERMONT HEALTH FOUNDATION199 MAIN STREET BURLINGTON,VT 05401	03-0289111	501(C)(3)	23,900				COMMUNITY HLTH IMPROVEMENT
VERMONT ETHICS NETWORK65 MAIN STREET MONTPELIER,VT 056202951	03-0336174	501(C)(3)	6,600				COMMUNITY HLTH IMPROVEMENT
DOWNTOWN STREET OUTREACH - HOWARDCENTER INC300 FLYNN AVENUE BURLINGTON,VT 05401	03-0179433	501(C)(3)	31,000				COMMUNITY HLTH IMPROVEMENT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 8

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
NURSING SCHOLARSHIPS	21	79,750			
ALLIED HEALTH SCHOLARSHIPS	5	18,125			
ENDOWMENT SCHOLARSHIPS	5	4,784			

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

Identifier	Return Reference	Explanation
SCHOLARSHIP MONITORING	SCHEDULE I, PART I, QUESTION 2	THE ORGANIZATION BELIEVES STRICT APPLICATION AND APPROVAL CRITERIA FOR SCHOLARSHIP RECIPIENTS HELPS MAINTAIN THE INTEGRITY OF EACH RESPECTIVE AWARD NURSING SCHOLARSHIPS NURSING SCHOOL ASSISTANCE IS AWARDED TO APPLICANTS IN ORDER FOR THEM TO OBTAIN A DEGREE IN NURSING FOR THE APPLICANT TO QUALIFY FOR THE SCHOLARSHIP, HE/SHE MUST AGREE THAT THEY WILL USE IT TO HELP FURTHER FLETCHER ALLEN HEALTH CARE'S CHARITABLE STATUS THIS IS DONE BY HAVING THE APPLICANT COMMIT TO TWO YEARS OF SERVICE AT THE ORGANIZATION AFTER SUCCESSFUL COMPLETION OF THE DEGREE PROGRAM IN ADDITION, A WRITTEN PROPOSAL STATING HOW ATTAINMENT OF THE DEGREE WILL BENEFIT NURSING AT THE ORGANIZATION IS REQUIRED ALLIED HEALTH SCHOLARSHIPS ALLIED HEALTH SCHOLARSHIPS ARE AWARDED TO SUPPORT THE CAREER DEVELOPMENT OF FLETCHER ALLEN HEALTH CARE (FAHC) EMPLOYEES IN POSITION CATEGORIES WHERE CURRENT AND PROJECTED SHORTAGES EXIST FOR THE APPLICANT TO QUALIFY FOR THE SCHOLARSHIP, HE OR SHE MUST BE AN EMPLOYEE OF FAHC FOR ONE YEAR OR MORE, COMPLETE AN APPLICATION AND WRITTEN ESSAY, HAVE A HISTORY OF SOLID JOB PERFORMANCE, BE ACCEPTED INTO AN APPROVED ACADEMIC PROGRAM, AND PROVIDE TWO LETTERS OF RECOMMENDATION ONCE THE SCHOLARSHIP IS AWARDED, RECIPIENTS MUST SIGN AN AGREEMENT TO WORK FOR FAHC FOR A MINIMUM OF THREE YEARS UPON GRADUATION, TAKE A MINIMUM OF SIX CREDIT HOURS EACH SEMESTER, MAINTAIN HIGH GRADES, AND WORK A MINIMUM OF 20 HOURS PER WEEK SCHOLARSHIPS FROM THE NURSING EDUCATION ENDOWMENT FUND AND THE MARY FLETCHER HOSPITAL SCHOOL OF NURSING ALUMNI FUND ASSISTANCE FROM THE NURSING EDUCATION ENDOWMENT FUND IS AWARDED TO ELIGIBLE APPLICANTS GOING INTO THE NURSING FIELD APPLICANTS MUST BE EMPLOYED AT LEAST TWO YEARS AT FAHC, WORK AT LEAST 40 HOURS PER PAY PERIOD, ENROLLED IN A NURSING CERTIFICATE, DEGREE OR DOCTORATE PROGRAM, AND CURRENT EMPLOYEES IN GOOD STANDING WITH NO CURRENT DISCIPLINARY ACTION ON THEIR FILE DECISION TO APPROVE FUNDING IS BASED ON THE APPLICANTS COMPLETED APPLICATION FORM, TWO LETTERS OF RECOMMENDATION, AND COMMITMENT TO TWO YEARS OF SERVICE AT FAHC AFTER SUCCESSFUL COMPLETION OF THE DEGREE ASSISTANCE FROM THE MARY FLETCHER HOSPITAL SCHOOL OF NURSING ALUMNI FUND IS ALSO AWARDED TO ELIGIBLE APPLICANTS GOING INTO THE NURSING FIELD APPLICANTS MUST BE ENROLLED IN EITHER A FORMAL OR CONTINUING EDUCATION PROGRAM RELATED TO SOME ASPECT OF HEALTH CARE (FOR EXAMPLE, HOLISTIC NURSING, CHILD-BIRTH EDUCATION, CHEMICAL DEPENDENCY, NURSE PRACTITIONER) IN ADDITION, APPLICANTS MUST MEET THE FOLLOWING REQUIREMENTS BE EMPLOYED BY FLETCHER ALLEN HEALTH CARE FOR AT LEAST ONE YEAR, AND PROVIDE A COMPLETED APPLICATION FORM, RESUME, WRITTEN ESSAY AND TWO LETTERS OF RECOMMENDATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FLETCHER ALLEN HEALTH CARE

Employer identification number
03-0219309

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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**		No
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**	Yes	
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 ☑ Compensation survey or study ☐ 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			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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**	Yes	
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**	Yes	

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				
DR MELINDA ESTES	(i)	825,852	244,829	649,379	192,112	24,276	1,936,448	
	(ii)	0					0	
ROGER DESHAIES	(i)	295,035	163,028	67,341	43,892	13,995	583,291	
	(ii)	0					0	
TIMOTHY MCVEY	(i)	36,520	6,048	108,869	2,590	2,285	156,312	
	(ii)	0					0	
GARY CHAWK	(i)	47,994	25,000	337,517	0	2,467	412,978	
	(ii)	0					0	
ANGELINE MARANO	(i)	328,165	114,215	158,704	57,448	9,653	668,185	
	(ii)	0					0	
DR PAUL TAHERI	(i)	367,283	81,616	101,109	75,789	21,748	647,545	
	(ii)	0					0	
DR DENNIS VANE	(i)	0			0		0	
	(ii)	194,066	0	81,927	24,038	1,654	301,685	
SANDRA DALTON RN	(i)	302,665	61,016	72,065	59,100	9,898	504,744	
	(ii)	0					0	
DR JOHN BRUMSTED	(i)	352,872	64,389	145,308	44,668	20,912	628,149	
	(ii)	0					0	
DR KRISTEN DESTIGTER	(i)	602,903	7,427	43,054	16,100	22,044	691,528	
	(ii)	0					0	
DR BELA RATKOVITS	(i)	534,912	7,427	55,459	27,600	6,692	632,090	
	(ii)	0					0	
DR GRANT LINNELL	(i)	537,269	7,427	38,256	16,100	10,773	609,825	
	(ii)	0					0	
DR ANANT BHAVE	(i)	521,986	7,427	37,331	16,100	20,161	603,005	
	(ii)	0					0	
	(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

Identifier	Return Reference	Explanation
HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	SCHEDULE J, PART 1, QUESTION 1A	FLETCHER ALLEN HEALTH CARE PROVIDED DEFINED MOVING AND HOUSING ALLOWANCES TO THE FOLLOWING INDIVIDUALS, AS PART OF THEIR INITIAL EMPLOYMENT ALL AMOUNTS WERE INCLUDED AS PART OF THEIR TAXABLE INCOME ROGER DESHAIES - $11,220 SANDRA DALTON - $335 TIMOTHY MCVEY - $1,439
PERSONAL SERVICE COMPENSATION	SCHEDULE J, PART 1, QUESTIONS 1A, 1B & 2	THE FOLLOWING INDIVIDUALS RECEIVED COMPENSATION OF $1,400 TO COVER TAX PREPARATION AND FINACIAL ADVISORY SERVICES DR MELINDA ESTES ROGER DESHAIES DR PAUL TAHERI SANDRA DALTON, R N DR JOHN BRUMSTED TIMOTHY MCVEY GARY CHAWK ANGELINE MARANO WHILE THERE IS NO ORGANIZATION-WIDE WRITTEN POLICY REGARDING PAYMENT OF THE EXPENSES DESCRIBED ABOVE, THE AMOUNTS ARE INCLUDED IN THE RESPECTIVE INDIVIDUAL'S EMPLOYMENT CONTRACT WHICH IS DETERMINED THROUGH ANNUAL REVIEW (AS DISCUSSED IN SCHEDULE O) PERSONAL SERVICE COMPENSATION IS A FLAT AMOUNT (PER SERVICE TYPE) INCLUDED IN THE INDIVIDUAL'S RESPECTIVE W-2 AS TAXABLE INCOME NO REIMBURSEMENT IS MADE UNDER AN ACCOUNTABLE PLAN, THEREFORE, SUBSTANTIATION OF EXPENSE IS UNNECESSARY
SEVERANCE OR CHANGE OF CONTROL PAYMENT	SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE COMPENSATION TIMOTHY MCVEY - $93,602 GARY CHAWK - $327,095 ANGELINE MARANO - $110,880 EACH INDIVIDUAL SIGNED A SEPARATION AND RELEASE AGREEMENT PRIOR TO ENDING EMPLOYMENT WITH THE ORGANIZATION THE AGREEMENTS, WHICH WERE SIGNED BY BOTH THE RESPECTIVE INDIVIDUAL AND THE CHIEF HUMAN RESOURCES OFFICER, CONFIRMED SEVERANCE COMPENSATION AND BENEFITS, ALONG WITH GENERAL PROVISIONS TO BE MET UPON ENDING EMPLOYMENT
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, QUESTION 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN AND/OR RECEIVED PAYMENT FROM A NONQUALIFIED 457(F) PLAN THE 457F PLAN IS TAX-SHELTERED OPPORTUNITY TO DEFER COMPENSATION AND ACCUMULATE ADDITIONAL RETIREMENT INCOME ABOVE THE STATUTORY LIMITS VESTING IS ELECTED BY THE PARTICIPANT AND ANNUAL ENROLLMENTS ARE REQUIRED DR MELINDA ESTES - $487,288 TAXABLE PAYOUT, $88,282 DEFERRED COMP ROGER DESHAIES - $33,677 TAXABLE PAYOUT, $32,267 DEFERRED COMP DR PAUL TAHERI - $76,087 TAXABLE PAYOUT, $46,589 DEFERRED COMP SANDRA DALTON - $35,048 TAXABLE PAYOUT, $33,000 DEFERRED COMP DR JOHN BRUMSTED - $38,882 TAXABLE PAYOUT, $23,968 DEFERRED COMP ANGELINE MARANO - $37,548 DEFERRED COMP DR ESTES PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IT IS A TAX-DEFERRED BENEFIT IN WHICH DR ESTES WILL BECOME VESTED ON DECEMBER 31, 2013 AFTER DR ESTES BECOMES VESTED IN THE PLAN, THE AMOUNTS EARNED TO THAT POINT AND SUBSEQUENTLY ARE TAXED AND DISTRIBUTED
NON-FIXED PAYMENTS	SCHEDULE J, PART I, QUESTION 7	FLETCHER ALLEN PAID A LUMP-SUM INCENTIVE AWARD TO UPPER MANAGEMENT (DIRECTORS, VICE PRESIDENTS, PHYSICIAN CHAIRS AND SENIOR EXECUTIVES) THROUGH ITS ANNUAL SHORT-TERM INCENTIVE (STI) PLAN AS THE PLAN'S ORGANIZATIONAL PERFORMANCE MEASURES WERE MET THE MEASURES WERE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES THESE MEASURES INCLUDED QUALITY, OPERATIONAL AND HUMAN RESOURCES RELATED METRICS IN CALENDAR YEAR 2008, THE MONTHS OF JANUARY THROUGH SEPTEMBER FALL IN OUR FISCAL YEAR 2008, WHILE THE MONTHS OF OCTOBER THROUGH DECEMBER FALL IN OUR FISCAL YEAR 2009 IN FISCAL YEAR 2008, THE PRIMARY FINANCIAL MEASURE FOR ORGANIZATIONAL PERFORMANCE, WHICH WAS WEIGHTED AT APPROXIMATELY 20% AMONG THE VARIOUS METRICS, WAS OPERATING INCOME BEFORE INTEREST, DEPRECIATION, AND AMORTIZATION IN FISCAL YEAR 2009, THE PRIMARY FINANCIAL MEASURE FOR ORGANIZATIONAL PERFORMANCE WAS OPERATING MARGIN FLETCHER ALLEN'S FINANCE DEPARTMENT ACCRUES MONIES TO ENSURE IT CAN PAY THESE STI INCENTIVES IF FLETCHER ALLEN MEETS ITS ORGANIZATIONAL PERFORMANCE TARGETS
INITIAL CONTRACT EXCEPTION	SCHEDULE J, PART I, QUESTION 8	ROGER DESHAIES, CFO/TREASURER, COMMENCED EMPLOYMENT IN APRIL OF 2008 PURSUANT TO AN INITIAL CONTRACT
ADDITIONAL COMPENSATION INFORMTAION	SCHEDULE J, PART II	DR UPHOLD, A PHYSICIAN EMPLOYED BY FAHC, WAS COMPENSATED FOR HER ROLE AS AN EMPLOYEE OF THE ORGANIZATION, NOT FOR HER ROLE OF TRUSTEE MR LAPIERRE, AN EXECUTIVE ASSISTANT EMPLOYED BY FAHC, WAS COMPENSATED FOR HIS ROLE AS AN EMPLOYEE OF THE ORGANIZATION, NOT FOR HIS ROLE OF ASSISTANT SECRETARY
ADDITIONAL COMPENSATION INFORMATION	SCHEDULE J, PART II	DR JOHN BRUMSTED, CHIEF QUALITY OFFICER, WAS LISTED AS AN OFFICER IN THE PRIOR YEAR, HOWEVER, HIS RESPONSIBILITIES DID NOT FALL UNDER THE DEFINITION OF THOSE OF AN OFFICER HE WAS LISTED AS AN OFFICER IN ERROR LAST YEAR AS A RESULT, HE IS LISTED AS ONE OF THE TOP 5 HIGHEST COMPENSATED EMPLOYEES THIS YEAR INSTEAD OF A FORMER OFFICER

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FLETCHER ALLEN HEALTH CARE

Employer identification number
03-0219309

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	VERMONT ED AND HEALTH BLDGS FIN AGENCY	23-7154467	924166AQ4	01-25-2007	56,375,337	CONSTRUCT HEALTH CARE FACILITIES		X		X
B	VERMONT ED AND HEALTH BLDGS FIN AGENCY	23-7154467	924166CJ8	05-21-2008	215,386,067	REFUND BONDS ISSUED 4/15/2004		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
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					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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	Yes	No	Yes	No	Yes	No	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	Yes	No	Yes	No	Yes	No	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	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth 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?										

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FLETCHER ALLEN HEALTH CARE

Employer identification number
03-0219309

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
VERMONT GAS SYSTEMS	D GILBERT - SEE SCH O	2,390,432	NATURAL GAS		No
DINSE KNAPP MCANDREW	S KNAPP - SEE SCH O	1,095,969	LEGAL SERVICES PAID TO FIRM		No
DR HAROLD MORRIS III	SPOUSE OF CEO ESTES	109,821	WAGES		No
R ALLEN MEAD	SON OF TRUSTEE MEAD	163,599	WAGES		No
SARAH T DAYMON	DAUGHTER OF TTEE TRACY	40,587	WAGES		No
FOR ADDITIONAL PERSONS SEE SCHEDUL					No
See Additional Data Table					

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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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FLETCHER ALLEN HEALTH CARE

Employer identification number
03-0219309

Identifier	Return Reference	Explanation
NUMBER OF VOLUNTEERS	FORM 990, PART I, QUESTION 6	THE TOTAL NUMBER OF VOLUNTEERS INCLUDES NON-COMPENSATED MEMBERS OF THE BOARD OF TRUSTEES IN ADDITION, VOLUNTEERS WORK IN OVER 50 DEPARTMENTS TO SUPPORT THE WORK OF EMPLOYEES TO MEET PATIENT NEEDS AND ENHANCE THE PATIENT EXPERIENCE AT FLETCHER ALLEN

Identifier	Return Reference	Explanation
SALARIES, OTHER COMPENSATION AND EMPLOYEE BENEFITS	FORM 990, PART I, LINE 15	PER THE IRS INSTRUCTIONS, THE CURRENT YEAR INCLUDES PAYROLL TAX, HOWEVER, THE PRIOR YEAR DOES NOT IN THE PRIOR YEAR, PAYROLL TAXES WERE INCLUDED IN PART I, LINE 17

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT REPORT	FORM 990, PART III	FLETCHER ALLEN HEALTH CARE IS BOTH A COMMUNITY HOSPITAL AND, IN PARTNERSHIP WITH THE UNIVERSITY OF VERMONT, THE STATE'S ACADEMIC MEDICAL CENTER IT IS OUR MISSION TO IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE BY INTEGRATING PATIENT CARE, EDUCATION AND RESEARCH IN A CARING ENVIRONMENT IN ITS COMMUNITY HOSPITAL ROLE, FLETCHER ALLEN SERVES APPROXIMATELY 150,000 RESIDENTS IN CHITTENDEN AND GRAND ISLE COUNTIES AND PROVIDES PRIMARY CARE SERVICES AT NINE VERMONT SITES THE ORGANIZATION ALSO OFFERS FREE TO THE COMMUNITY A WIDE RANGE OF HEALTH, PREVENTION AND WELLNESS PROGRAMS, ALL OF WHICH HELP TO LIMIT THE NEED FOR MORE EXPENSIVE ACUTE CARE THROUGH A VITAL PARTNERSHIP, FLETCHER ALLEN HEALTH CARE, THE UNIVERSITY OF VERMONT COLLEGE OF MEDICINE AND THE COLLEGE OF NURSING AND HEALTH SCIENCES FORM VERMONT'S ACADEMIC MEDICAL CENTER - ONE OF JUST 129 SUCH CENTERS IN THE COUNTRY TOGETHER, THESE INSTITUTIONS ARE COMMITTED TO HELPING IMPROVE OUR REGION'S QUALITY OF LIFE WITH INNOVATIONS IN MEDICINE AND HEALTH CARE THAT ARISE FROM NEW KNOWLEDGE AND DISCOVERY THROUGH ITS ALLIANCE WITH THE UNIVERSITY OF VERMONT, FLETCHER ALLEN IS ABLE TO PROVIDE THE BEST PATIENT CARE POSSIBLE BY BRINGING MEDICAL EDUCATION AND RESEARCH TO THE BEDSIDE AND DOCTOR'S OFFICE AS A REGIONAL REFERRAL CENTER, FLETCHER ALLEN PROVIDES ADVANCED-LEVEL CARE TO A POPULATION OF ONE MILLION PEOPLE THROUGHOUT VERMONT AND NORTHERN NEW YORK THE MEDICAL CENTER EXTENDS BEYOND ITS FOUR MAIN CAMPUSES IN THE BURLINGTON AREA TO INCLUDE MORE THAN 30 PATIENT CARE SITES AND 100 OUTREACH CLINICS, PROGRAMS AND SERVICES THROUGHOUT THE REGION EACH OF THESE RESPONSIBILITIES IS EQUALLY IMPORTANT IN FULFILLING FLETCHER ALLEN'S MISSION 1 PATIENT CARE - SERVING A POPULATION OF ONE MILLION THROUGHOUT VERMONT AND NORTHERN NEW YORK, FLETCHER ALLEN PROVIDES A FULL RANGE OF SERVICES COVERING EVERY MAJOR AREA OF MEDICINE THE MEDICAL CENTER AVERAGES MORE THAN A MILLION PATIENT VISITS EACH YEAR, INCLUDING INPATIENT, OUTPATIENT, EMERGENCY DEPARTMENT AND PHYSICIAN OFFICE VISITS 2 EDUCATION - AS AN ACADEMIC MEDICAL CENTER, WE HAVE THE SPECIAL RESPONSIBILITY OF EDUCATING THE NEXT GENERATION OF DOCTORS, NURSES AND ALLIED HEALTH PROFESSIONALS THE VAST MAJORITY OF FLETCHER ALLEN DOCTORS NOT ONLY TAKE CARE OF PATIENTS, THEY ALSO TEACH MEDICAL STUDENTS THROUGH THEIR POSITIONS AS MEMBERS OF THE UNIVERSITY OF VERMONT COLLEGE OF MEDICINE FACULTY A NUMBER OF FLETCHER ALLEN NURSES AND ALLIED HEALTH PROFESSIONALS ALSO TEACH AT THE UNIVERSITY OF VERMONT COLLEGE OF NURSING AND HEALTH SCIENCES FLETCHER ALLEN HEALTH CARE SERVES AS THE CLINICAL TRAINING SITE FOR THE APPROXIMATELY 400 MEDICAL STUDENTS AND 550 NURSING AND ALLIED HEALTH STUDENTS WHO ATTEND THE UNIVERSITY OF VERMONT ADDITIONALLY, FLETCHER ALLEN IS THE TRAINING SITE FOR APPROXIMATELY 280 RESIDENTS - PHYSICIANS WHO HAVE GRADUATED FROM MEDICAL SCHOOL AND ARE COMPLETING THE ADDITIONAL CLINICAL TRAINING REQUIRED FOR THEIR AREA OF CARE PATIENTS BENEFIT FROM HAVING RESIDENTS, MEDICAL STUDENTS AND NURSING AND ALLIED HEALTH STUDENTS AS PART OF THEIR CARE TEAM 3 RESEARCH - A CORE MISSION OF THE ACADEMIC MEDICAL CENTER IS TO ADVANCE MEDICAL KNOWLEDGE THROUGH RESEARCH, SO IN ADDITION TO TEACHING AND TRAINING, MANY OF OUR PHYSICIANS, NURSES AND OTHER PROVIDERS ENGAGE IN BIOMEDICAL RESEARCH, SEEKING NEW CURES AND MORE EFFECTIVE TREATMENTS THERE ARE OVER 1,000 ACTIVE CLINICAL TRIALS AT THE UNIVERSITY OF VERMONT AND FLETCHER ALLEN CLINICAL TRIALS ARE RESEARCH STUDIES CONDUCTED USING VOLUNTEERS EACH STUDY ANSWERS SCIENTIFIC QUESTIONS AND TRIES TO FIND BETTER WAYS TO PREVENT, SCREEN FOR, DIAGNOSE, OR TREAT A DISEASE THIS ACTIVE RESEARCH PROGRAM HAS A DIRECT BENEFIT TO PATIENTS AT FLETCHER ALLEN, WHO HAVE ACCESS TO THE LATEST TREATMENTS AND TECHNOLOGY AND WHO ARE CARED FOR BY SOME OF THE LEADING EXPERTS IN THEIR FIELD 4 BENEFITING THE COMMUNITY - IN ADDITION TO DELIVERING HEALTH CARE, EDUCATING NEW HEALTH CARE PROFESSIONALS, AND RESEARCHING NEW KNOWLEDGE, FLETCHER ALLEN ALSO LIVES ITS MISSION - TO IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES IT SERVES - BY REACHING OUT TO HELP PEOPLE TAKE CARE OF THEIR HEALTH THESE EFFORTS INCLUDE, BUT ARE NOT LIMITED TO COMMUNITY WELLNESS AND EDUCATION - FLETCHER ALLEN OFFERS NUMEROUS FREE HEALTH EDUCATION CLASSES, IN WHICH HEALTH PROFESSIONALS PROVIDE INFORMATION ON A VARIETY OF TOPICS MANY OTHER HEALTH AND WELLNESS PROGRAMS OFFERED THROUGHOUT THE YEAR SERVE AS A VALUABLE RESOURCE TO OUR COMMUNITY, RANGING FROM CAR SEAT SAFETY CHECKS TO FREE OSTEOPOROSIS SCREENINGS, FROM TOBACCO CESSATION CLASSES TO PROGRAMS TO HELP EDUCATE CONSUMERS HOW TO CONTROL THEIR PRESCRIPTION DRUG COSTS FRYMOYER COMMUNITY HEALTH RESOURCE CENTER - PATIENTS, FAMILIES AND THE PUBLIC ARE MORE INTERESTED THAN EVER IN GAINING ACCESS TO THE LATEST HEALTH INFORMATION AVAILABLE THE FRYMOYER COMMUNITY HEALTH RESOURCE CENTER AT FLETCHER ALLEN OFFERS THE COMMUNITY EASY, FREE, GUIDED ACCESS TO THE BEST INFORMATION ABOUT HEALTH AND MEDICINE COLLABORATIVE EFFORTS - FLETCHER ALLEN REGULARLY PARTNERS WITH OTHER ORGANIZATIONS AND PROVIDERS TO HELP MEET THE NEEDS OF OUR COMMUNITY THIS INCLUDES WORKING WITH OTHER ORGANIZED SYSTEMS OF CARE (LIKE HOME HEALTH AGENCIES, OTHER VERMONT HOSPITALS, AND PHYSICIAN PRACTICES), AS WELL AS COMMUNITY-BASED ORGANIZATIONS WHOSE MISSIONS ARE SIMILAR TO OURS FOR EXAMPLE, FLETCHER ALLEN COLLABORATES WITH THE GREATER BURLINGTON YMCA TO LEAD A CONSORTIUM INCLUDING EDUCATORS, THE LOCAL CHAMBER OF COMMERCE, AND OTHERS TO ADVANCE THE GOALS OF THE NATIONWIDE PIONEERING HEALTH COMMUNITIES EFFORTS TO IMPROVE NUTRITION AND INCREASE PHYSICAL ACTIVITY, AREAS THAT HAVE BEEN IDENTIFIED BY NEEDS ASSESSMENTS AS PRIORITIES FOR OUR COMMUNITY FOR SEVERAL YEARS, FLETCHER ALLEN HAS BEEN TRACKING THE VALUE OF THE BENEFITS IT PROVIDES TO OUR COMMUNITY USING THE METHODOLOGY DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA), WHICH IS RECOGNIZED AS THE "BEST PRACTICE" FOR QUANTIFYING HOW NON-PROFIT HOSPITALS SERVE THEIR COMMUNITIES OUR COMMUNITY BENEFITS FALL INTO FOUR GENERAL CATEGORIES *DIRECT FINANCIAL ASSISTANCE TO PATIENTS THIS REPRESENTS FREE CARE GIVEN TO PATIENTS WHO QUALIFY UNDER FLETCHER ALLEN'S "PATIENT ASSISTANCE PROGRAM" POLICY, WHICH COVERS PATIENTS EARNING UP TO 300% OF THE FEDERAL POVERTY LEVEL (FPL) *SUBSIDIZED PROGRAMS THESE INCLUDE RESEARCH ACTIVITIES AND EDUCATION AND TRAINING PROGRAMS FOR HEALTH PROFESSIONALS THAT ARE NOT FULLY REIMBURSED THROUGH OTHER MEANS, AS WELL AS SUBSIDIES TO SUPPORT HEALTH SERVICES THAT BENEFIT OUR COMMUNITY, INCLUDING THE UNINSURED AND LOW-INCOME INDIVIDUALS, DESPITE INCURRING LOSSES THOSE SERVICES INCLUDE MENTAL HEALTH SERVICES, CRITICAL CARE TRANSPORTATION SERVICES, RENAL DIALYSIS, INFECTIOUS DISEASES, AND GENETIC COUNSELING *COMMUNITY PROGRAMS AND DIRECT GRANTS THESE INCLUDED, FOR EXAMPLE, COMMUNITY HEALTH SERVICES (HEALTH EDUCATION CLASSES, SUPPORT GROUPS, SCREENING SERVICES, FREE CLINICS, ETC), FINANCIAL CONTRIBUTIONS AND IN-KIND DONATIONS (CASH DONATIONS, GRANTS, IN-KIND SUPPORT SUCH AS MEETING ROOMS, PARKING VOUCHERS, SUPPLIES, ETC), COMMUNITY-BUILDING AND LEADERSHIP ACTIVITIES (INCLUDING ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT, ECONOMIC DEVELOPMENT, AND ENVIRONMENTAL IMPROVEMENTS), AND COMMUNITY BENEFIT OPERATIONS (INCLUDING COSTS ASSOCIATED WITH OUR OFFICE OF COMMUNITY HEALTH IMPROVEMENT, COMMUNITY NEEDS ASSESSMENTS, ETC) *MEDICAID AND OTHER PUBLIC PROGRAM UNDERPAYMENTS THESE INCLUDE UNDERPAYMENTS FROM VERMONT'S MEDICAID PROGRAM AS WELL AS SEVERAL SMALLER PUBLIC PROGRAMS (FOR EXAMPLE, LADIES FIRST) THESE DO NOT INCLUDE ANY UNDERPAYMENTS BY MEDICARE

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FLETCHER ALLEN HEALTH CARE

Employer identification number
03-0219309

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
FLECTHER ALLEN SKILLED NURSING CARE 111 COLCHESTER AVENUE BURLINGTON, VT 05401 03-0219309	HOLDING CO	VT	785,000	4,283,000	NA
FLETCHER ALLEN COORDINATED TRANSPORT 111 COLCHESTER AVENUE BURLINGTON, VT 05401 03-0219309	AMBULANCE SVC	VT	885,000	660,000	NA

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
FLETCHER ALLEN PROVIDER CORPORATION 111 COLCHESTER AVE BURLINGTON, VT05401 03-0225105	PHYSICIAN SVC	VT	501(C)(3)	11B II	NA
FLETCHER ALLEN MEDICAL GROUP 183 PARK STREET MALONE, NY12953 20-3905216	PHYSICIAN SVC	NY	501(C)(3)	3	NA
FLETCHER ALLEN HEALTH CARE FOUNDATION 111 COLCHESTER AVENUE BURLINGTON, VT05401 26-3159849	FUNDRAISING	VT	501(C)(3)	11B II	NA
FLETCHER ALLEN HEALTH CARE AUXILIARY 111 COLCHESTER AVENUE BURLINGTON, VT05401 20-8022004	SERVICE	VT	501(C)(3)	11D III-O	NA

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) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) 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
FLETCHER ALLEN HEALTH VENTURES 111 COLCHESTER AVENUE BURLINGTON, VT05401 04-3380045	HOLDING COMPANY	VT	NA	C CORP	76,893,464	18,496,000	100 %
VMC INDEMNITY COMPANY LTD PO BOX HM 3103 25 CHURCH STREET HAMILTON, HM FX BD	CAPTIVE INSURANCE	BD	NA	C CORP	5,047,000	47,443,000	100 %
VERMONT MANAGED CARE 111 COLCHESTER AVENUE BURLINGTON, VT05401 03-0333056	MANAGED CARE	VT	FAHV	C CORP			
VERMONT HEALTH VENTURES 111 COLCHESTER AVENUE BURLINGTON, VT05401 03-0297205	MANAGED CARE	VT	FAHV	C CORP			

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
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	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
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 of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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) **See Additional Data Table**		
(2)		
(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?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	FLETCHER ALLEN MEDICAL GROUP	K	99,996
(2)	FLETCHER ALLEN MEDICAL GROUP	N	174,332
(3)	FLETCHER ALLEN MEDICAL GROUP	P	469,448
(4)	VMC INDEMNITY COMPANY	K	66,436
(5)	VMC INDEMNITY COMPANY	Q	5,343,611
(6)	FLETCHER ALLEN HEALTH VENTURES	K	290,256
(7)	FLETCHER ALLEN HEALTH VENTURES	L	217,428
(8)	FLETCHER ALLEN HEALTH VENTURES	P	3,200,573
(9)	FLETCHER ALLEN HEALTH VENTURES	Q	650,327
(10)	FLETCHER ALLEN HEALTH VENTURES	R	4,385,748
(11)	FLETCHER ALLEN PROVIDER CORPORATION	O	69,534,423
(12)	FLETCHER ALLEN HEALTH CARE AUXILIARY	C	207,810

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Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
FLETCHER ALLEN HEALTH CARE	GENERAL DEPRECIATION	03-0219309

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	$ 250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	$ 800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

(a) Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6		

7 Listed property Enter the amount from line 29	**7**	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	**10**	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	**13**	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	**17**	46,039
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	**22**	46,039
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☑ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☑ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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TY 2008 Earnings and Profits Other Adjustments Statement

Name: FLETCHER ALLEN HEALTH CARE

EIN: 03-0219309

Description	Amount
IMPAIRMENT LOSS ON INVESTMENTS	5,177,487

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TY 2008 Earnings and Profits Other Adjustments Statement

Name: FLETCHER ALLEN HEALTH CARE

EIN: 03-0219309

Description	Amount
PREMIUMS WRITTEN & EARNED LESS UNDERWRITING & GA	1,490,446

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TY 2008 Itemized Other Current Assets Schedule

Name: FLETCHER ALLEN HEALTH CARE

EIN: 03-0219309

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		PREPAID EXPENSES	17,572	24,149
		REINSURANCE BALANCES RECOVERABLE	5,793,591	4,711,174

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TY 2008 Other Deductions Schedule

Name: FLETCHER ALLEN HEALTH CARE

EIN: 03-0219309

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
UNDERWRITING EXPENSES	6,137,963	6,137,963
IMPAIRMENT LOSS ON INVESTMENTS	5,177,487	5,177,487
GENERAL AND ADMINISTRATIVE	876,012	876,012

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TY 2008 Itemized Other Investments Schedule

Name: FLETCHER ALLEN HEALTH CARE

EIN: 03-0219309

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		EQUITY MUTUAL FUNDS	37,406,437	41,003,589

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TY 2008 Itemized Other Liabilities Schedule

Name: FLETCHER ALLEN HEALTH CARE

EIN: 03-0219309

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		LOSSES AND LOSS EXPENSES	37,325,088	28,602,922

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TY 2008 Other Income Statement

Name: FLETCHER ALLEN HEALTH CARE

EIN: 03-0219309

Description	Foreign Amount	Amount
GAIN ON SALE OF INVESTMENTS	327,301	327,301

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493223006290

TY 2008 Paid-In or Capital Surplus Reconciliation Statement

Name: FLETCHER ALLEN HEALTH CARE

EIN: 03-0219309

Description	Beginning Amount	Ending Amount
ADDITIONAL PAID IN CAPITAL	4,142,002	4,142,002

Additional Data

Software ID:
Software Version:
EIN: 03-0219309
Name: FLETCHER ALLEN HEALTH CARE

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	Former			
CHRISTOPHER DUTTON , CHAIR	2 0	X		X				0	0	0
DR MELINDA ESTES , PRESIDENT & CHIEF EXEC OFFICER	50 0	X		X				1,720,060	0	216,388
MARC MONHEIMER , SECRETARY	2 0	X		X				0	0	0
DR JAN CARNEY , VICE CHAIR	2 0	X		X				0	0	0
SARAH CARPENTER , TRUSTEE	2 0	X						0	0	0
ALAN J CHARRON , TRUSTEE - UNTIL DECEMBER 2008	2 0	X						0	0	0
ELIZABETH DAVIS , TRUSTEE	2 0	X						0	0	0
A DONALD GILBERT , TRUSTEE	2 0	X						0	0	0
DR JOSEPH HADDOCK , TRUSTEE	2 0	X						0	0	0
RITA MARKLEY , TRUSTEE	2 0	X						0	0	0
STEPHEN MARSH , TRUSTEE	2 0	X						0	0	0
DR PHILIP MEAD , TRUSTEE	2 0	X						0	0	0
DR FREDRICK C MORIN III , TRUSTEE	2 0	X						0	0	0
RODNEY PARSONS , TRUSTEE - UNTIL DECEMBER 2008	2 0	X						0	0	0
JOHN POWELL , TRUSTEE	2 0	X						0	0	0
PATRICIA PRELOCK , TRUSTEE	2 0	X						0	0	0
BETTY RAMBUR , TRUSTEE - UNTIL JUNE 2009	2 0	X						0	0	0
GEOFFREY SHIELDS , TRUSTEE	2 0	X						0	0	0
ROGER STONE , TRUSTEE	2 0	X						0	0	0
RUSSELL TRACY , TRUSTEE	2 0	X						0	0	0
DR RUTH UPHOLD , TRUSTEE	40 0	X						83,346	0	0
DR DENNIS VANE , TRUSTEE - UNTIL NOVEMBER 2008	2 0	X						0	275,993	25,692
ROGER DESHAIES , CFO/TREASURER	50 0			X				525,404	0	57,887
ANGELINE MARANO , CHIEF OPERATIONS OFFICER	50 0			X				601,084	0	67,101
SPENCER KNAPP , ASSISTANT SECRETARY	2 0			X				0	0	0
CHARLES LAPIERRE , ASSISTANT SECRETARY	40 0			X				67,607	0	15,894
DR PAUL TAHERI , PRESIDENT FACULTY PRACTICE	50 0				X			550,008	0	97,537
SANDRA DALTON RN , PTNT CARE SVCS - CHIEF NURSNG	50 0				X			435,746	0	68,998
DR JOHN BRUMSTED , CHIEF QUALITY OFFICER	50 0					X		562,569	0	65,580
DR KRISTEN DESTIGTER , VICE CHAIR RADIOLOGY	50 0					X		653,384	0	38,144

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	Former			
DR BELA RATKOVITS , PHYSICIAN RADIOLOGY	50 0					X		597,798	0	34,292
DR GRANT LINNELL , PHYSICIAN RADIOLOGY	50 0					X		582,952	0	26,873
DR ANANT BHAVE , PHYSICIAN RADIOLOGY	50 0					X		566,744	0	36,261
TIMOTHY MCVEY , CFO/TREASURER	0 0						X	151,437	0	4,875
GARY CHAWK , CFO/TREASURER	0 0						X	410,511	0	2,467

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 PATIENT SERVICES	900,099	804,168,268	804,168,268		
b PATIENT SERVICES - PHARMACY	446,110	13,885,016	13,013,016	872,000	
c PREMIUM REVENUE	900,099	4,604,299	4,604,299		
d CAFETERIA	722,210	2,744,350	2,744,350		
e COFFEE SHOP	722,210	1,574,679	1,574,679		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

ACADEMIC MEDICAL CENTER AND COMMUNITY HOSPITAL. MISSION: TO IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE BY INTEGRATING PATIENT CARE, EDUCATION, AND RESEARCH IN A CARING ENVIRONMENT. VISION: FLETCHER ALLEN HEALTH CARE IS COMMITTED TO BEING A NATIONAL MODEL FOR THE DELIVERY OF HIGH-QUALITY ACADEMIC HEALTH CARE FOR A RURAL REGION. STATEMENT OF VALUES: WE RESPECT THE DIGNITY OF ALL INDIVIDUALS AND ARE RESPONSIVE TO THEIR PHYSICAL, EMOTIONAL, SPIRITUAL AND SOCIAL NEEDS AND CULTURAL DIVERSITY. WE ARE JUST AND PRUDENT STEWARDS OF LIMITED NATURAL AND FINANCIAL RESOURCES. WE FOSTER A CLIMATE WHICH ENCOURAGES BOTH THOSE RECEIVING AND PROVIDING CARE TO MAKE RESPONSIBLE CHOICES. WE STRIVE FOR EXCELLENCE IN QUALITY AND CARE AND SEEK TO CONTINUOUSLY LEARN AND IMPROVE. WE ACKNOWLEDGE A PARTNERSHIP WITH THE COMMUNITY TO ENSURE THE BEST POSSIBLE CARE AT THE RIGHT TIME, IN THE RIGHT PLACE, AND BY THE RIGHT PROVIDER. WE ARE CARING AND COMPASSIONATE TO EACH OTHER AND TO THOSE WE SERVE. WE

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 03-0219309
Name: FLETCHER ALLEN HEALTH CARE

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

Additional Data

Software ID:
Software Version:
EIN: 03-0219309
Name: FLETCHER ALLEN HEALTH CARE

Form 990 Schedule H, Part V - Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
FLETCHER ALLEN HEALTH CARE INC 111 COLCHESTER AVE BURLINGTON,VT 05401	X	X	X	X		X	X		
STARR FARM NURSING CENTER 98 STARR FARM ROAD BURLINGTON,VT 05401									SKILLED NURSING FACILITY
WALK IN CARE CENTER 101 COLCHESTER PARKWAY COLCHESTER,VT 05446									WALK IN CARE REHABILITATION
UNIVERSITY HEALTH CENTER 1 SOUTH PROSPECT STREET BURLINGTON,VT 05401									MEDICAL OFFICE
BERLIN EYE CENTER 58 EAST VIEW LANE BERLIN,VT 05602									MEDICAL OFFICE
WILLISTON HEALTH CENTER 2 BLAIR PARK WILLISTON,VT 05495									MEDICAL OFFICE
BERLIN FAMILY HEALTH 130 FISHER ROAD BERLIN,VT 05602									MEDICAL OFFICE
GIVEN HEALTH CARE CTR AT THE BRICKYARD 87 MAIN STREET ESSEX JUNCTION,VT 05452									MEDICAL OFFICE
ENT - ST ALBANS 260 CREST ROAD ST ALBANS,VT 05478									MEDICAL OFFICE
CHITTENDEN COUNTY DIALYSIS CENTER 35 JOY DRIVE SOUTH BURLINGTON,VT 05403									DIALYSIS
COLCHESTER FAMILY PRACTICE 170 BLAKELY ROAD COLCHESTER,VT 05446									MEDICAL OFFICE
UROLOGY - ST ALBANS 6 CREST ROAD ST ALBANS,VT 05478									MEDICAL OFFICE
ROBERT PIERRATINI MD 47 COURT STREET MIDDLEBURY,VT 05753									MEDICAL OFFICE
CARDIOLOGY & CARDIAC REHAB 62 TILLEY DRIVE SOUTH BURLINGTON,VT 05403									MEDICAL OFFICE
BERLIN DIALYSIS 130 FISHER ROAD BERLIN,VT 05602									DIALYSIS
MILTON FAMILY PRACTICE 28 CENTRE DRIVE MILTON,VT 05468									MEDICAL OFFICE
REHAB THERAPIES AT THE MEDICAL OFFC BLDG 792 COLCHESTER PARKWAY COLCHESTER,VT 05446									MEDICAL OFFICE
NORTH COUNTRY DIALYSIS 189 PROUTY DR NEWPORT,VT 05855									DIALYSIS
ORTHOPAEDIC SPECIALTY CENTER 192 TILLEY DRIVE SOUTH BURLINGTON,CT 05403									MEDICAL OFFICE
RUTLAND DIALYSIS 160 ALLEN STREET RUTLAND,VT 05701									DIALYSIS
SUGARBUSH - ORTHOPAEDICS 102 FOREST DR WARREN,VT 05674									MEDICAL OFFICE
AESCULAPIUS MEDICAL CENTER 1 TIMBER LANE SOUTH BURLINGTON,VT 05403									MEDICAL OFFICE
ENDOCRINOLOGY & VERMONT REG DIABETES CTR 3 TIMBER LANE SOUTH BURLINGTON,VT 05403									MEDICAL OFFICE
SOUTH BURLINGTON FAMILY PRACTICE 1775 WILLISTON ROAD SOUTH BURLINGTON,VT 05403									MEDICAL OFFICE
PLASTIC RECNSTRCTVE & COSMETIC SURGERY 354 WATER TOWER HILL COLCHESTER,VT 05446									MEDICAL OFFICE
VERMONT REGIONAL SLEEP CENTER 870 WILLISTON ROAD BURLINGTON,VT 05401									MEDICAL OFFICE
THE CONTINENCE CENTER 1775 WILLISTON ROAD SOUTH BURLINGTON,VT 05403									MEDICAL OFFICE
AQUATICS REHABILITATION CENTER 32 MALLETS BAY AVE WINOOSKI,VT 05404									MEDICAL OFFICE
THE MEMORY CENTER 792 COLCHESTER PARKWAY COLCHESTER,VT 05446									MEDICAL OFFICE
VERMONT REGIONAL GENETICS CENTER 112 COLCHESTER AVE BURLINGTON,VT 05401									MEDICAL OFFICE

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 03-0219309
Name: FLETCHER ALLEN HEALTH CARE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
DR MELINDA ESTES	(I) (II)	825,852 0	244,829	649,379	192,112	24,276	1,936,448 0	
ROGER DESHAIES	(I) (II)	295,035 0	163,028	67,341	43,892	13,995	583,291 0	
TIMOTHY MCVEY	(I) (II)	36,520 0	6,048	108,869	2,590	2,285	156,312 0	
GARY CHAWK	(I) (II)	47,994 0	25,000	337,517	0	2,467	412,978 0	
ANGELINE MARANO	(I) (II)	328,165 0	114,215	158,704	57,448	9,653	668,185 0	
DR PAUL TAHERI	(I) (II)	367,283 0	81,616	101,109	75,789	21,748	647,545 0	
DR DENNIS VANE	(I) (II)	0 194,066	0	81,927	0 24,038	1,654	0 301,685	
SANDRA DALTON RN	(I) (II)	302,665 0	61,016	72,065	59,100	9,898	504,744 0	
DR JOHN BRUMSTED	(I) (II)	352,872 0	64,389	145,308	44,668	20,912	628,149 0	
DR KRISTEN DESTIGTER	(I) (II)	602,903 0	7,427	43,054	16,100	22,044	691,528 0	
DR BELA RATKOVITS	(I) (II)	534,912 0	7,427	55,459	27,600	6,692	632,090 0	
DR GRANT LINNELL	(I) (II)	537,269 0	7,427	38,256	16,100	10,773	609,825 0	
DR ANANT BHAVE	(I) (II)	521,986 0	7,427	37,331	16,100	20,161	603,005 0	

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, QUESTION 1	ACADEMIC MEDICAL CENTER AND COMMUNITY HOSPITAL MISSION TO IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE BY INTEGRATING PATIENT CARE, EDUCATION, AND RESEARCH IN A CARING ENVIRONMENT VISION FLETCHER ALLEN HEALTH CARE IS COMMITTED TO BEING A NATIONAL MODEL FOR THE DELIVERY OF HIGH-QUALITY ACADEMIC HEALTH CARE FOR A RURAL REGION STATEMENT OF VALUES *WE RESPECT THE DIGNITY OF ALL INDIVIDUALS AND ARE RESPONSIVE TO THEIR PHYSICAL, EMOTIONAL, SPIRITUAL AND SOCIAL NEEDS AND CULTURAL DIVERSITY *WE ARE JUST AND PRUDENT STEWARDS OF LIMITED NATURAL AND FINANCIAL RESOURCES *WE FOSTER A CLIMATE WHICH ENCOURAGES BOTH THOSE RECEIVING AND PROVIDING CARE TO MAKE RESPONSIBLE CHOICES *WE STRIVE FOR EXCELLENCE IN QUALITY AND CARE AND SEEK TO CONTINUOUSLY LEARN AND IMPROVE *WE ACKNOWLEDGE A PARTNERSHIP WITH THE COMMUNITY TO ENSURE THE BEST POSSIBLE CARE AT THE RIGHT TIME, IN THE RIGHT PLACE, AND BY THE RIGHT PROVIDER *WE ARE CARING AND COMPASSIONATE TO EACH OTHER AND TO THOSE WE SERVE *WE COMMUNICATE OPENLY AND HONESTLY WITH THE COMMUNITY WE SERVE

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, QUESTION 4A-4D	FLETCHER ALLEN HEALTH CARE (FLETCHER ALLEN) IS A TERTIARY CARE TEACHING HOSPITAL THAT, IN AFFILIATION WITH THE UNIVERSITY OF VERMONT, SERVES AS VERMONT'S ACADEMIC MEDICAL CENTER AS ARTICULATED IN OUR MISSION STATEMENT, OUR FOCUS IS ON IMPROVING THE HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE BY INTEGRATING PATIENT CARE, EDUCATION, AND RESEARCH IN A CARING ENVIRONMENT THESE EFFORTS ARE RECOGNIZED IN OUR 501(C)(3) STATUS AS A CHARITABLE AND EDUCATIONAL ORGANIZATION AS A CHARITABLE ORGANIZATION, THE PROMOTION OF HEALTH THROUGH OUR ACADEMIC MISSION - HEALTH CARE DELIVERY, RESEARCH AND EDUCATION - IS OUR PRIMARY WORK IN ADDITION TO THE COMMUNITY BENEFITS WE PROVIDE, FLETCHER ALLEN OFFERS THE BROAD RANGE AND SCOPE OF SERVICES NECESSARY TO ACHIEVE THAT GOAL THIS INCLUDES A FULL-TIME EMERGENCY DEPARTMENT THAT IS CERTIFIED AS A LEVEL 1 TRAUMA CENTER BY THE AMERICAN COLLEGE OF SURGEONS, AS WELL AS NON-EMERGENCY SERVICES, ALL OF WHICH ARE AVAILABLE TO ALL PATIENTS REGARDLESS OF INSURANCE STATUS OR ABILITY TO PAY, AN OPEN MEDICAL STAFF THAT INCLUDES APPROXIMATELY 500 PHYSICIANS EMPLOYED BY FLETCHER ALLEN'S FACULTY PRACTICE, AS WELL AS ABOUT 250 COMMUNITY PHYSICIANS, AND AN INDEPENDENT BOARD OF TRUSTEES THAT REPRESENT OUR COMMUNITY AS A WHOLE IN TERMS OF PROGRAM SERVICES, FLETCHER ALLEN'S THREE LARGEST PROGRAMS (BY EXPENSES AND REVENUES) ARE OUR ACTUAL HEALTH CARE DELIVERY SERVICES, AS FOLLOWS INPATIENT CARE OUTPATIENT CARE PROFESSIONAL SERVICES INPATIENT SERVICES INCLUDE THOSE FOR PATIENTS WHO REQUIRE ACUTE-CARE SERVICES IN A HOSPITAL SETTING THOSE SERVICES INCLUDE, FOR EXAMPLE, OUR LABOR AND DELIVERY UNIT, NURSING UNITS FOR GENERAL MEDICAL AND SURGICAL ISSUES, AND OUR INTENSIVE CARE UNITS (INCLUDING A PEDIATRIC ICU, A NEONATAL ICU, A SURGICAL ICU AND A MEDICAL ICU) OUTPATIENT SERVICES ARE THOSE THAT OUR PATIENTS RECEIVE ON A WALK-IN BASIS, EITHER IN THE HOSPITAL OR IN ONE OF OUR MANY CLINIC SETTINGS THESE INCLUDE ROUTINE PHYSICIAN VISITS, LABORATORY TESTS, CLINIC VISITS, EMERGENCY ROOM VISITS, AND MEDICAL EQUIPMENT AND SUPPLIES PROFESSIONAL SERVICES ARE THOSE DELIVERED BY MEMBERS OF FLETCHER ALLEN'S FACULTY PRACTICE, OUR EMPLOYED GROUP OF PHYSICIANS IN ADDITION TO THESE ACCOMPLISHMENTS, PROGRAM SERVICE REVENUES ARE EARNED FROM AND PROGRAM SERVICE EXPENSES ARE SPENT ON VARIOUS OTHER IMPORTANT ACTIVITIES RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE

Identifier	Return Reference	Explanation
CONSOLIDATED FINANCIAL STATEMENTS	FORM 990, PART IV, QUESTION 12 AND PART XI, QUESTION 2	THE ORGANIZATION IS A MEMBER OF A CONSOLIDATED GROUP WHICH RECEIVES AUDITED FINANCIAL STATEMENTS ON A CONSOLIDATED BASIS THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS INCLUDE FINANCIAL INFORMATION FOR FLETCHER ALLEN HEALTH CARE, INC , FLETCHER ALLEN HEALTH VENTURES, INC , FLETCHER ALLEN MEDICAL GROUP, PLLC , FLETCHER ALLEN SKILLED NURSING CARE, LLC , VERMONT MANAGED CARE INDEMNITY COMPANY, LTD , AND FLETCHER ALLEN COORDINATED TRANSPORT, LLC AUDITED FINANCIAL INFORMATION FOR WHOLLY OWNED SUBSIDIARIES FLETCHER ALLEN SKILLED NURSING CARE, LLC , AND FLETCHER ALLEN COORDINATED TRANSPORT, LLC , IS CONSOLIDATED WITH FLETCHER ALLEN HEALTH CARE, INC FOR PURPOSES OF THIS RETURN THE OTHER ENTITIES FILE A SEPARATE TAX RETURN NOT INCLUDED ON THIS FORM 990 FLETCHER ALLEN HEALTH CARE'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE CONSOLIDATED AUDIT, AS WELL AS THE CHOICE OF AN INDEPENDENT ACCOUNTANT

Identifier	Return Reference	Explanation
COMPENSATION FROM RELATED ORGANIZATIONS - BUSINESS RELATIONSHIPS	FORM 990, PART VI, QUESTION 2	THE FOLLOWING INDIVIDUALS SERVED AS OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES OF THE FOLLOWING RELATED ORGANIZATIONS DR MELINDA ESTES, CEO AND PRESIDENT OF FLETCHER ALLEN HEALTH CARE (FAHC), ALSO SERVES AS THE PRESIDENT OF FLETCHER ALLEN PROVIDER CORPORATION (FAPC), PRESIDENT OF THE FLETCHER ALLEN FOUNDATION (FOUNDATION), CHAIR OF THE BOARD OF DIRECTORS OF VERMONT MANAGED CARE INSURANCE COMPANY (VMCIC), FAHC'S CAPTIVE INSURANCE COMPANY DOMICILED IN BERMUDA , AND PRESIDENT OF FLETCHER ALLEN HEALTH VENTURES (FAHV) ROGER DESHAIES, CFO AND TREASURER OF FAHC, ALSO SERVES AS THE TREASURER OF FAPC, THE FOUNDATION, VMCIC, AND THE TREASURER AND SECRETARY OF FAHV CHRISTOPHER DUTTON, CHAIR OF THE FAHC BOARD OF TRUSTEES, ALSO SERVES AS A DIRECTOR OF VMCIC DR PAUL TAHERI, PRESIDENT OF THE FAHC FACULTY PRACTICE, ALSO SERVES AS THE VICE PRESIDENT FOR FAPC AND FAHV MARC MONHEIMER, SECRETARY OF FAHC, ALSO SERVES AS A DIRECTOR OF THE FOUNDATION SANDRA DALTON, SR VP OF PATIENT CARE SERVICES/CHIEF NURSING OFFICER, ALSO SERVES AS THE VP OF VMCIC ROGER STONE, TRUSTEE OF FAHC, ALSO SERVES AS A DIRECTOR OF THE FOUNDATION GARY CHAWK, FORMER CFO/TREASURER OF FAHC, ALSO SERVED AS THE TREASURER OF FAPC, THE FOUNDATION, VMCIC, AND THE TREASURER AND SECRETARY OF FAHV TIMOTHY MCVEY, FORMER CFO/TREASURER OF FAHC, ALSO SERVED AS THE TREASURER OF FAPC, THE FOUNDATION, VMCIC, AND THE TREASURER AND SECRETARY OF FAHV

Identifier	Return Reference	Explanation
CHANGE IN ORGANIZATIONAL DOCUMENTS	FORM 990, PART VI, QUESTION 4	EFFECTIVE OCTOBER 1 2008, THE ORGANIZATION ADOPTED AMENDMENTS TO ITS BYLAWS TO ELIMINATE CORPORATE MEMBERS PRIOR TO THESE AMENDMENTS, THE BYLAWS PROVIDED FOR FOUR CORPORATE MEMBERS THAT EACH HAD THE POWER TO APPOINT FOUR TRUSTEES TO THE ORGANIZATION'S 18-MEMBER BOARD OF TRUSTEES AND TO APPROVE OTHER SIGNIFICANT CORPORATE TRANSACTIONS FOLLOWING THE AMENDMENTS, THE ORGANIZATION HAS NO MEMBERS AND IS GOVERNED EXCLUSIVELY BY ITS BOARD OF TRUSTEES FIFTEEN OF THE TRUSTEES ARE ELECTED BY THE BOARD FROM NOMINATIONS SUBMITTED BY ITS NOMINATING AND GOVERNANCE COMMITTEE, FOUR OF WHOM MUST BE NOMINATIONS APPROVED OR SUBMITTED BY UNIVERSITY HEALTH CENTER, INC , A FORMER CORPORATE MEMBER ("UHC") IN ADDITION, THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER, THE DEAN OF THE UNIVERSITY OF VERMONT COLLEGE OF MEDICINE, AND THE DEAN OF THE UNIVERSITY OF VERMONT COLLEGE OF NURSING AND HEALTH SCIENCES EACH SERVE EX OFFICIO ON THE BOARD OF TRUSTEES UNDER THE AMENDED BYLAWS, UHC, RETAINS THE RIGHT TO APPROVE CERTAIN CORPORATE TRANSACTIONS, INCLUDING CERTAIN MERGERS, AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE ORGANIZATION, CONSOLIDATIONS, SALES OF ASSETS OR DISSOLUTIONS OF THE ORGANIZATION, OR THE TERMINATION OR NON-RENEWAL OF THE ORGANIZATION'S AFFILIATION AGREEMENT WITH THE UNIVERSITY OF VERMONT

Identifier	Return Reference	Explanation
FORM 990 REVIEW	FORM 990, PART VI, QUESTION 10	FLETCHER ALLEN HEALTH CARE'S (FAHC) FORM 990 IS PREPARED BY A PAID PREPARER AND REVIEWED BY FAHC'S INTERNAL MANAGEMENT FOLLOWING THAT REVIEW, FAHC'S INTERNAL MANAGEMENT PRESENTS THE FORM 990 TO THE AUDIT COMMITTEE FOR REVIEW AND COMMENT THE COMPLETED FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO THE FORM BEING FILED WITH THE IRS

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, QUESTION 12	THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY IN ACCORDANCE WITH THE POLICY, TRUSTEES, OFFICERS, KEY EMPLOYEES AND PHYSICIANS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE AND CERTIFICATION UPON HIRING, AT LEAST ANNUALLY, PRIOR TO PARTICIPATING IN ANY DECISION THAT MAY BE AFFECTED BY A PERSONAL INTEREST, AND WHENEVER A POTENTIALLY CONFLICTING INTEREST FIRST ARISES CONFLICT OF INTEREST DISCLOSURES AND CERTIFICATIONS MAY BE MADE ONLINE OR IN WRITING AND ARE REGULARLY REVIEWED BY THE GENERAL COUNSEL THE CONFLICT OF INTEREST POLICY IS ENFORCED BY THE OFFICE OF GENERAL COUNSEL AND OVERSEEN BY A FIVE-PERSON CONFLICT OF INTEREST COMMITTEE THE GENERAL COUNSEL REPORTS AT LEAST QUARTERLY ON CONFLICT OF INTEREST ISSUES TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES CONFLICT OF INTERESTS ARE MANAGED IN ACCORDANCE WITH THE POLICY, WHICH PROVIDES FOR A VARIETY OF REMEDIES TO ADDRESS CONFLICTS OF INTEREST IN ADDITION, "DISQUALIFIED PERSONS," CONSISTING OF TRUSTEES, OFFICERS AND KEY EMPLOYEES ARE SUBJECT TO SPECIAL PROCEDURES TO COMPLY WITH THE INTERMEDIATE SANCTION RULES, AS OUTLINED IN THE CONFLICT OF INTEREST POLICY

Identifier	Return Reference	Explanation
COMPENSATION DETERMINATION POLICY	FORM 990, PART VI, LINE 15A & 15B	*FLETCHER ALLEN'S COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES HIRES AN EXTERNAL INDEPENDENT CONSULTING FIRM, INTEGRATED HEALTH CARE STRATEGIES, TO ASSIST THE COMMITTEE IN ESTABLISHING THE TOTAL COMPENSATION FOR THE CEO, OFFICERS AND KEY EMPLOYEES *THE COMPENSATION COMMITTEE, ALONG WITH THE AID OF INTEGRATED HEALTH CARE STRATEGIES, HAS ESTABLISHED A COMPENSATION PHILOSOPHY FOR THE ORGANIZATION WHICH DEFINES A PEER GROUP OF ORGANIZATIONS ACROSS THE COUNTRY AND INCLUDES ORGANIZATIONS OF SIMILAR SIZE, SCOPE, AND MANAGEMENT CHALLENGE, IT HAS ALSO ESTABLISHED THE COMPETITIVE LEVEL AT WHICH THE COMMITTEE WANTS TO COMPENSATE FLETCHER ALLEN EXECUTIVES COMPARED TO THE PEER GROUP ORGANIZATIONS *THE TOTAL COMPENSATION PLAN FOR THE EXECUTIVE STAFF INCLUDES APPROPRIATE SALARY RANGES FOR BASE SALARY ADMINISTRATION, ANNUAL AND LONG-TERM, PERFORMANCE-BASED INCENTIVE PROGRAMS AND EXECUTIVE LEVEL BENEFITS *THE CEO'S TOTAL COMPENSATION IS REVIEWED ANNUALLY, IN CONJUNCTION WITH THE ANNUAL PERFORMANCE EVALUATION, BY THE COMPENSATION COMMITTEE WITH FINAL APPROVAL MADE BY THE BOARD OF TRUSTEES TOTAL COMPENSATION FOR OTHER MEMBERS OF THE EXECUTIVE STAFF IS ESTABLISHED BY THE CEO, WITHIN THE PLANS APPROVED BY THE COMMITTEE, AND REVIEWED BY THE COMPENSATION COMMITTEE ANNUALLY *THE COMMITTEE DETERMINES PERFORMANCE INDICATORS FOR THE INCENTIVE PLANS EACH YEAR IN ADDITION, THE COMMITTEE REVIEWS THE TOTAL COMPENSATION PLAN PERIODICALLY AND MAKES ANY RECOMMENDATIONS FOR CHANGE AS NEEDED ALL DECISIONS OF THE COMMITTEE ARE DOCUMENTED IN MINUTES APPROVED BY THE MEMBERS OF THE COMMITTEE *INTEGRATED HEALTH CARE STRATEGIES BENCHMARKS AND ANALYZES THE TOTAL COMPENSATION FOR THESE EMPLOYEES USING PROPRIETARY HEALTH CARE EXECUTIVE COMPENSATION SURVEYS AND OTHER COMPARATIVE MARKET PAY DATA TO ENSURE THAT THIS COMPENSATION IS COMPETITIVE, EQUITABLE AND MEETS ALL REASONABLENESS STANDARDS *INTEGRATED HEALTH CARE STRATEGIES CONDUCTS REASONABLENESS TESTING TO ENSURE THAT THE COMPENSATION PAID TO THESE EMPLOYEES IS CONSISTENT WITH BOARD POLICIES AND IRS REGULATIONS

Identifier	Return Reference	Explanation
JOINT VENTURE POLICY	FORM 990, PART VI, QUESTION 16B	ALTHOUGH AS OF SEPTEMBER 2009, THE ORGANIZATION DID NOT HAVE A WRITTEN POLICY REGARDING ITS PARTICIPATION IN JOINT VENTURES, PROCEDURES HAVE HISTORICALLY BEEN IN PLACE AROUND REQUIRED DUE DILIGENCE EFFORTS AND REVIEWS BY THE BOARD OF TRUSTEES, TO ENSURE COMPLIANCE WITH APPLICABLE FEDERAL TAX LAWS AND PROTECTION OF FAHC'S TAX EXEMPT STATUS IN DECEMBER 2009, THE BOARD OF TRUSTEES APPROVED A WRITTEN POLICY APPLICABLE TO ALL POSSIBLE JOINT VENTURES THAT MAY BE ENTERED INTO BY ANYONE WITHIN THE ORGANIZATION OR ITS SUBSIDIARIES THE POLICY DEFINES THE TERM "JOINT VENTURE", THE SCOPE TO WHICH THE POLICY APPLIES AND WHAT IS CONSIDERED PROHIBITED ACTIVITY ADDITIONALLY, THE POLICY ENSURES CONTROLS ARE IN PLACE TO MAINTAIN FAHC'S CHARITABLE PURPOSE

Identifier	Return Reference	Explanation
DOCUMENT DISCLOSURE	FORM 990, PART VI, QUESTION 19	GOVERNANCE DOCUMENTS CONSIST OF THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS THE ARTICLES OF INCORPORATION ARE FILED WITH THE VERMONT SECRETARY OF STATE AND PUBLICLY AVAILABLE THROUGH THAT OFFICE THE BYLAWS ARE NOT PUBLICLY POSTED, BUT WOULD BE FURNISHED TO ANY MEMBER OF THE PUBLIC WHO REQUESTED ONE THE CONFLICT OF INTEREST POLICY IS NOT PUBLICLY POSTED, BUT WOULD BE FURNISHED TO ANY MEMBER OF THE PUBLIC WHO REQUESTED ONE FINANCIAL STATEMENTS ARE FILED BI-MONTHLY WITH THE STATE OF VERMONT'S DEPARTMENT OF BANKING, SECURITIES, INSURANCE, AND HEALTH CARE ADMINISTRATION (BISHCA) AND CAN BE ACCESSED BY THE PUBLIC THROUGH THAT AGENCY PRESS RELEASES ON QUARTERLY AND YEAR END RESULTS ARE SENT TO LOCAL NEWS MEDIA AND ARE POSTED ON THE WEB SITE ALONG WITH TWO HIGH-LEVEL TABLES SHOWING QUARTERLY AND YEAR-TO-DATE RESULTS THE ANNUAL EXTERNAL AUDIT REPORT IS ALSO POSTED ON THE WEB SITE

Identifier	Return Reference	Explanation
RELATED PARTY COMPENSATION	FORM 990, PART VII, LINE 1	DR DENNIS VANE SERVED AS A TRUSTEE OF FLETCHER ALLEN HEALTH CARE (FAHC) UNTIL NOVEMBER 2008 HE WAS EMPLOYED BY FLETCHER ALLEN PROVIDER CORPORATION (FAPC) UNTIL JULY 2008 HE WAS COMPENSATED FOR HIS SERVICES AS A PHYSICIAN EMPLOYED BY FAPC, NOT AS A TRUSTEE UNTIL HIS TERMINATION DATE, HE WORKED AN AVERAGE OF 50 HOURS PER WEEK AT FAPC PER IRS INSTRUCTIONS, THE COMPENSATION REFLECTED IN PART VII LINE 1A IS FOR CALENDAR YEAR 2008

Identifier	Return Reference	Explanation
FUNDRAISING EVENTS	SCHEDULE G, PART II, LINE 9	THE NET INCOME AMOUNT FROM FUNDRAISING EVENTS IS NET OF CHARITABLE CONTRIBUTIONS

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	A DONALD GILBERT, TRUSTEE, IS THE PRESIDENT AND CEO OF VERMONT GAS SYSTEMS, WHICH IS THE ORGANIZATION'S NATURAL GAS PROVIDER SPENCER KNAPP, ASSISTANT SECRETARY, IS A GREATER THAN 5% PARTNER AT DINSE KNAPP & MCANDREW, A LEGAL SERVICE PROVIDER FOR THE ORGANIZATION FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2009, THE ORGANIZATION ENGAGED DINSE KNAPP & MCANDREW, P C , A LAW FIRM (THE "FIRM"), TO PROVIDE THE SERVICES OF SPENCER R KNAPP AS GENERAL COUNSEL UNDER AN ENGAGEMENT AGREEMENT, DATED OCTOBER 1, 2008 DURING THE TERM OF THE ENGAGEMENT, MR KNAPP HELD A 5 5% OWNERSHIP INTEREST IN THE FIRM, WAS PAID A SALARY BY THE FIRM, AND SERVED AS ITS PRESIDENT THE ENGAGEMENT AGREEMENT PROVIDED FOR MR KNAPP TO PROVIDE ALL DUTIES GENERALLY ASSIGNED TO THE POSITION OF GENERAL COUNSEL IN EXCHANGE FOR A FIXED MONTHLY FEE SET FORTH IN THE AGREEMENT AND TO REPORT DIRECTLY TO THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND ITS BOARD OF TRUSTEES THE AGREEMENT ALSO PROVIDED FOR MR KNAPP TO ENGAGE ADDITIONAL ATTORNEYS OF THE FIRM TO PROVIDE LEGAL SERVICES TO THE ORGANIZATION, BASED ON THEIR EXPERTISE, COSTS AND COMPLIANCE WITH THE ORGANIZATION'S POLICIES FOR OUTSIDE COUNSEL, SUBJECT TO ADVANCE REVIEW OF THESE ENGAGEMENTS AND APPROVAL OF ALL CHARGES OF THE FIRM BY THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER DURING THE FISCAL YEAR, THE ORGANIZATION DID ENGAGE THE FIRM TO PROVIDE ADDITIONAL LEGAL SERVICES, APART FROM MR KNAPP'S SERVICES AS GENERAL COUNSEL, IN ACCORDANCE WITH THIS AGREEMENT THE AMOUNTS PAID TO THE FIRM FOR ALL SERVICES, INCLUDING MR KNAPP'S SERVICES AS GENERAL COUNSEL, ARE REPORTED ELSEWHERE IN THIS FORM 990 NAME OF INTERESTED PERSON MAURINE R GILBERT RELATIONSHIP DAUGHTER OF TRUSTEE GILBERT AMOUNT OF TRANSACTION $43,804 DESCRIPTION OF TRANSACTION WAGES DID THE INTERESTED PERSON SHARE ORGANIZATION REVENUE NO NAME OF INTERESTED PERSON VMC INDEMNITY COMPANY, LTD RELATIONSHIP THE FOLLOWING INDIVIDUALS SERVE AS DIRECTORS OF VMC INDEMNITY COMPANY, FLETCHER ALLEN HEALTH CARE'S CAPTIVE INSURANCE COMPANY CHRISTOPHER DUTTON, ROGER DESHAIES, DR MELINDA ESTES, SANDRA DALTON, AND DR JOHN BRUMSTED AMOUNT OF TRANSACTION $5,343,611 DESCRIPTION OF TRANSACTION INSURANCE PREMIUMS DID THE INTERESTED PERSON SHARE ORGANIZATION REVENUE NO

Identifier	Return Reference	Explanation
TRANSACTIONS WITH RELATED ORGANIZATIONS	SCHEDULE R, PART V	FLETCHER ALLEN HEALTH CARE LEASES AND SHARES FACILITIES, EQUIPMENT, AND OTHER ASSETS WITH ITS RELATED ORGANIZATIONS THE VALUE OF THESE TRANSACTIONS IS INDETERMINABLE