

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>Gifford Medical Center, Inc.</b>	Taxpayer identification number (TIN) <b>03-0179418</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>44 South Main Street</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Randolph, VT 05060</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**Jennifer Bertrand**

- The books are in the care of ▶ **44 South Main Street - Randolph, VT 05060**  
Telephone No. ▶ **802-728-7000** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **August 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2020**, and ending **SEP 30, 2021**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990**

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Gifford Medical Center, Inc.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>44 South Main Street</b> City or town, state or province, country, and ZIP or foreign postal code <b>Randolph, VT 05060</b>	<b>D</b> Employer identification number <b>03-0179418</b>  <b>E</b> Telephone number <b>802-728-7000</b>
	<b>F</b> Name and address of principal officer: <b>Daniel Bennett</b> <b>same as C above</b>	<b>G</b> Gross receipts \$ <b>72,642,096.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	<b>J</b> Website: ▶ <b>www.giffordhealthcare.org</b>	
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1905</b> <b>M</b> State of legal domicile: <b>VT</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>Gifford Medical Center is a non-profit acute care hospital providing healthcare on an inpatient</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>488</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>45</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>17,317.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>8,174,059.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>49,060,841.</b>	<b>61,045,249.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,280,242.</b>	<b>2,045,920.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>425,628.</b>	<b>498,695.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>58,940,770.</b>	<b>64,519,063.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>68,232.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>30,718,096.</b>	<b>32,538,412.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>9,556.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>22,202,079.</b>	<b>24,026,664.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>52,988,407.</b>	<b>56,662,309.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>5,952,363.</b>	<b>7,856,754.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>106,034,169.</b>	<b>End of Year</b> <b>109,529,508.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>42,543,082.</b>	<b>35,166,187.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>63,491,087.</b>	<b>74,363,321.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>Jennifer Bertrand, CFO</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Joseph R. Byrne</b>	Preparer's signature <b>Joseph R. Byrne</b>	Date <b>08/03/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01289281</b>
	Firm's name ▶ <b>Berry Dunn McNeil &amp; Parker, LLC</b>	Firm's EIN ▶ <b>01-0523282</b>			
	Firm's address ▶ <b>2211 Congress St Portland, ME 04102</b>	Phone no. (207) 775-2387			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: The mission of Gifford Healthcare Inc. and its subsidiaries is to enhance the health and well-being of our communities by providing excellent patient-centered care including senior living services.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 40,648,862. including grants of \$ 97,233. ) (Revenue \$ 61,045,249. ) Gifford Medical Center Inc. ("Gifford") operates a not-for-profit, 25 bed critical access hospital whereby medical providers and nurses provide around the clock care to patients. Inpatient care services include a medical/surgical unit, a birthing center, and end of life care. Gifford also offers a range of clinical and ancillary services: diagnostic imaging, laboratory testing, anesthesiology, cardiology, chiropractic care, hospitalists, neurology, oncology, orthopedics, pathology, podiatry, sports medicine, general surgery, and urology.

Gifford Medical Center's caring and knowledgeable surgery team offers general surgery services including skin lesion and cyst removal, comprehensive breast care, diagnosis and treatment of all forms of

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

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

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

4e Total program service expenses 40,648,862.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 17		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 14		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **Jennifer Bertrand - 802-728-7000**  
**44 South Main Street, Randolph, VT 05060**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jeffrey J. Bath Radiologist	40.00 0.00					X	535,324.	0.	51,069.	
(2) Richard W. Graham Urologist	40.00 0.00					X	468,270.	0.	35,832.	
(3) Derek C. Chase Orthopedist	40.00 0.00					X	414,634.	0.	27,899.	
(4) Joshua T. White Chief Medical Officer	40.00 0.00					X	368,432.	0.	53,709.	
(5) Rafael Montecino Surgeon	40.00 0.00					X	364,162.	0.	27,099.	
(6) Daniel Bennett President & CEO	40.00 2.00	X		X			313,068.	0.	47,088.	
(7) Wayne D. Bennett Interim CFO	40.00 2.00			X			253,728.	0.	32,435.	
(8) Joseph Pelletier Past Trustee/Med. Staff President	1.00 40.00	X					233,189.	0.	51,588.	
(9) Megan O'Brien Trustee/Med. Staff President	40.00 0.00	X					142,376.	0.	7,115.	
(10) Matt Considine Chair	1.00 2.00	X		X			0.	0.	0.	
(11) Lincoln Clark Vice Chair	1.00 2.00	X		X			0.	0.	0.	
(12) Peter Reed Secretary	1.00 2.00	X		X			0.	0.	0.	
(13) Jody Davignon Treasurer	1.00 2.00	X		X			0.	0.	0.	
(14) Carol Bushey Director/Trustee	1.00 2.00	X					0.	0.	0.	
(15) Kristin Chandler Director/Trustee	1.00 2.00	X					0.	0.	0.	
(16) Megan Cicio Director/Trustee	1.00 2.00	X					0.	0.	0.	
(17) Fredrick Hauser Director/Trustee	1.00 2.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Sarah Jackson Director/Trustee	1.00 2.00	X						0.	0.	0.
(19) Sheila Jacobs Director/Trustee	1.00 2.00	X						0.	0.	0.
(20) Theron Manning Director/Trustee	1.00 2.00	X						0.	0.	0.
(21) Victor Ribaud Director/Trustee	1.00 2.00	X						0.	0.	0.
(22) Morgan Rilling Director/Trustee	1.00 2.00	X						0.	0.	0.
(23) Clay Westbrook Director/Trustee	1.00 2.00	X						0.	0.	0.
(24) Todd Winslow Director/Trustee	1.00 2.00	X						0.	0.	0.
(25) Bradford Atwood Past Secretary	1.00 2.00	X		X				0.	0.	0.
(26) Peter Nowlan Past Director/Trustee	1.00 2.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,093,183.	0.	333,834.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,093,183.	0.	333,834.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **47**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Neagley & Chase Construction Company, 66 Bowdoin Street, South Burlington, VT	Construction	1,317,714.
Weatherby Locums Inc. PO Box 972633, Dallas, TX 75397-2633	Contracted Labor	501,209.
FocusOne Solutions LLC, 13609 California Street, Omaha, NE 68154-5260	Contracted Labor	481,171.
University of Vermont Medical, 111 Colchester Avenue, Burlington, VT	Contracted Labor	425,802.
VHV Vermont Heating & Ventilant, 16 Tigan Street, Suite A, Winooski, VT 05404-0000	Construction	375,294.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **11**

See Part VII, Section A Continuation sheets

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Jennifer Bertrand CFO	40.00 2.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	158,589.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	235,095.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	535,515.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 10,731.				
	<b>h Total.</b> Add lines 1a-1f			929,199.			
Program Service Revenue	<b>2 a</b> Patient Service Revenue	Business Code					
		622100	123,810,114.	123,810,114.			
	<b>b</b> Fixed Prospective Revenue	622100	3,526,972.	3,526,972.			
	<b>c</b> Other Revenue	622100	2,505,335.	2,272,183.	17,317.	215,835.	
	<b>d</b> Provision for Bad Debts	622100	-1,808,287.	-1,808,287.			
	<b>e</b> Contractual Allowances/Charity Ca	622100	-66,988,885.	-66,988,885.			
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			61,045,249.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		593,295.			593,295.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	526,162.				
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>	66,708.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	459,454.				
	<b>d</b> Net rental income or (loss)			459,454.		459,454.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	9,434,831.				
		(ii) Other	39,189.				
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	8,021,395.	0.			
<b>c</b> Gain or (loss)	<b>7c</b>	1,413,436.	39,189.				
<b>d</b> Net gain or (loss)			1,452,625.		1,452,625.		
<b>8 a</b> Gross income from fundraising events (not including \$ 158,589. of contributions reported on line 1c). See Part IV, line 18		8a	74,171.				
	<b>b</b> Less: direct expenses	<b>8b</b>	34,930.				
	<b>c</b> Net income or (loss) from fundraising events			39,241.		39,241.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		9a					
	<b>b</b> Less: direct expenses	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances		10a					
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			64,519,063.	60,812,097.	17,317.	2,760,450.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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 domestic organizations and domestic governments. See Part IV, line 21 ...	12,500.	12,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	84,733.	84,733.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,080,588.	217,134.	863,454.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	23,973,325.	19,211,136.	4,762,189.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,029,532.	778,703.	250,829.	
9 Other employee benefits .....	4,796,685.	3,607,155.	1,189,530.	
10 Payroll taxes .....	1,658,282.	1,227,552.	430,730.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	17,893.		17,893.	
c Accounting .....	74,736.		74,736.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	8,218,729.	5,971,534.	2,247,195.	
12 Advertising and promotion .....	23,213.		23,213.	
13 Office expenses .....	70,876.		70,814.	62.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	1,194,068.	287,971.	905,047.	1,050.
17 Travel .....	4,389.	1,788.	2,597.	4.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	441,756.	326,725.	114,643.	388.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	3,387,368.	2,505,312.	879,078.	2,978.
23 Insurance .....	506,561.	161,694.	344,422.	445.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Medical Supplies and Dr</b>	5,972,406.	5,972,406.		
b <b>Licences, Taxes and Due</b>	3,142,835.	52,727.	3,087,345.	2,763.
c <b>Other Supplies</b>	527,899.	0.	527,435.	464.
d <b>Miscellaneous Expenses</b>	443,935.	229,792.	212,741.	1,402.
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	56,662,309.	40,648,862.	16,003,891.	9,556.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	63,615.	<b>1</b>	220,485.
	<b>2</b> Savings and temporary cash investments .....	18,015,597.	<b>2</b>	16,038,000.
	<b>3</b> Pledges and grants receivable, net .....	189,905.	<b>3</b>	53,000.
	<b>4</b> Accounts receivable, net .....	6,275,425.	<b>4</b>	6,149,398.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,365,206.	<b>8</b>	1,140,671.
	<b>9</b> Prepaid expenses and deferred charges .....	1,375,890.	<b>9</b>	1,677,025.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 91,707,051.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 56,215,845.	<b>10c</b>	35,491,206.
	<b>11</b> Investments - publicly traded securities .....	35,787,973.	<b>11</b>	39,093,078.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	8,887,909.	<b>15</b>	9,666,645.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	106,034,169.	<b>16</b>	109,529,508.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,108,987.	<b>17</b>	7,703,681.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	17,003,623.	<b>20</b>	16,357,320.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	21,117.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	18,409,355.	<b>25</b>	11,105,186.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	42,543,082.	<b>26</b>	35,166,187.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	61,086,874.	<b>27</b>	72,097,242.
	<b>28</b> Net assets with donor restrictions .....	2,404,213.	<b>28</b>	2,266,079.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	63,491,087.	<b>32</b>	74,363,321.
	<b>33</b> Total liabilities and net assets/fund balances .....	106,034,169.	<b>33</b>	109,529,508.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	64,519,063.
2	Total expenses (must equal Part IX, column (A), line 25)	2	56,662,309.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,856,754.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63,491,087.
5	Net unrealized gains (losses) on investments	5	1,920,625.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,094,855.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	74,363,321.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization: **Gifford Medical Center, Inc.**  
Employer identification number: **03-0179418**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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% support tests - 2019.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**Gifford Medical Center, Inc.**

Employer identification number

**03-0179418**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>Gifford Medical Center, Inc.</b>	Employer identification number  <b>03-0179418</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>7,184.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>14,858.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>10,731.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>Gifford Medical Center, Inc.</b>	Employer identification number  <b>03-0179418</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>107,232.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>46,171.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>107,232.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Gifford Medical Center, Inc.</b>	Employer identification number  <b>03-0179418</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>6,125.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>14,614.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Gifford Medical Center, Inc.</b>	Employer identification number  <b>03-0179418</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	 <hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	 <hr/> <hr/> <hr/>	\$ <u>53,241.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	 <hr/> <hr/> <hr/>	\$ <u>51,689.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	 <hr/> <hr/> <hr/>	\$ <u>111,172.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	 <hr/> <hr/> <hr/>	\$ <u>6,282.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	 <hr/> <hr/> <hr/>	\$ <u>12,712.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Gifford Medical Center, Inc.</b>	Employer identification number  <b>03-0179418</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	Publicly Traded Securities _____ _____ _____	\$ 10,731.	05/13/21
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>Gifford Medical Center, Inc.</b>	Employer identification number  <b>03-0179418</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- 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," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- 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," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>Gifford Medical Center, Inc.</b>	Employer identification number <b>03-0179418</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 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 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 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 funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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 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-.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2020**

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b>	Lobbying nontaxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots nontaxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		10,775.
<b>j</b> Total. Add lines 1c through 1i .....			10,775.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**Part II-B, Line 1, Lobbying Activities:**

Gifford Medical Center, Inc. Is a member of the Vermont Association of Hospitals and Health Systems and the American Hospital Association. A portion of the dues paid to these organizations is available for lobbying expenditures on behalf of Gifford Medical Center in furtherance of its exempt purpose. Gifford Medical Center does not





**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization **Gifford Medical Center, Inc.** Employer identification number **03-0179418**

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

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

**Part II Conservation Easements.** Complete if the organization answered "Yes" on 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 (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 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 Tax 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 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation 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 section 170(h)(4)(B)(ii)? .....

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on 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 acquisition, accession, and other records, check any of the following that make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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 Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on 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 the arrangement in Part XIII 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,541,208.	10,156,593.	9,008,731.	8,357,491.	8,082,089.
b Contributions	100,000.	100,000.	600.		
c Net investment earnings, gains, and losses	1,315,462.	667,149.	1,485,691.	651,240.	275,402.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	436,933.	382,534.	338,429.		
g End of year balance	11,519,737.	10,541,208.	10,156,593.	9,008,731.	8,357,491.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  86.2500 %
  - b Permanent endowment  13.7500 %
  - c Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 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   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		751,116.		751,116.
b Buildings		39,168,337.	21,655,219.	17,513,118.
c Leasehold improvements		154,659.	118,407.	36,252.
d Equipment		44,041,789.	31,547,571.	12,494,218.
e Other		7,591,150.	2,894,648.	4,696,502.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				35,491,206.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Other Receivables	97,493.
(2) Due From Affiliates	9,569,152.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	9,666,645.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Estimated Amounts Due to Third	
(3) Party Payors	976,222.
(4) Deferred Annuities	547,256.
(5) Accelerated Payments	5,277,427.
(6) Deferred Compensation	4,304,281.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,105,186.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

The intended uses of the Organization's endowment funds are for health care services and capital, indigent care, community outreach initiatives, nursing, buildings, maintenance and operations.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Last Mile Ride (event type)	(event type)	None (total number)	
Revenue	1	Gross receipts	232,760.		232,760.
	2	Less: Contributions	158,589.		158,589.
	3	Gross income (line 1 minus line 2)	74,171.		74,171.
Direct Expenses	4	Cash prizes	5,000.		5,000.
	5	Noncash prizes	1,270.		1,270.
	6	Rent/facility costs	5,576.		5,576.
	7	Food and beverages	2,395.		2,395.
	8	Entertainment			
	9	Other direct expenses	20,689.		20,689.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			34,930.
11	Net income summary. Subtract line 10 from line 3, column (d)			39,241.	

**Part III Gaming.** Complete if the organization answered "Yes" on 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	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 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?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter 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?  Yes  No

- 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 of the third party:

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?  Yes  No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization: **Gifford Medical Center, Inc.** Employer identification number: **03-0179418**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?		X
<b>b</b> If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			1387882.	2,590.	1385292.	2.44%
<b>b</b> Medicaid (from Worksheet 3, column a)			10074949.	6070435.	4004514.	7.07%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			11462831.	6073025.	5389806.	9.51%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			430,737.	281,275.	149,462.	.26%
<b>f</b> Health professions education (from Worksheet 5)			117,727.	3,158.	114,569.	.20%
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j Total.</b> Other Benefits			548,464.	284,433.	264,031.	.46%
<b>k Total.</b> Add lines 7d and 7j			12011295.	6357458.	5653837.	9.97%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

Table with 7 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with columns Yes/No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes: X). Row 2: Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount (Amount: 726,620.). Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

Section B. Medicare

Table for Section B with columns Yes/No. Row 5: Enter total revenue received from Medicare (including DSH and IME) (Amount: 11,764,427.). Row 6: Enter Medicare allowable costs of care relating to payments on line 5 (Amount: 11,601,371.). Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall) (Amount: 163,056.). Row 8: Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: [ ] Cost accounting system, [X] Cost to charge ratio, [ ] Other.

Section C. Collection Practices

Table for Section C with columns Yes/No. Row 9a: Did the organization have a written debt collection policy during the tax year? (Yes: X). Row 9b: If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI (Yes: X).

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, or trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 Gifford Medical Center

PO Box 2000

Randolph, VT 05060

www.giffordhealthcare.org

829

Table with columns: Licensed hospital, gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, , , X, , X, , , Other (describe), .

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group Gifford Medical Center

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>20</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.giffordhealthcare.org/about-us/commun</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>www.giffordhealthcare.org/about-us/community-reports</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group Gifford Medical Center

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b>	Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group Gifford Medical Center

	Yes	No
<p><b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....</p>	<b>X</b>	
<p><b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p><b>d</b> <input checked="" type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		<b>X</b>
<p><b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p><b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>X</b>	
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**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group Gifford Medical Center

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	<b>23</b>	<b>X</b>
If "Yes," explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	<b>24</b>	<b>X</b>
If "Yes," explain in Section C.		

Schedule H (Form 990) 2020



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Gifford Medical Center:

Part V, Section B, Line 5: Gifford Medical Center partnered with the Randolph Executive Community Council (RECC), which is comprised of community partners and serves as the Community Collaborative for the Randolph service area, to identify the significant health needs of our community. A survey was conducted to assess the most prevalent health and social needs within the community Gifford serves. 530 respondents completed the survey.

The hospital facility gained input from representatives of the following organizations:

- Gifford Health Care
- Central Vermont Council on Aging
- Capstone Community Action
- Clara Martin Center
- Bi-State Primary Care Association
- Randolph Area Community Development / SASH
- Visiting Nurse & Hospice for Vermont and New Hampshire
- Stagecoach Transportation Services
- South Royalton Health Center
- Vermont Foodbank
- BAYADA

Gifford Medical Center:

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Part V, Section B, Line 11: Gifford has strategically worked to address the community's need within its role as a health care provider. Areas identified as health challenges include: mental health services, substance abuse counseling, nutrition/obesity, and dental care.

Mental health services: In partnership with Gifford Healthcare, we have continued to strengthen our mental health services. This has included adding a behavioral health support group that focuses on post-partum mental health. Additionally, Gifford has actively sought out counselors with a wide variety of clinical skills to add to our behavioral health team, including those with expressive arts, marriage and family counseling, and youth focused mental health care.

Substance abuse counseling: In partnership with our parent corporation, Gifford Healthcare, Inc., a Federally Qualified Health Center, Gifford's behavioral health and blueprint for health team specialists offer counseling and one-on-one patient care at all Gifford primary care locations. Our addiction medicine program offers ongoing Suboxone treatment for patients with complex needs, Suboxone provider support, education, consultation, and therapy to help patients rebuild lives affected by opioid use disorder.

Obesity: Gifford's primary care team has long been a proponent of healthy lifestyle choices for good health and the prevention of disease and obesity. BMIs are determined at annual health screenings and patients are guided by providers and Gifford's registered dietitians on healthy diets and portion control. Discussions in support group settings (such as

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

diabetes and other chronic conditions) often focus on healthy choices to reduce and prevent disease. Patients are strongly encouraged to be physically active. In 2019 Gifford began a partnership with Veggie Van Go, a program of the Vermont Foodbank. Once a month all area community members with any food insecurities are invited to Gifford to pick up healthy food items at no cost.

Dental care: Gifford Healthcare's federally qualified health center designation has brought resources that help us support local dentists as they strive to better care for the underserved and uninsured. To increase awareness of dental health, we have partnered with Healthhub, a local nonprofit with a mobile dental trailer. The trailer travels to a variety of locations, including area schools and Gifford, to offer screenings, x-rays, examinations and cleanings by a dental hygienist.

Gifford Medical Center

Part V, line 16a, FAP website:

[www.giffordhealthcare.org/service/financial-assistance](http://www.giffordhealthcare.org/service/financial-assistance)

Gifford Medical Center

Part V, line 16b, FAP Application website:

[www.giffordhealthcare.org/service/financial-assistance](http://www.giffordhealthcare.org/service/financial-assistance)

Gifford Medical Center

Part V, line 16c, FAP Plain Language Summary website:

[www.giffordhealthcare.org/service/financial-assistance](http://www.giffordhealthcare.org/service/financial-assistance)

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Gifford Medical Center:

Part V, Section B, Line 16j: Gifford Medical Center contacts any uninsured patients that will register with the hospital to see if they are in need of financial assistance.

Schedule H, Part V, Line 18d:

Currently, Gifford has an outdated credit and collections policy that makes reference to legal procedures. Gifford does not actively engage in any legal action for nonpayment. Gifford is in the process of updating this policy to more accurately reflect actual processes and practices.

**Part V** Facility Information *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 6

Name and address	Type of Facility (describe)
1 Gifford Health Center at Berlin 82 East View Lane Berlin, VT 05641	Specialty Care Practice
2 Advance Physical Therapy 108 N Main Street White River Junction, VT 05001	Rehab Services
3 Gifford Health Center at Kingwood 1422 Route 66 Randolph, VT 05060	Physician Practice and Rehab Services
4 Sharon Health Center 12 Shippee Lane Sharon, VT 05065	Sports Medicine Practice
5 Twin River Health Center 108 N Main Street White River Junction, VT 05001	Physician Practice and Rehab Services
6 Gifford Speciality Care 44 South Main Street Randolph, VT 05060	Specialty Care Practice

**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 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 financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 7:

The cost to charge ratio calculated on IRS worksheet 2 was used in the calculation of cost on IRS worksheets 1 and 6.

Part III, Line 2:

The Organization used the cost-to-charge ratio as its costing methodology to calculate bad debt expense at cost.

Part III, Line 4:

Please refer to pages 11-14 and 17-18 of the attached audited financial statements.

Part III, Line 8:

Serving patients with Government health benefits, such as Medicare, is a component of the community benefit standard that tax-exempt hospitals are held to. This implies that serving Medicare patients is a community benefit and that the hospital operates to promote the health of the community.

**Part VI** Supplemental Information (Continuation)

Part III, Line 9b:

The application for and approval of financial assistance can occur before, during or after treatment so long as the account has not been written off to bad debt prior to receipt of a completed application and the necessary documentation. Accounts sent to bad debt after required information has been received can be returned from collections for processing without penalty to the applicant. Gifford Medical Center, Inc., encourages the application process to begin as early as possible.

Part VI, Line 2:

Identifying and meeting the community's health care needs would not be possible without input from the public.

Gifford Medical Center provides ample opportunities for the public to provide both input and actively participate in medical center activities. The community health needs assessment process, annual hospital report card meetings, patient satisfaction surveys and one-on-one comments to hospital staff and board members help direct strategic planning and operational decisions.

Every three years, Gifford engages in an extensive strategic planning process that results in the identification and implementation of a list of initiatives the hospital strives to achieve over the coming three years. Success at achieving those initiatives throughout, and by the conclusion of the three-year period is extensively monitored by the hospital's leaders, including its volunteer board of trustees.

**Part VI** Supplemental Information (Continuation)

Part VI, Line 3:

Gifford's Financial Assistance Program is available on our website. Patients are encouraged to seek assistance and speak with one of our advocates, who will provide one-to-one financial counseling to address patient financial needs in the most appropriate manner. Additionally, information is posted throughout the facility regarding patient rights and responsibilities, which states that a patient has the right to receive medical treatment regardless of their ability to pay and financial assistance is encouraged and available.

Part VI, Line 4:

In addition to the clinical offices located on the organization's main campus in Randolph, Vermont, the Organization operates community health care centers located in Sharon, Berlin, Randolph, and White River Junction, Vermont. The Randolph/Braintree area provides the most visits and is located in Orange County, Vermont.

Part VI, Line 5:

Gifford Medical Center strives to improve the health of its patients by providing and assuring access to affordable and high quality health care, and by promoting the health and wellbeing of everyone in our service area.

Gifford collaborates and partners with local and state agencies to provide fresh produce to our community at no charge. Gifford provides education to the community regarding healthy eating, supports initiatives that promote responsible physical activity for all ages, provides continued prevention education for smoking cessation, vaping, and other higher risk behaviors.



**Part VI** Supplemental Information (Continuation)

Gifford continues to focus on reducing the use of antibiotics through its Antibiotic Stewardship Program. The goal of the program is to reduce the reliance on antibiotics to assist in preventing the creation of super bugs that are resistant to commonly used antibiotics.

Surplus funds that may be generated in a given year are used to support infrastructure improvements, the purchase of new or routine replacement of equipment, investments in technology, or other resources and services that are required to meet the needs of the community we serve.

Gifford's governing body is comprised of community members who reside within its service area and dedicate a portion of their time to ensuring Gifford Medical Center meets the needs of its community.

Part VI, Line 6:

The Gifford Health Care System includes Gifford Health Care, Inc. (GHC), Gifford Medical Center, Inc. (GMC), and Gifford Retirement Community, Inc. (GRC). GHC is a Federally Qualified Health Center (FQHC). Gifford Medical Center, Inc. is a 25-bed Critical Access Hospital (CAH) providing general and specialty services. Gifford Retirement Community, Inc. has a 30-bed nursing home unit, adult day services and independent living facility.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **Gifford Medical Center, Inc.** Employer identification number **03-0179418**

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
Tri-Valley Transit, Inc. 297 Creek Road Middlebury, VT 05753-1906	03-0335768	501(c)(3)	12,500.	0.			Operations support

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

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ 0.

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
End of Life Care/Comforting Patients & Families	61	84,733.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The Organization provides grants to patients using the results of the last mile ride special fundraising event. The grants assist patients and their families with end of life care and planning.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **Gifford Medical Center, Inc.**  
 Employer identification number: **03-0179418**

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? ..... **9**

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Jeffrey J. Bath Radiologist	(i)	509,712.	25,000.	612.	14,250.	36,819.	586,393.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Richard W. Graham Urologist	(i)	440,019.	22,460.	5,791.	14,250.	21,582.	504,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Derek C. Chase Orthopedist	(i)	414,256.	0.	378.	14,250.	13,649.	442,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Joshua T. White Chief Medical Officer	(i)	350,722.	16,900.	810.	14,250.	39,459.	422,141.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Rafael Montecino Surgeon	(i)	344,672.	18,980.	510.	14,250.	12,849.	391,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Daniel Bennett President & CEO	(i)	304,588.	0.	8,480.	14,250.	32,838.	360,156.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Wayne D. Bennett Interim CFO	(i)	247,380.	5,000.	1,348.	1,911.	30,524.	286,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Joseph Pelletier Past Trustee/Med. Staff President	(i)	197,011.	35,404.	774.	12,129.	39,459.	284,777.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 7:

During the year, Wayne Bennett, Interim Chief Financial Officer, received a bonus payment in the amount of \$5,000 for the extension of his commitment as Interim CFO.

Gifford maintains financial incentives for providers. Provider incentives incorporate productivity, citizenship (contribution to hospital and community activities) and retention. Gifford's productivity measures are designed to ensure that all providers achieve a standard level of productivity.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **Gifford Medical Center, Inc.** Employer identification number **03-0179418**

Part I	Bond Issues	See Part VI for Column (a) Continuations												
		(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		(i) Pooled financing		
								Yes	No	Yes	No	Yes	No	
	A	Vermont Educational and Health Buildings Financi	23-7154467	None	04/01/21	16899942.	To Refinance Existing Bond		X		X			X
	B													
	C													
	D													

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	309,026.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	16,899,942.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	237,048.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	16,662,894.							
12	Other unspent proceeds								
13	Year of substantial completion	2021							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2020

<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....								
<b>5</b> 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 section 501(c)(3) organization, or a state or local government .....								
<b>6</b> Total of lines 4 and 5 .....								
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

<b>Part IV Arbitrage</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X						



	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X							

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**Schedule K, Part I, Bond Issues:**

(a) Issuer Name: Vermont Educational and Health Buildings Financing Agency

**Schedule K, Part IV, Arbitrage, Line 2c:**

(a) Issuer Name: Vermont Educational and Health Buildings Financing Agency

Date the Rebate Computation was Performed: 05/01/2021

SCHEDULE L  
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Gifford Medical Center, Inc.

Employer identification number

03-0179418

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No).

- 2 Enter the amount of tax incurred by 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.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No).

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance.

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization 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
Magee Office Equipment & T	Entity more than 35	111,470.	Purchased S		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Magee Office Equipment & TDS Leasing Inc.

(b) Relationship Between Interested Person and Organization:

Entity more than 35% owned by Todd Winslow, Trustee

(d) Description of Transaction: Purchased Supplies

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

Gifford Medical Center, Inc.

Employer identification number

03-0179418

Form 990, Part I, Line 1, Description of Organization Mission:

and outpatient basis.

Form 990, Part III, Line 4a, Program Service Accomplishments:

cancer, wound care, pill endoscopy, colonoscopies and appendix removal.

General surgeons provide a wide range of procedures (primarily focusing  
on the abdominal organs as well as diseases of the skin, breast, soft  
tissue and hernias) in both office and operating room settings.

Gifford Medical Center offers various other health care services to the  
central Vermont area. Other services available include radiology,  
laboratory, respiratory therapy, physical therapy, occupational  
therapy, speech pathology, electro cardiology, chemotherapy, emergency,  
skilled nursing, labor and delivery, nursery, radioisotope, and  
electroencephalography.

Form 990, Part V, Lines 1a & 2a:

Gifford Medical Center files all W-2s & 1099s for its related  
organizations, Gifford Health Care, Inc. (GHC) and Gifford Retirement  
Community, Inc. (GRC). The amounts reported on Part V, lines 1a & 1b  
are the allocable amounts specific to Gifford Medical Center, Inc. The  
compensation, employee benefits and payroll taxes are then allocated to  
GHC and GRC for the amounts that represent work performed for those  
organizations. Therefore, the amount reported on Part IX includes only  
those amounts allocated to work performed directly for Gifford Medical  
Center. The highest paid employees are determined by the work performed

Name of the organization Gifford Medical Center, Inc.	Employer identification number 03-0179418
--	--

for each organization. Therefore, the five highest paid employees listed on Part VII and Schedule J are those employees who work directly for Gifford Medical Center, Inc.

In addition the CEO and CFO's compensation has been shown in Part IX as paid by Gifford Medical Center only, although their time spent is attributable to all three entities.

Form 990, Part VI, Section B, line 11b:

The Form 990 is prepared by an independent accounting firm based on the audited financial statements and information provided by the accounting department of the organization.

The completed Form 990 is presented and reviewed by the Finance Committee of the Board of Trustees and an electronic copy of the complete Form 990 is made available to all Board Members prior to filing.

Form 990, Part VI, Section B, Line 12c:

Gifford Medical Center, Inc. requires board members to complete an annual conflict of interest survey. Any duality of interest or possible conflict of interest on the part of any director shall be disclosed to the other board members. Any director having duality of interest or possible conflict of interest on any matter shall not vote or use his personal influence on the matter, and shall not be present for discussion of the matter. The minutes of the meeting shall reflect that a disclosure was made and that the director abstained from voting and discussion.

Form 990, Part VI, Section B, Line 15:

Name of the organization Gifford Medical Center, Inc.	Employer identification number 03-0179418
--	--

Gifford Medical Center's Chief Executive Officer is evaluated annually by a board compensation committee that relies on data and input from a variety of independent sources. The compensation information is then reviewed by the Executive Committee of the Board of Trustees and resultant recommendations are presented to the Board of Trustees for final approval.

To evaluate the compensation of the Organization's other officers and key employees, the compensation review is administered by human resources and the CEO. The human resources department has some internal and external sources that are utilized to compare compensation amounts.

Form 990, Part VI, Section C, Line 19:

The Organization makes its conflict of interest policy available upon request. The financial statements are available on the Organization's website, and upon request.

Form 990, Part VII, Section A

Board Member Compensation:

Joseph Pelletier (Medical Staff President), Megan O'Brien (Medical Staff President), and Daniel Bennett (CEO) are employees of Gifford Medical Center/Gifford Health Care as well as members of the board of directors. Their compensation is related to their roles as employees. No trustees receive compensation for their roles as trustees.

Form 990, Part IX, Line 11g, Other Fees:

Contract Labor:

Program service expenses 1,616,233.

Name of the organization Gifford Medical Center, Inc.	Employer identification number 03-0179418
--	--

Management and general expenses	5,869.
---------------------------------	--------

Fundraising expenses	0.
----------------------	----

Total expenses	1,622,102.
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Other Professional Fees:

Program service expenses	3,110,185.
--------------------------	------------

Management and general expenses	1,017,886.
---------------------------------	------------

Fundraising expenses	0.
----------------------	----

Total expenses	4,128,071.
----------------	------------

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Service Contracts:

Program service expenses	1,245,116.
--------------------------	------------

Management and general expenses	1,223,440.
---------------------------------	------------

Fundraising expenses	0.
----------------------	----

Total expenses	2,468,556.
----------------	------------

Total Other Fees on Form 990, Part IX, line 11g, Col A	8,218,729.
--	------------

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Form 990, Part X, Line 10: Land, Buildings, and Equipment

Section 1.263(a)-3(n) Election:

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Gifford Medical Center, Inc.

44 South Main Street

Randolph, VT 05060

EIN 03-0179418

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Gifford Medical Center, Inc. is electing to capitalize repair and maintenance costs under Regulation Section 1.263(a)-3(n).





**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

Gifford Medical Center, Inc.

Employer identification number

03-0179418

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Gifford Health Care, Inc. - 46-0938716 44 South Main Street Randolph, VT 05060	FQHC/Parent	Vermont	501(c)(3)	Line 10	N/A		X
Gifford Retirement Community, Inc. - 46-3593492, 44 South Main Street, Randolph, VT 05060	Skilled Nursing Facility and Retirement Community	Vermont	501(c)(3)	Line 10	Gifford Health Care, Inc.		X

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

Schedule R (Form 990) 2020

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Charitable Remainder Trusts (8)	Deferred Annuity	VT	Gifford Medical Center, Inc.					X	
Charitable Remainder Trusts (2)	Deferred Annuity	VT	Gifford Retirement Community,						X

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**Part IV, Identification of Related Organizations Taxable as Corp or Trust:**

Name of Related Organization:

Charitable Remainder Trusts (2)


Direct Controlling Entity: Gifford Retirement Community, Inc.



# Gifford Health Care, Inc. and Subsidiaries

CONSOLIDATED FINANCIAL STATEMENTS  
and  
SUPPLEMENTARY INFORMATION

September 30, 2021 and 2020  
With Independent Auditor's Report



# GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES

September 30, 2021 and 2020

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## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Gifford Health Care, Inc. and Subsidiaries

We have audited the accompanying consolidated financial statements of Gifford Health Care, Inc. and Subsidiaries, which comprise the consolidated balance sheets as of September 30, 2021 and 2020, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Gifford Health Care, Inc. and Subsidiaries as of September 30, 2021 and 2020, and the consolidated results of their operations, changes in their net assets and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.



***Change in Accounting Principle***

As discussed in Note 1 to the financial statements, in 2021 Gifford Health Care, Inc. and Subsidiaries, adopted Financial Accounting Standards Board Accounting Standards Update No. 2014-09, *Revenues from Contracts with Customers (Topic 606)*, and related guidance. Our opinion is not modified with respect to this matter.

***Other Matters***

*Report on Supplementary Information*

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The additional consolidating schedules are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*Berry Dunn McNeil & Parker, LLC*

Portland, Maine  
January 28, 2022  
Registration No. 92-0000278

**GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES**

**Consolidated Balance Sheets**

**September 30, 2021 and 2020**

**ASSETS**

	<u>2021</u>	<u>2020</u>
Current assets		
Cash and cash equivalents	\$ 15,900,157	\$ 17,649,876
Short-term investments	2,718,104	2,508,741
Patient accounts receivable, net	7,613,448	7,111,161
Other receivables	320,158	302,300
Supplies	1,146,946	1,418,301
Prepaid expenses and other	<u>1,791,810</u>	<u>1,488,073</u>
Total current assets	29,490,623	30,478,452
Assets limited as to use	26,195,528	23,986,569
Long-term investments	11,329,041	10,356,109
Property and equipment, net	<u>46,754,731</u>	<u>45,827,187</u>
Total assets	<u>\$113,769,923</u>	<u>\$110,648,317</u>

---

The accompanying notes are an integral part of these financial statements.

## LIABILITIES AND NET ASSETS

	<u>2021</u>	<u>2020</u>
Current liabilities		
Current maturities of long-term debt	\$ 1,544,858	\$ 1,225,325
Accounts payable	3,500,365	3,602,929
Accrued expenses	5,969,278	5,192,629
Interest rate swap agreement	-	3,608,855
Accelerated payments from third parties	5,377,687	9,238,305
Estimated amounts due to third-party payers	1,005,909	1,649,681
Other	<u>97,900</u>	<u>83,600</u>
Total current liabilities	<b>17,495,997</b>	24,601,324
Long-term debt, excluding current maturities	<b>21,361,304</b>	20,577,397
Deferred compensation	<b>4,304,281</b>	3,792,037
Refundable entrance fees	<b>6,265,203</b>	4,999,992
Deferred revenue from entrance fees	<b>2,622,823</b>	1,020,473
Deferred annuities	<u>526,656</u>	<u>475,237</u>
Total liabilities	<b><u>52,576,264</u></b>	<b><u>55,466,460</u></b>
Net assets		
Without donor restrictions	<b>58,846,293</b>	52,621,908
With donor restrictions	<u>2,347,366</u>	<u>2,559,949</u>
Total net assets	<b><u>61,193,659</u></b>	<b><u>55,181,857</u></b>
Total liabilities and net assets	<b><u>\$113,769,923</u></b>	<b><u>\$110,648,317</u></b>

---

**GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES**

**Consolidated Statements of Operations**

**Years Ended September 30, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
Revenues, gains and other support without donor restrictions		
Patient service revenue (net of contractual allowances and discounts)	\$ 66,911,777	\$ 57,894,516
Provision for bad debts	<u>-</u>	<u>1,738,683</u>
Net patient service revenue	<b>66,911,777</b>	56,155,833
Fixed prospective revenue	<b>3,526,972</b>	3,163,451
Other revenues	<b>10,264,953</b>	8,564,077
U.S. Department of Health and Human Services (HHS) stimulus revenue	<b>37,619</b>	7,158,403
Net assets released from restrictions used for operations	<u><b>187,394</b></u>	<u>220,538</u>
Total revenues, gains and other support without donor restrictions	<u><b>80,928,715</b></u>	<u>75,262,302</u>
Expenses		
Salaries and wages	<b>37,601,609</b>	36,210,181
Employee benefits	<b>11,040,045</b>	9,840,525
Purchased services and professional fees	<b>11,383,899</b>	9,091,449
Supplies and other	<b>15,291,219</b>	14,358,480
Depreciation and amortization	<b>4,313,692</b>	4,229,332
Interest	<u><b>725,473</b></u>	<u>1,006,319</u>
Total expenses	<u><b>80,355,937</b></u>	<u>74,736,286</u>
Operating income	<u><b>572,778</b></u>	<u>526,016</u>
Nonoperating gains		
Investment return, net	<b>3,960,043</b>	1,998,945
Change in fair value of interest rate swap agreement	-	(680,438)
Gain on termination of interest rate swap agreement	<b>1,094,855</b>	-
Other income	<u><b>52,468</b></u>	<u>569,112</u>
Net nonoperating gains	<u><b>5,107,366</b></u>	<u>1,887,619</u>
Excess of revenues, gains, other support, and nonoperating gains over expenses and losses	<b>5,680,144</b>	2,413,635
Net assets released from restrictions for acquisition of property and equipment	<u><b>544,241</b></u>	<u>286,480</u>
Increase in net assets without donor restrictions	<u><b>\$ 6,224,385</b></u>	<u>\$ 2,700,115</u>

The accompanying notes are an integral part of these financial statements.

**GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES**

**Consolidated Statements of Changes in Net Assets**

**Years Ended September 30, 2021 and 2020**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Balances, October 1, 2019	\$ <u>49,921,793</u>	\$ <u>2,260,928</u>	\$ <u>52,182,721</u>
Excess of revenues, gains, other support, and nonoperating gains over expenses and losses before net assets released from restrictions	2,193,097	-	2,193,097
Contributions	-	806,039	806,039
Net assets released from restrictions used for operations	220,538	(220,538)	-
Net assets released from restrictions for acquisition of property and equipment	<u>286,480</u>	<u>(286,480)</u>	<u>-</u>
Change in net assets	<u>2,700,115</u>	<u>299,021</u>	<u>2,999,136</u>
Balances, September 30, 2020	<u>52,621,908</u>	<u>2,559,949</u>	<u>55,181,857</u>
Excess of revenues, gains, other support, and nonoperating gains over expenses and losses before net assets released from restrictions	5,492,750	-	5,492,750
Contributions	-	519,052	519,052
Net assets released from restrictions used for operations	187,394	(187,394)	-
Net assets released from restrictions for acquisition of property and equipment	<u>544,241</u>	<u>(544,241)</u>	<u>-</u>
Change in net assets	<u>6,224,385</u>	<u>(212,583)</u>	<u>6,011,802</u>
Balances, September 30, 2021	\$ <u>58,846,293</u>	\$ <u>2,347,366</u>	\$ <u>61,193,659</u>

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The accompanying notes are an integral part of these financial statements.

**GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES**

**Consolidated Statements of Cash Flows**

**Years Ended September 30, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities		
Change in net assets	\$ 6,011,802	\$ 2,999,136
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	4,313,692	4,229,332
Provision for bad debts	-	1,738,683
Amortization of deferred revenue	(359,752)	(158,610)
Amortization of debt issuance costs	41,408	26,540
Net gain on investments	(3,361,067)	(922,859)
Net (gain) loss on sale of property and equipment	(40,194)	211,492
Gain on termination of interest rate swap agreement	(1,094,855)	-
Change in fair value of interest rate swap agreement	-	680,438
Proceeds from entrance fees - deferred revenue	1,962,102	284,699
Restricted contributions	(519,052)	(806,039)
(Increase) decrease in		
Patient accounts receivable, net	(502,287)	590,908
Supplies	271,355	(117,304)
(Decrease) increase in		
Estimated amounts due from and to third-party payers	(643,772)	567,693
Accelerated payments	(3,860,618)	9,238,305
Accounts payable and accrued expenses	750,643	(702,120)
Other assets and liabilities	(255,876)	(267,886)
Net cash provided by operating activities	<u>2,713,529</u>	<u>17,592,408</u>
Cash flows from investing activities		
Purchases of property and equipment	(5,240,042)	(2,522,838)
Decrease in accounts payable related to purchase of property and equipment	(76,558)	-
Proceeds from the sale of property and equipment	39,000	325,000
Purchase of investments	(8,958,750)	(14,831,382)
Proceeds from disposition of investments	9,440,807	15,499,891
Net cash used by investing activities	<u>(4,795,543)</u>	<u>(1,529,329)</u>
Cash flows from financing activities		
Proceeds from entrance fees – refundable	2,124,915	1,138,798
Refunds of entrance fees	(859,704)	(237,258)
Restricted contributions	519,052	806,039
Proceeds from issuance of long-term debt	2,176,618	-
Payment for termination of interest rate swap agreement	(2,514,000)	-
Principal payments on long-term debt	(1,114,586)	(3,041,522)
Net cash provided (used) by financing activities	<u>332,295</u>	<u>(1,333,943)</u>
(Decrease) increase in cash and cash equivalents	(1,749,719)	14,729,136
Cash and cash equivalents, beginning of year	<u>17,649,876</u>	<u>2,920,740</u>
Cash and cash equivalents, end of year	\$ <u>15,900,157</u>	\$ <u>17,649,876</u>
Supplemental cash flows information:		
Interest paid	\$ <u>684,065</u>	\$ <u>979,779</u>
Noncash refinancing of Vermont Education and Health Buildings Financing Agency Series 2014 tax exempt variable rate bonds	\$ <u>16,662,894</u>	\$ <u>-</u>
Noncash conversion of Independent Living 1 Construction note payable	\$ <u>4,324,358</u>	\$ <u>-</u>
Purchase of property and equipment in accounts payable	\$ <u>-</u>	\$ <u>76,558</u>

The accompanying notes are an integral part of these financial statements.

# GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES

## Notes to Consolidated Financial Statements

September 30, 2021 and 2020

### Organization

Gifford Health Care, Inc. (GHC) is a not-for-profit organization incorporated under the laws of the state of Vermont for the purpose of providing health care services in Randolph, Vermont, and surrounding communities. GHC is a federally qualified health center (FQHC) and parent organization.

GHC includes:

Gifford Medical Center, Inc. (GMC), a 25-bed critical access hospital (CAH), providing general and specialty services.

Gifford Retirement Community (GRC), which provides skilled nursing services and an independent living community.

Collectively GHC, GMC and GRC are referred to as the Organization.

### 1. Significant Accounting Policies

#### Principles of Consolidation

These consolidated financial statements include the accounts of GHC and its subsidiaries, GMC and GRC. All significant intercompany transactions have been eliminated in consolidation.

#### Basis of Presentation

Net assets and revenues, expense, and gains are classified based on the existence or absence of donor-imposed restrictions in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 958, *Not-For-Profit Entities*, as follows:

**Net assets without donor restrictions:** Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors (Board).

**Net assets with donor restrictions:** Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Under FASB ASC Topic 958 and FASB ASC Topic 954, *Health Care Entities*, all not-for-profit healthcare organizations are required to provide a balance sheet, a statement of operations, a statement of changes in net assets, and a statement of cash flows. FASB ASC Topic 954 requires reporting amounts for an organization's total assets, liabilities, and net assets in a balance sheet; reporting the change in an organization's net assets in statements of operations and changes in net assets; and reporting the change in its cash and cash equivalents in a statement of cash flows.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of operations and changes in net assets.

# GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES

## Notes to Consolidated Financial Statements

September 30, 2021 and 2020

### **Newly Adopted Accounting Pronouncements**

In 2021, the Organization adopted FASB Accounting Standards Update (ASU) No. 2014-09, Revenue from Contracts with Customers (Topic 606), and related guidance, which supersedes accounting standards that previously existed under U.S. generally accepted accounting principles (GAAP) and provides a single revenue model to address revenue recognition to be applied by all companies. Under the new standard, companies recognize revenue when a customer obtains control of promised goods or services in an amount that reflects the consideration to which the company expects to be entitled in exchange for those goods and services. ASU No. 2014-09 also requires companies to disclose additional information, including the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The Organization adopted this ASU for the year ended September 30, 2021 and elected the modified retrospective method; therefore, the financial statements and related notes have been presented accordingly.

### **Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### **Cash and Cash Equivalents**

All investments that are not limited as to use with a maturity of three months or less at the time of acquisition are considered cash equivalents. At September 30, 2021 and 2020, cash equivalents consisted primarily of sweep products. Repurchase and sweep products are utilized as part of the cash management policy, which are not federally insured, but are covered by separate agreements with the financial institution.

At September 30, 2021 and 2020, the Organization held \$8,239,228 and \$17,556,600, respectively, in repurchase and sweep accounts.

### **Investments and Investment Return**

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value. To simplify the presentation of investment return, the Organization accounts for its investment portfolio in accordance with the fair value option in FASB ASC Topic 825, *Financial Instruments*, and, accordingly, investment income or loss (including realized gains and losses on investments, interest and dividends) and unrealized gains and losses are included in excess of revenues, gains, other support, and nonoperating gains over expenses and losses unless the income is restricted by donor or law.

Investments in general are exposed to various risks, such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheets.



# GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES

## Notes to Consolidated Financial Statements

September 30, 2021 and 2020

### **Assets Limited as to Use**

Assets limited as to use include assets set aside by the Board for future capital improvements which the Board retains control and may at its discretion subsequently use for other purposes.

### **Supplies**

Supplies inventory is stated at the lower of cost (first-in, first-out) or net realizable value.

### **Donor Contributions**

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received to the extent estimated to be collectible by the Organization. Contributions received with donor restrictions that limit the use of the donated assets are reported as net assets with donor restrictions. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor restricted contributions whose restrictions are met within the same year as received are included in nonoperating gains in the accompanying consolidated financial statements.

### **Property and Equipment**

Property and equipment purchases are recorded at cost. Property and equipment donated for Organization operations are recorded at fair value at the date of receipt. Expenditures for repairs and maintenance are expensed when incurred and betterments are capitalized.

Gifts of long-lived assets such as land, buildings or equipment are reported as increases in net assets without donor restrictions at fair value and are excluded from the excess (deficiency) of revenues, gains, other support, and nonoperating gains over expenses and losses. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire or construct long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulation about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method.

### **Excess of Revenues, Gains, Other Support and Nonoperating Gains Over Expenses and Losses**

The consolidated statements of operations include excess of revenues, gains, other support, and nonoperating gains over expenses and losses. Changes in net assets without donor restrictions which are excluded from this measure, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services and contributions of long-lived assets (including assets acquired using contributions which by donor restrictions were to be used for the purposes of acquiring such assets).

**GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements**

**September 30, 2021 and 2020**

**Debt Issuance Costs**

Debt issuance costs represent costs incurred in connection with the issuance of long-term debt. Such costs are being amortized over the term of the respective debt using the straight-line method. Debt issuance costs are presented as a reduction from long-term debt.

**Deferred Revenue**

The Organization records deferred revenue from the occupancy of units in the retirement community. To enter the retirement community, residents are required to pay a deposit. Residents can choose between three different deposit options. Two of the deposit options are 80% or 50% refundable to the resident contingent upon the reoccupancy of the resident's unit after the resident leaves the community. The refundable deposit is equal to the lesser of the original purchase price or resale price. The remaining 20% or 50%, respectively, of each deposit is nonrefundable and is amortized into income over the life expectancy of the resident. Life expectancies are adjusted annually. The third deposit option is 100% nonrefundable.

Contract Type - <u>Refundable Entrance Deposits</u>	<b>2021</b>				
	<u>Proceeds Received</u>	<u>Refundable Entrance Fees</u>	<u>Deferred Revenue from Entrance Fees</u>	<u>Amortization of Deferred Revenue - Entrance Fees</u>	<u>Refunds of Entrance Deposits</u>
50% Refundable	\$ 221,335	\$ 110,667	\$ 110,667	\$ -	\$ .
80% Refundable	2,289,189	6,154,536	1,194,539	359,752	687,763
100% Nonrefundable	<u>1,317,616</u>	-	<u>1,317,617</u>	-	.
	<u>\$ 3,828,140</u>	<u>\$ 6,265,203</u>	<u>\$ 2,622,823</u>	<u>\$ 359,752</u>	<u>\$ 687,763</u>
Contract Type - <u>Refundable Entrance Deposits</u>	<b>2020</b>				
	<u>Proceeds Received</u>	<u>Refundable Entrance Fees</u>	<u>Deferred Revenue from Entrance Fees</u>	<u>Amortization of Deferred Revenue - Entrance Fees</u>	<u>Refunds of Entrance Deposits</u>
80% Refundable	<u>\$ 1,423,497</u>	<u>\$ 4,999,992</u>	<u>\$ 1,020,473</u>	<u>\$ 158,610</u>	<u>\$ 237,258</u>

Based on the current fee structure and existing residency agreements, management expects that future monthly service charges will be reflective of related operating costs plus deferred revenue from entrance fees and, accordingly, a liability to provide future services to current residents has not been recorded.

The Organization recognizes revenue for the fees charged to residents for rental, housekeeping and dietary services provided which is recorded at the estimated net realized amounts.

# GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES

## Notes to Consolidated Financial Statements

September 30, 2021 and 2020

### **Deferred Annuities**

Annuity obligations represent the amount of various planned giving instruments where the Organization has fiduciary responsibility for the safekeeping, investment management and distribution of such funds to designated individuals. Annuity obligations are valued at the actuarial present value of the expected payments based upon the life expectancy for the annuitants. The present value of the estimated future payments at September 30, 2021 and 2020, was \$624,556 and \$558,837, respectively, and is included in other current liabilities and deferred annuities. At September 30, 2021 and 2020, the internally designated assets to satisfy the future payments were \$2,029,034 and \$1,676,738, respectively, and are included in long-term investments.

### **Net Patient Service Revenue and Patient Accounts Receivable**

Net patient service revenue and patient accounts receivable are reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Organization bills the patients and third-party payors several days after the services are performed or the patient is discharged from the hospital. Revenue is recognized as performance obligations are satisfied.

The Organization has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the Organization's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Organization does in certain instances enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Performance obligations are determined based on the nature of the services provided by the Organization. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Organization believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in hospitals receiving inpatient acute care services or patients receiving services in outpatient centers. The Organization measures the performance obligation from admission into the hospital or the commencement of an outpatient service to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services. Revenue from performance obligations satisfied at a point in time is generally recognized when the goods are provided to patients and customers in a retail setting (for example, cafeteria) and the Organization does not believe it is required to provide additional goods or services related to that sale.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Organization has elected to apply the optional exemption provided in FASB ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price

## GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

September 30, 2021 and 2020

allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Organization determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Organization's policy, and implicit price concessions provided to uninsured patients. The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience with this class of patients and records these as a direct reduction to net patient service revenue. Management continually reviews the contractual estimation process to consider and incorporate updates to laws and regulations and changes in commercial contractual terms resulting from contract negotiations and renewals.

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to operations and a credit to a valuation allowance based on its assessment of individual accounts and historical adjustments. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to patient accounts receivable.

The Organization has agreements with third-party reimbursing agencies that provide for payments at amounts different from its established rates. A summary of the payment arrangements with major third-party reimbursing entities follows:

#### Medicare

As a Critical Access Hospital, inpatient acute services rendered to Medicare program beneficiaries are paid under a cost reimbursement methodology. Outpatient services are paid based on a combination of reimbursed cost and fee schedules. The Organization is reimbursed for cost reimbursable items at an interim rate with final settlement determined after submission of annual cost reports by the Organization and audits thereof by the Medicare fiscal intermediary. The Organization's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2014. Revenues from the Medicare program accounted for approximately 38% of the Organization's net patient revenue for the years ended September 30, 2021 and 2020.

#### Medicaid

Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors, and are not subject to retroactive adjustment. The Organization's Medicaid cost reports have been audited by the fiscal intermediary through September 30, 2014. Revenues from the Medicaid program accounted for approximately 13% and 14% of the Organization's net patient revenue for the years ended September 30, 2021 and 2020, respectively.

# GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES

## Notes to Consolidated Financial Statements

September 30, 2021 and 2020

Effective January 1, 2019, the Organization started participating in the State of Vermont's alternative payment model (all-payor system). Under this model, the Organization entered into a risk-bearing agreement with OneCare Vermont, LLC for the Vermont Medicaid attributed lives in the Corporation's service area. This is a capitated-based payment agreement with pre-established risk corridors.

### Other

The Organization has entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the Hospital is primarily discounts from established charges, prospectively determined daily rates, and fee schedules.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties and exclusion from the Medicare and Medicaid programs. The Organization continually assesses areas that represent potential for billing errors. The impact of potential billing errors are addressed and included within the estimated third-party payor settlements amount in the financial statements at September 30, 2021. As a result of investigations by governmental agencies, various healthcare organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Organization's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Organization. In addition, the contracts the Organization has with commercial and other payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Organization's historical settlement activity, including a determination it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from changes in transaction price in 2021 and 2020 increased net patient service revenue by approximately \$2,700,000 and \$222,000, respectively.

Consistent with the Organization's mission, care is provided to patients regardless of their ability to pay. Therefore, the Organization has determined it has provided implicit price concessions to uninsured patients and other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represents the difference

## GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

September 30, 2021 and 2020

between amounts billed to patients and the amounts the Organization expects to collect based on its collection history with those patients.

Patients who meet the Organization's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as revenue. The Organization estimates the costs associated with providing charity care by calculating a ratio of total cost to total gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of caring for charity care patients was approximately \$315,000 and \$357,000 for 2021 and 2020, respectively.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Organization also provides services to uninsured patients and offers those uninsured patients a discount, either by policy or law, from standard charges. The Organization estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense.

The Organization has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the following factors:

- Payors (for example, Medicare, Medicaid, managed care or other insurance, patient) have different reimbursement and payment methodologies;
- Length of the patient's service or episode of care;
- Method of reimbursement (fee for service or fixed prospective payment); and
- Organization's program that provided the service.

For the years ended September 30, 2021 and 2020, the Organization determined any revenue recognized from goods and services that transfer to the customer at a point in time is not material to the financial statements.

#### **Grant Revenue**

The Organization is the recipient of a Consolidated Health Centers (CHC) grant from HHS (the granting agency). The general purpose of the grant is to provide expanded health care service delivery for residents of Randolph, Vermont, and surrounding areas. Terms of the grant generally provide for funding of the Organization's operations based on an approved budget.

# GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES

## Notes to Consolidated Financial Statements

September 30, 2021 and 2020

Grant revenue is recognized as qualifying expenditures are incurred over the grant period. Grant activities and outlays are subject to audit and acceptance by the granting agency and, as a result of such audit, adjustments could be required. During the years ended September 30, 2021 and 2020, CHC grant revenue of \$2,552,280 and \$2,100,096 was recognized, respectively. The Organization's present CHC grant award covers the grant period ending January 31, 2022, and is approved at \$1,704,120. Future funding is to be determined by the granting agency based on an application to be submitted by the Organization prior to expiration of the present grant period.

In addition to the above grants, the Organization receives additional financial support from other federal and state sources. Generally, such support requires compliance with terms and conditions specified in grant agreements and must be renewed on an annual basis.

### **Contract Pharmacy Program**

The Organization participates in the 340B outpatient drug discount program administered by the Office of Pharmacy Affairs of the Health Resources and Services Administration. The Organization contracts with local retail pharmacies under the program, which resulted in additional revenues and discounts on outpatient pharmaceuticals. Net revenue from this program was approximately \$1,601,000 and \$1,772,000 for 2021 and 2020, respectively. Laws and regulations surrounding the 340B drug program are complex and are subject to interpretation and change.

### **Self-Insurance**

The Organization has elected to self-insure employee dental and health benefits for services that are not provided at the Organization to participating employees and their covered dependents. A provision is accrued for self-insured employee health claims including both claims reported and claims incurred but not yet reported. The accrual is estimated based upon prior lagging claims experience, recently incurred claims and other qualitative factors. The accrued self-insurance reserve was approximately \$450,000 as of September 30, 2021 and 2020. It is reasonably possible that the Organization's estimate will change by a material amount in the near term. Stop-loss insurance has been purchased to cover unusually large claims for services not performed at the Organization. This stop-loss insurance coverage consists of \$200,000 on each individual participating employee. There is no stop-loss insurance coverage for services performed at the Organization.

### **Income Taxes**

The Organization has been determined by the Internal Revenue Service to be a tax-exempt charitable organization as described in Section 501(c)(3) of the Internal Revenue Code (Code), whereby, only unrelated business income, as defined by Section 512(a)(1) of the Code, is subject to federal income tax. Accordingly, no provision for federal income taxes has been recorded in the accompanying consolidated financial statements.

# GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES

## Notes to Consolidated Financial Statements

September 30, 2021 and 2020

### **Medicare Accelerated Payments**

In response to the 2019 Novel Coronavirus Disease (COVID-19) pandemic, the Centers for Medicare & Medicaid Services (CMS) made available an accelerated and advance payment program to Medicare providers. The Organization received \$9,238,305 in April 2020. During 2021, CMS began recouping payment from claim payments, one year after the advance was made for a period of 17 months.

### **Provider Relief Funds**

The Coronavirus Aid, Relief, and Economic Security (CARES) Act provided \$175 billion to eligible healthcare providers to prevent, prepare for and respond to COVID-19. The CARES Act provides the U.S. Department of Health and Human Services (HHS) with discretion to operate the program and determine the reporting requirements. The funds have been appropriated to reimburse healthcare providers for COVID related expenses or lost revenues that are attributable to COVID-19. During 2021 and 2020, the Organization received \$37,619 and \$7,158,403 of HHS Provider Relief Funds (PRF), respectively, and attested to the receipt of the PRF and agreement with the associated terms and conditions. At September 30, 2021 and 2020, the Organization has recognized \$37,619 and \$7,158,403 of the PRF for COVID-related expenses, respectively, in other revenues in the statements of operations. Management determined the conditions on which the PRF depend were substantially met. Management believes the position taken is a reasonable interpretation of the rules currently available. Due to the complexity of the reporting requirements and the continued issuance of clarifying guidance, it is possible the amount of income recognized related to the lost revenues and COVID-related costs may change by a material amount. Any difference between amounts previously estimated and amounts subsequently determined to be recoverable or payable will be included in income in the year that such amounts become known.

### **Subsequent Events**

For purposes of the preparation of these consolidated financial statements, the Organization has considered transactions or events occurring through January 28, 2022, which was the date the consolidated financial statements were available to be issued.

## **2. Availability and Liquidity of Financial Assets**

The Organization had working capital of \$11,994,626 and \$5,877,128 at September 30, 2021 and 2020, respectively. The Organization had average days (based on normal expenditures) cash and cash equivalents on hand of 72 and 86 at September 30, 2021 and 2020, respectively.

The Organization's goal is to maintain financial assets to meet 75 days of operating expenses, approximately \$16,511,475 and \$15,314,850 at September 30, 2021 and 2020, respectively. The annual operating budget is determined with the goal of generating sufficient net patient service revenue and cash flows to allow the Organization to be sustainable to support its mission and vision.



**GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements**

**September 30, 2021 and 2020**

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs not financed with debt, were as follows as of September 30:

	<u>2021</u>	<u>2020</u>
Financial assets at year end		
Cash and cash equivalents	\$ <b>15,900,157</b>	\$17,649,876
Short-term investments	<b>2,718,104</b>	2,508,741
Patient accounts receivable, net	<b>7,613,448</b>	7,111,161
Other receivables	<b>320,158</b>	302,300
Long-term investments	<u><b>11,329,041</b></u>	<u>10,356,109</u>
Financial assets available to meet general expenditures within one year	<u><b>\$ 37,880,908</b></u>	<u>\$37,928,187</u>

Cash and cash equivalents included \$5,377,687 and \$7,392,355 at September 30, 2021 and 2020, respectively, specifically related to Medicare Accelerated Payments and unexpended CARES Act Funds received from HHS. This equates to 21 and 38 days cash and cash equivalents on hand, respectively.

Long-term investments are not intended to be used for general expenditure within the next year; however, long-term investments could be made available, if necessary.

The Organization has other assets limited as to use of \$26,195,528 and \$23,986,569 at September 30, 2021 and 2020, respectively, that are designated assets set aside by the Board for future capital improvements. These assets limited as to use are not available for general expenditure within the next year; however, the internally designated amounts could be made available, if necessary.

**3. Net Patient Service Revenue**

Patient service revenue and contractual and other allowances consisted of the following for the years ended September 30:

	<u>2021</u>	<u>2020</u>
Gross patient service revenue	\$ <b>141,681,449</b>	\$ 126,270,354
Less contractual allowances	<b>74,217,120</b>	67,775,725
Less charity care	<u><b>552,552</b></u>	<u>600,113</u>
	<u><b>74,769,672</b></u>	<u>68,375,838</u>
Patient service revenue (net of contractual allowances and discounts)	<b>66,911,777</b>	57,894,516
Less provision for bad debts	<u>-</u>	<u>1,738,683</u>
Net patient service revenue	<u><b>\$ 66,911,777</b></u>	<u>\$ 56,155,833</u>

## GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

**September 30, 2021 and 2020**

Each performance obligation is separately identifiable from other promises in the customer contract. As the performance obligations are met (i.e., room, board, ancillary services, level of care), revenue is recognized based upon the allocated transaction price. The transaction price is allocated to separate performance obligations based upon the relative standalone selling price. In instances where management determines there are multiple performance obligations across multiple months, the transaction price is allocated by applying an estimated implicit and explicit rate to gross charges based on the separate performance obligations.

In assessing collectibility, the Organization has elected the portfolio approach. This portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers. The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all of the contracts (which are at the patient level) by the particular payor or group of payors, will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level.

As disclosed in Note 1 to these consolidated financial statements, the Organization adopted ASU No. 2014-09 and related guidance for the year ended September 30, 2021, electing to use the modified retrospective method. Accordingly, amounts in the comparative period have not been restated and continue to be reported under the accounting standards in effect for that year. The impact of adoption on the consolidated statement of operations for the year ended September 30, 2021 follows:

	<u>As Reported</u>	<u>Balance Without ASC 606 Adoption</u>	<u>Effect of Change</u>
Net revenue before provision for doubtful accounts		\$ 68,710,764	
Less: Provision for doubtful accounts		<u>1,798,987</u>	
Net revenues	\$ <u>66,911,777</u>	\$ <u>66,911,777</u>	\$ <u>-</u>

Net patient service revenue recognized for the years ended September 30, 2021 and 2020 from these major payors is as follows:

	<u>2021</u>	<u>2020</u>
Payor:		
Medicare and Medicaid	\$ <b>34,046,973</b>	\$ 29,045,414
Commercial	<b>30,798,357</b>	25,343,755
Self pay	<u>2,066,447</u>	<u>1,766,664</u>
Total	\$ <u><b>66,911,777</b></u>	\$ <u>56,155,833</u>

**GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements**

**September 30, 2021 and 2020**

**4. Concentration of Credit Risk**

The Organization grants credit without collateral to their patients, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers at September 30 was as follows:

	<u>2021</u>	<u>2020</u>
Medicare	41 %	40 %
Medicaid	12	16
Blue Cross and other third-party payers	29	28
Patients	<u>18</u>	<u>16</u>
	<u>100 %</u>	<u>100 %</u>

Financial instruments that potentially expose the Organization to concentrations of credit and market risks consist primarily of cash and investments. The Organization maintains cash in bank deposit accounts, which, at times, may exceed federally insured limits. It has not experienced any losses in such accounts. The Organization's investments do not represent significant concentrations of market risk inasmuch as the Organization's investment portfolio is diversified among issuers.

**5. Investments**

Investments consist of the following at September 30:

	<u>2021</u>	<u>2020</u>
Internally designated investments	\$ 15,521,833	14,362,898
Deferred compensation	4,304,281	3,792,037
Endowment and investment with donor restrictions	11,519,437	10,541,208
Other investments	<u>8,897,122</u>	<u>8,155,276</u>
	<u>\$ 40,242,673</u>	<u>\$36,851,419</u>

The composition of investments at September 30 is set forth in the following table. Investments are stated at fair value.

	<u>2021</u>	<u>2020</u>
Cash equivalents	\$ 167,096	\$ 101,977
Certificates of deposit	777,185	769,961
Fixed income, including mutual funds	14,509,865	13,670,866
Equity securities and other	20,842,654	18,988,602
Mutual funds	<u>3,945,873</u>	<u>3,320,013</u>
	<u>\$ 40,242,673</u>	<u>\$36,851,419</u>

**GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements**

**September 30, 2021 and 2020**

Investment income and gains on investments during the years ended September 30 are as follows:

	<u>2021</u>	<u>2020</u>
Interest and dividend income	\$ 598,976	\$ 1,076,086
Realized gains on sales of securities	1,416,081	428,372
Unrealized gains on securities	<u>1,944,986</u>	<u>494,487</u>
	<u>\$ 3,960,043</u>	<u>\$ 1,998,945</u>

**Fair Value Measurement**

FASB ASC Topic 820, *Fair Value Measurement*, defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

**Level 1:** Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

**Level 2:** Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

**Level 3:** Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

FASB ASC Topic 825 provides the option to elect fair value as an alternative measurement for selected financial assets and liabilities not previously required to be recorded at fair value. The Organization carries its investments in accordance with ASC Topic 825, measured utilizing the framework provided by ASC Topic 820.

The following table summarizes the valuation of the Organization's assets and liabilities carried in accordance with ASC Topic 825 by the fair value hierarchy levels as of September 30, 2021:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments and cash equivalents				
Cash and cash equivalents	\$ 167,096	\$ 167,096	\$ -	\$ -
Certificates of deposit	777,185	777,185	-	-
Equity securities	20,842,654	20,842,654	-	-
Mutual funds	4,304,281	4,304,281	-	-
Corporate obligations	12,989,437	-	12,989,437	-
U.S. agency obligations	<u>1,162,020</u>	<u>-</u>	<u>1,162,020</u>	<u>-</u>
Total investments and cash equivalents	<u>\$ 40,242,673</u>	<u>\$ 26,091,216</u>	<u>\$ 14,151,457</u>	<u>\$ -</u>

## GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

September 30, 2021 and 2020

The following table summarizes the valuation of the Organization's assets and liabilities carried in accordance with ASC Topic 825 by the fair value hierarchy levels as of September 30, 2020:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments and cash equivalents				
Cash and cash equivalents	\$ 101,977	\$ 101,977	\$ -	\$ -
Certificates of deposit	769,961	769,961	-	-
Equity securities	18,988,602	18,988,602	-	-
Mutual funds	3,792,037	3,792,037	-	-
Corporate obligations	11,548,636	-	11,548,636	-
U.S. agency obligations	1,650,206	-	1,650,206	-
Total investments and cash equivalents	<u>\$ 36,851,419</u>	<u>\$ 23,652,577</u>	<u>\$ 13,198,842</u>	<u>\$ -</u>
Interest rate swap agreement	\$ (3,608,855)	\$ -	\$ (3,608,855)	\$ -

Following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended September 30, 2021.

#### **Investments and Cash Equivalents**

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Organization has no securities classified as Level 3.

#### **Interest Rate Swap Agreement**

The fair value is estimated using independently calculated mid-market value and credit adjusted fair value based on the market close rate data on the last business day of the fiscal year-end and, therefore, are classified within Level 2 of the valuation hierarchy.

**GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements**

**September 30, 2021 and 2020**

**6. Property and Equipment**

Property and equipment consists of the following at September 30, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Land and land improvements	\$ 6,180,443	\$ 6,160,127
Buildings and building improvements	47,899,679	46,597,532
Equipment	49,375,915	46,746,055
Construction in progress	<u>3,422,678</u>	<u>2,356,008</u>
	<b>106,878,715</b>	101,859,722
Less accumulated depreciation	<u>60,123,984</u>	<u>56,032,535</u>
Property and equipment, net	<u><b>\$ 46,754,731</b></u>	<u><b>\$ 45,827,187</b></u>

At September 30, 2021, construction in progress represents costs incurred in connection with the construction of various additions and alterations to the Organization's facilities and equipment. The total cost to complete the projects is approximately \$3,900,000, with funding from cash from operations and existing cash, cash equivalents and investments.

**7. Net Assets**

Net assets with donor restrictions are available for the following purposes at September 30:

	<u>2021</u>	<u>2020</u>
Purpose restricted:		
Indigent care	\$ 34,911	\$ 41,707
Community outreach initiatives	497,806	461,430
Education	89,099	18,118
Buildings and maintenance	53,000	365,400
Operations	<u>89,060</u>	<u>89,804</u>
	<u>763,876</u>	<u>976,459</u>
Perpetual in nature, the income of which is restricted by donors for specific purposes		
Indigent care	227,585	227,585
Community outreach initiatives	527,116	527,116
Nursing	35,025	35,025
Buildings and maintenance	40,996	40,996
Operations	53,529	53,529
Perpetual in nature, the income of which is unrestricted	<u>699,239</u>	<u>699,239</u>
	<u>1,583,490</u>	<u>1,583,490</u>
	<u><b>\$ 2,347,366</b></u>	<u><b>\$ 2,559,949</b></u>

**GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements**

**September 30, 2021 and 2020**

**8. Borrowings**

Long-term debt consisted of the following as of September 30:

	<u>2021</u>	<u>2020</u>
Vermont Education and Health Buildings Financing Agency (Agency) Series 2014, tax-exempt variable rate bonds (1.33% at September 30, 2021). Refinanced in 2021. <sup>(1)</sup>	\$ -	\$17,034,587
Vermont Education and Health Buildings Financing Agency (Agency) Series 2021A, tax-exempt fixed rate bonds at 2.89%. Payable in 188 monthly principal and interest payments. Monthly principal payments range from \$61,584 in 2021 to \$119,517 in 2033. <sup>(1)</sup>	<b>16,590,916</b>	-
Independent Living 1 mortgage note payable to Northfield Savings Bank, in 90 monthly installments of \$88,710, including interest (at a fixed rate of 3.50%), through October 2028; collateralized by mortgaged property. <sup>(2)</sup>	<b>6,587,250</b>	-
Independent Living 1 Construction note payable, collateralized by property. <sup>(2)</sup>	-	4,777,982
Bank vehicle loan, secured by property, payable in 60 monthly installments of \$845 with interest at a rate of 3.50%	<u>-</u>	<u>21,117</u>
	<b>23,178,166</b>	21,833,686
Less current maturities	<b>1,544,858</b>	1,225,325
Less unamortized debt issuance costs	<b><u>272,004</u></b>	<u>30,964</u>
Long-term debt, excluding current maturities	<b><u>\$ 21,361,304</u></b>	<b><u>\$20,577,397</u></b>

<sup>(1)</sup> In April 2021, Agency issued \$16,899,942 of tax-exempt revenue bonds (Series 2021). Proceeds were used to extinguish the existing Series 2014 Bonds, pay certain costs incurred in the authorization and issuance of the Bonds. The bonds are collateralized by gross receipts of the Organization and a security interest in certain property of the Organization as defined by the bond documents.

# GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES

## Notes to Consolidated Financial Statements

September 30, 2021 and 2020

(2) In April 2021, the Organization converted the Independent Living 1 Construction note payable to the Independent Living 1 mortgage note. The conversion included the payoff of the outstanding balance of the Independent Living 1 Construction note payable as well as additional proceeds of \$2,634,490.

Scheduled principal repayments on long-term debt are as follows:

2021	\$ 1,544,858
2022	1,687,606
2023	1,762,955
2024	1,844,066
2025	1,927,941
Thereafter	<u>14,410,740</u>
	<u>\$ 23,178,166</u>

The indentures related to the Agency bonds contain provisions regard debt service coverage ratio and minimum days' cash on hand. The Organization was in compliance with these requirements at September 30, 2021 and 2020.

### 9. Interest Rate Swap Agreement

In March of 2021 the Organization entered into a termination agreement with Deutsche Bank AG. The Organization paid Deutsche Bank AG \$2,514,000 on March 24, 2021 to terminate its interest rate swap agreement. As a result of the swap termination a gain was recorded in the amount of \$1,094,855 in 2021.

The notional amount of the interest rate swap was \$16,690,000 at September 30, 2020. The fair value of the interest rate swap agreement at September 30, 2020 was a liability of \$3,608,855.

### 10. Endowment

The Organization's endowment consists of various individual donor-restricted funds which were established for general operational and certain departmental purposes. As required by GAAP, net assets associated with endowment funds, including board-designated endowment funds, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Organization is subject to the Uniform Prudent Management of Institutional Funds Act (UPMIFA) and, therefore, classifies amounts in its donor-restricted endowment fund as net assets with donor restrictions until the Board appropriates amounts for the expenditure and any purpose restrictions have been met. The Board of Directors of the Organization have interpreted UPMIFA as requiring the maintenance of only the original gift amount contributed to an endowment fund, unless a donor stipulates the contrary. As a result of this interpretation, the Organization would consider the fund to be underwater if the fair value of the fund is less than the sum of (1) the original value of initial and subsequent gifts donated to the fund and (2) any accumulations to the



**GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements**

**September 30, 2021 and 2020**

fund that are required to be maintained in the perpetuity in accordance with applicable donor gift instrument. The Organization has interpreted UPMIFA to permit spending from underwater funds in the accordance with prudent measures required under the law. The fund is not currently underwater. In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. Duration and preservation of the fund
2. Purposes of the Organization and the fund
3. General economic conditions
4. Possible effect of inflation and deflation
5. Expected total return from investment income and appreciation or depreciation of investments
6. Other resources of the Organization
7. Investment policies of the Organization

Changes in endowment net assets for the years ended September 30, 2021 and 2020 were:

	<u>2021</u>		
	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Endowment net assets, beginning of year	\$ 8,957,718	\$ 1,583,490	\$10,541,208
Investment income, net of fees	137,421	55,979	193,400
Net gains	986,780	135,282	1,122,062
Contributions received	100,000	-	100,000
Distributions and releases	<u>(245,672)</u>	<u>(191,261)</u>	<u>(436,933)</u>
Endowment net assets, end of year	<u>\$ 9,936,247</u>	<u>\$ 1,583,490</u>	<u>\$11,519,737</u>
	<u>2020</u>		
	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Endowment net assets, beginning of year	\$ 8,573,103	\$ 1,583,490	\$10,156,593
Investment income, net of fees	243,923	101,807	345,730
Net gains	280,070	41,349	321,419
Contributions received	100,000	-	100,000
Distributions and releases	<u>(239,378)</u>	<u>(143,156)</u>	<u>(382,534)</u>
Endowment net assets, end of year	<u>\$ 8,957,718</u>	<u>\$ 1,583,490</u>	<u>\$10,541,208</u>

# GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES

## Notes to Consolidated Financial Statements

September 30, 2021 and 2020

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs and other items supported by its endowment while seeking to maintain the purchasing power of the endowment. Endowment assets include those assets of donor-restricted endowment funds the Organization must hold in perpetuity or for donor-specified periods, as well as those of board-designated endowment funds. Under the Organization's policies, endowment assets are invested in a manner that is intended to produce results equal to inflation plus 4%. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate of return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both current yield (investment income such as dividends and interest) and capital appreciation (both realized and unrealized). The Organization targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

The Organization has a spending policy of appropriating for expenditure each year 4% of its endowment fund's average fair value over the prior three years through the year end preceding the year in which expenditure is planned. It is the Organization's intent that the distribution rate will not exceed the total return of the endowment. In establishing this policy, the Organization considered the long-term expected return on its endowment. This is consistent with the Organization's objective to maintain the purchasing power of endowment assets held in perpetuity or for a specified term, as well as to provide additional real growth through new gifts and investment return. Donor restricted investment income whose restrictions are met within the same year as earned are included in nonoperating gains (losses) in the accompanying financial statements.

### 11. Functional Expenses

The Organization provides health care services to residents within its service area. Certain costs attributable to more than one function have been allocated among health care services, general and administrative and fundraising functional expense classifications based primarily on salary allocation.

The following schedules present the natural classification of expenses by function as follows as of September 30:

<b>2021</b>	<b><u>Program Services</u></b>	<b><u>General and Administrative</u></b>	<b><u>Fundraising</u></b>	<b><u>Total</u></b>
Salaries and wages	\$ 30,140,403	\$ 7,427,365	\$ 33,841	\$ 37,601,609
Employee benefits	8,165,035	2,865,074	9,936	11,040,045
Purchased services and professional fees	8,146,083	3,227,574	10,242	11,383,899
Supplies and other	11,281,192	3,997,921	12,106	15,291,219
Depreciation and amortization	3,180,745	1,129,032	3,915	4,313,692
Interest	<u>536,548</u>	<u>188,272</u>	<u>653</u>	<u>725,473</u>
	<b><u>\$ 61,450,006</u></b>	<b><u>\$ 18,835,238</u></b>	<b><u>\$ 70,693</u></b>	<b><u>\$ 80,355,937</u></b>

**GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements**

**September 30, 2021 and 2020**

<u>2020</u>	<u>Program Services</u>	<u>General and Administrative</u>	<u>Fundraising</u>	<u>Total</u>
Salaries and wages	\$ 29,149,522	\$ 7,017,207	\$ 43,452	\$ 36,210,181
Employee benefits	9,145,366	683,350	11,809	9,840,525
Purchased serves and professional fees	5,747,119	3,333,632	10,698	9,091,449
Supplies and other	10,484,871	3,854,943	18,666	14,358,480
Depreciation and amortization	3,930,562	293,695	5,075	4,229,332
Interest	<u>935,223</u>	<u>69,881</u>	<u>1,215</u>	<u>1,006,319</u>
	<u>\$ 59,392,663</u>	<u>\$ 15,252,708</u>	<u>\$ 90,915</u>	<u>\$ 74,736,286</u>

**12. Retirement Programs**

The Organization has a defined contribution pension plan covering all employees meeting age and service requirements. The plan provides for immediate vesting of all eligible employees. Discretionary contributions are funded at 4% of covered compensation plus an additional 1% matching contribution to eligible employees. Pension expense was \$1,418,571 and \$1,413,605 for 2021 and 2020, respectively.

The Organization has a deferred compensation plan for the benefit of certain employees. The assets are included in assets limited as to use and a corresponding liability. Investments held in deferred compensation plans include equity and fixed income mutual funds.

**13. Related Party Transactions**

The Organization receives support from the Gifford Medical Center Auxiliary (Auxiliary), which is a not-for-profit thrift shop, located on the premises of the Organization. The purpose of the Auxiliary is to provide the Organization with funding for medical equipment and special hospital department needs. At September 30, 2021 and 2020, the Organization had a \$45,000 and \$175,625, respectively, pledge receivable from the Auxiliary, which is included in other current receivables and other long-term assets.

## **SUPPLEMENTARY INFORMATION**

**GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES**

**Consolidating Schedule – Balance Sheet**

**September 30, 2021**

**ASSETS**

	<u>GMC</u>	<u>GRC</u>	<u>GHC</u>	<u>Eliminations</u>	<u>Total</u>
Current assets					
Cash and cash equivalents	\$ 15,316,369	\$ 516,778	\$ 67,010	\$ -	\$ 15,900,157
Short-term investments	2,718,104	-	-	-	2,718,104
Patient accounts receivable	6,149,398	896,345	567,705	-	7,613,448
Other receivables	150,493	-	169,665	-	320,158
Supplies	1,140,671	6,275	-	-	1,146,946
Prepaid expenses and other	1,677,025	15,599	99,186	-	1,791,810
Due from affiliate	<u>9,569,152</u>	<u>-</u>	<u>-</u>	<u>(9,569,152)</u>	<u>-</u>
Total current assets	36,721,212	1,434,997	903,566	(9,569,152)	29,490,623
Assets limited as to use	26,195,528	-	-	-	26,195,528
Long-term investments	11,121,562	207,479	-	-	11,329,041
Property and equipment, net	<u>35,491,206</u>	<u>10,908,146</u>	<u>355,379</u>	<u>-</u>	<u>46,754,731</u>
Total assets	<u>\$109,529,508</u>	<u>\$ 12,550,622</u>	<u>\$ 1,258,945</u>	<u>\$ (9,569,152)</u>	<u>\$113,769,923</u>

**LIABILITIES AND NET ASSETS (DEFICIT)**

	<u>GMC</u>	<u>GRC</u>	<u>GHC</u>	<u>Eliminations</u>	<u>Total</u>
Current liabilities					
Current maturities of long-term debt	\$ 772,254	\$ 772,604	\$ -	\$ -	\$ 1,544,858
Accounts payable	3,004,128	352,592	143,645	-	3,500,365
Accrued expenses	4,699,553	248,678	1,021,047	-	5,969,278
Accelerated payments	5,277,427	-	100,260	-	5,377,687
Estimated amounts due to third-party payers	976,222	-	29,687	-	1,005,909
Other	83,700	14,200	-	-	97,900
Due to affiliate	<u>-</u>	<u>4,140,119</u>	<u>5,429,033</u>	<u>(9,569,152)</u>	<u>-</u>
Total current liabilities	14,813,284	5,528,193	6,723,672	(9,569,152)	17,495,997
Long-term debt, excluding current maturities	15,585,066	5,776,238	-	-	21,361,304
Deferred compensation	4,304,281	-	-	-	4,304,281
Refundable entrance fees	-	6,265,203	-	-	6,265,203
Deferred revenue from entrance fees	-	2,622,823	-	-	2,622,823
Deferred annuities	<u>463,556</u>	<u>63,100</u>	<u>-</u>	<u>-</u>	<u>526,656</u>
Total liabilities	35,166,187	20,255,557	6,723,672	(9,569,152)	52,576,264
Net assets (deficit)					
Without donor restrictions	72,097,242	(7,770,601)	(5,480,348)	-	58,846,293
With donor restrictions	<u>2,266,079</u>	<u>65,666</u>	<u>15,621</u>	<u>-</u>	<u>2,347,366</u>
Total net assets (deficit)	<u>74,363,321</u>	<u>(7,704,935)</u>	<u>(5,464,727)</u>	<u>-</u>	<u>61,193,659</u>
Total liabilities and net assets (deficit)	<u>\$109,529,508</u>	<u>\$ 12,550,622</u>	<u>\$ 1,258,945</u>	<u>\$ (9,569,152)</u>	<u>\$113,769,923</u>

**GIFFORD HEALTH CARE, INC. AND SUBSIDIARIES**

**Consolidating Schedule – Statement of Operations**

**Year Ended September 30, 2021**

	<u>GMC</u>	<u>GRC</u>	<u>GHC</u>	<u>Eliminations</u>	<u>Total</u>
Revenues, gains and other support without donor restrictions					
Patient service revenue (net of contractual allowances and discounts)	\$55,012,942	\$ 3,583,208	\$ 8,315,627	\$ -	\$ 66,911,777
Fixed prospective revenue	3,526,972	-	-	-	3,526,972
Other revenues	3,470,493	1,636,692	6,115,987	(958,219)	10,264,953
HHS Stimulus revenue	-	37,619	-	-	37,619
Net assets released from restrictions used for operations	<u>143,005</u>	<u>7,298</u>	<u>37,091</u>	<u>-</u>	<u>187,394</u>
Total revenues, gains and other support without donor restrictions	<u>62,153,412</u>	<u>5,264,817</u>	<u>14,468,705</u>	<u>(958,219)</u>	<u>80,928,715</u>
Expenses					
Salaries and wages	24,937,607	2,994,230	9,669,772	-	37,601,609
Employee benefits	7,629,431	906,775	2,503,839	-	11,040,045
Purchased service and professional fees	8,318,589	1,029,086	2,036,224	-	11,383,899
Supplies and other	11,982,490	2,101,568	2,165,380	(958,219)	15,291,219
Depreciation and amortization	3,387,367	857,905	68,420	-	4,313,692
Interest	441,757	245,776	37,940	-	725,473
Total expenses	<u>56,697,241</u>	<u>8,135,340</u>	<u>16,481,575</u>	<u>(958,219)</u>	<u>80,355,937</u>
Operating income (loss)	<u>5,456,171</u>	<u>(2,870,523)</u>	<u>(2,012,870)</u>	<u>-</u>	<u>572,778</u>
Nonoperating gains					
Investment return, net	3,927,356	30,929	1,758	-	3,960,043
Gain on termination of interest rate swap agreement	1,094,855	-	-	-	1,094,855
Other income (loss)	<u>61,196</u>	<u>(8,728)</u>	<u>-</u>	<u>-</u>	<u>52,468</u>
Net nonoperating gains	<u>5,083,407</u>	<u>22,201</u>	<u>1,758</u>	<u>-</u>	<u>5,107,366</u>
Excess (deficiency) of revenues, gains, other support, and nonoperating gains over expenses and losses	10,539,578	(2,848,322)	(2,011,112)	-	5,680,144
Net assets released for acquisition of property and equipment	<u>470,790</u>	<u>73,451</u>	<u>-</u>	<u>-</u>	<u>544,241</u>
Increase (decrease) in net assets without donor restrictions	<u>\$11,010,368</u>	<u>\$ (2,774,871)</u>	<u>\$ (2,011,112)</u>	<u>\$ -</u>	<u>\$ 6,224,385</u>

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>Gifford Medical Center, Inc.</b>	Taxpayer identification number (TIN) <b>03-0179418</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>44 South Main Street</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Randolph, VT 05060</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**Jennifer Bertrand**

- The books are in the care of ▶ **44 South Main Street - Randolph, VT 05060**  
Telephone No. ▶ **802-728-7000** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **August 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2020**, and ending **SEP 30, 2021**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2020 or other tax year beginning **OCT 1, 2020**, and ending **SEP 30, 2021**

**2020**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed.  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S	Print or Type Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>Gifford Medical Center, Inc.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>44 South Main Street</b> City or town, state or province, country, and ZIP or foreign postal code <b>Randolph, VT 05060</b>	<b>D</b> Employer identification number <b>03-0179418</b>
		<b>E</b> Group exemption number (see instructions)
		<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year ..... ▶ <b>109,529,508.</b>		

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ **Gifford Health Care, 46-0938716**

**L** The books are in care of ▶ **Jennifer Bertrand** Telephone number ▶ **802-728-7000**

**Part I Total Unrelated Business Taxable Income**

<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	<b>-8,620.</b>
<b>2</b> Reserved .....	<b>2</b>	
<b>3</b> Add lines 1 and 2 .....	<b>3</b>	<b>-8,620.</b>
<b>4</b> Charitable contributions (see instructions for limitation rules) .....	<b>4</b>	<b>0.</b>
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	<b>-8,620.</b>
<b>6</b> Deduction for net operating loss. See instructions .....	<b>6</b>	<b>0.</b>
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	<b>-8,620.</b>
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	<b>1,000.</b>
<b>9</b> <b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
<b>10</b> <b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	<b>1,000.</b>
<b>11</b> <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	<b>0.</b>

**Part II Tax Computation**

<b>1</b> <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	<b>0.</b>
<b>2</b> <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	<b>2</b>	
<b>3</b> <b>Proxy tax.</b> See instructions .....	<b>3</b>	
<b>4</b> Other tax amounts. See instructions .....	<b>4</b>	
<b>5</b> Alternative minimum tax (trusts only) .....	<b>5</b>	
<b>6</b> <b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
<b>7</b> <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	<b>0.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>	0.
6a Payments: A 2019 overpayment credited to 2020 .....	<b>6a</b>		
b 2020 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....			
<input type="checkbox"/> Form 4136 .....			
<input type="checkbox"/> Other .....			
Total .....	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> .....		<b>11</b>	
			<b>Refunded</b>

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....			Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			<input type="checkbox"/> <input checked="" type="checkbox"/>
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....		\$ .....	
4a Did the organization change its method of accounting? (see instructions) .....			<input type="checkbox"/> <input checked="" type="checkbox"/>
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____ Date _____	CFO Title _____		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Joseph R. Byrne	Joseph R. Byrne	08/03/22	P01289281
	Firm's name	Firm's EIN		
	Berry Dunn McNeil & Parker, LLC	01-0523282		
	Firm's address	Phone no.		
	2211 Congress St Portland, ME 04102	(207) 775-2387		

Gifford Medical Center, Inc.

03-0179418

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Form 990-T      Parent Corporation's Name and Identifying Number      Statement 1

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Corporation's Name

Identifying No

Gifford Health Care, Inc.

46-0938716

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Entity **1**

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>Gifford Medical Center, Inc.</b>	<b>B</b> Employer identification number <b>03-0179418</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>620000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **Daycare Services**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>17,317.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>	<b>17,317.</b>		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>	<b>17,317.</b>		<b>17,317.</b>
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	<b>17,317.</b>		<b>17,317.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....	<b>1</b>			
<b>2</b> Salaries and wages .....	<b>2</b>			<b>22,711.</b>
<b>3</b> Repairs and maintenance .....	<b>3</b>			
<b>4</b> Bad debts .....	<b>4</b>			
<b>5</b> Interest (attach statement) (see instructions) .....	<b>5</b>			
<b>6</b> Taxes and licenses .....	<b>6</b>			
<b>7</b> Depreciation (attach Form 4562) (see instructions) .....	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			<b>8b</b>
<b>9</b> Depletion .....	<b>9</b>			
<b>10</b> Contributions to deferred compensation plans .....	<b>10</b>			
<b>11</b> Employee benefit programs .....	<b>11</b>			
<b>12</b> Excess exempt expenses (Part VIII) .....	<b>12</b>			
<b>13</b> Excess readership costs (Part IX) .....	<b>13</b>			
<b>14</b> Other deductions (attach statement) .....	<b>14</b>	<b>See Statement 2</b>		<b>3,226.</b>
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>			<b>25,937.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>			<b>-8,620.</b>
<b>17</b> Deduction for net operating loss (see instructions) .....	<b>17</b>			<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>			<b>-8,620.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Grid for rent received or accrued from personal property, real and personal property, and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Grid for gross income from debt-financed property, deductions, average acquisition debt, average adjusted basis, and total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

Form 990-T (A)

Other Deductions

Statement 2

Description

Amount

Food	2,462.
Supplies	680.
Miscellaneous Expense	84.

Total to Schedule A, Part II, line 14

3,226.