

Form 990-T

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

OMB No 1545-0687

Department of the Treasury
Internal Revenue ServiceFor calendar year 2017 or other tax year beginning 10/01, 2017, and ending 09/30, 2018

2017

► Go to 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 OnlyA Check box if
address changed

B Exempt under section

<input checked="" type="checkbox"/>	501(c)(3)
<input type="checkbox"/>	408(e) 220(e)
<input type="checkbox"/>	408A 530(a)
<input type="checkbox"/>	529(a)

C Book value of all assets
at end of year

2,055,997.

Name of organization (Check box if name changed and see instructions)

GIFFORD HEALTH CARE, INC.

Number, street, and room or suite no. If a P O box, see instructions

44 SOUTH MAIN STREET

City or town, state or province, country, and ZIP or foreign postal code

RANDOLPH, VT 05060

D Employer identification number
(Employees' trust, see instructions)

46-0938716

E Unrelated business activity codes
(See instructions)

900099

F Group exemption number (See instructions)

G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity ► DISALLOWED TRANSPORTATION FRINGE BENEFITS

I 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 ►

J The books are in care of ► JEFFREY HEBERT

Telephone number ► 802-728-2356

Part I Unrelated Trade or Business Income

		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances	c Balance ►		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)	12 6,479.	ATTACH 1	6,479.
13	Total. Combine lines 3 through 12	13 6,479.		6,479.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14
15	Salaries and wages	15
16	Repairs and maintenance	16
17	Bad debts	17
18	Interest (attach schedule)	18
19	Taxes and licenses	19 329.
20	Charitable contributions (See instructions for limitation rules)	20
21	Depreciation (attach Form 4562)	21
22	Less depreciation claimed on Schedule A and elsewhere on return	22a
23	Depletion	23
24	Contributions to deferred compensation plans	24
25	Employee benefit programs	25
26	Excess exempt expenses (Schedule I)	26
27	Excess readership costs (Schedule J)	27
28	Other deductions (attach schedule)	28
29	Total deductions. Add lines 14 through 28	29 329.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30 6,150.
31	Net operating loss deduction (limited to the amount on line 30)	31
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32 6,150.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33 1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32 enter the smaller of zero or line 32	34 5,150.

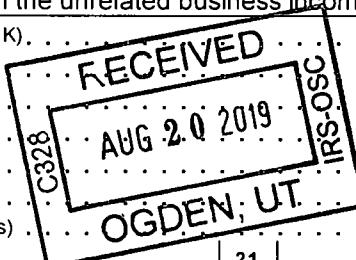
For Paperwork Reduction Act Notice, see instructions.

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Part III Tax Computation

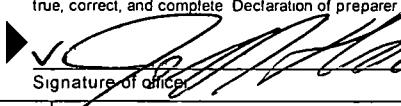
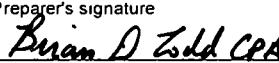
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ► <input type="checkbox"/> See instructions and		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	(1) \$ <input type="text"/>	(2) \$ <input type="text"/>
		(3) \$ <input type="text"/>	
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750).	\$ <input type="text"/>	
	(2) Additional 3% tax (not more than \$100,000)	\$ <input type="text"/>	
c	Income tax on the amount on line 34.	ATC 2	► 35c 1,004.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).		► 36
37	Proxy tax. See instructions		► 37
38	Alternative minimum tax		► 38
39	Tax on Non-Compliant Facility Income. See instructions		► 39
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	44	40 1,004.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).	41a <input type="text"/>		
b	Other credits (see instructions).	41b <input type="text"/>		
c	General business credit. Attach Form 3800 (see instructions)	41c <input type="text"/>		
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	41d <input type="text"/>		
e	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40.		42 1,004.	
43	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 schedule)		43	
44	Total tax. Add lines 42 and 43.	44 1,004.		
45a	Payments A 2016 overpayment credited to 2017	45a <input type="text"/> 500		
b	2017 estimated tax payments	45b 2,500.		
c	Tax deposited with Form 8868.	45c <input type="text"/>		
d	Foreign organizations. Tax paid or withheld at source (see instructions)	45d <input type="text"/>		
e	Backup withholding (see instructions)	45e <input type="text"/>		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f <input type="text"/>		
g	Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Other _____ Total ► 45g			
46	Total payments. Add lines 45a through 45g	46 2,500.		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	47 <input type="checkbox"/>		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48 <input type="checkbox"/>		
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49 <input type="checkbox"/> 1,496.		
50	Enter the amount of line 49 you want Credited to 2018 estimated tax ► 1,496.	Refunded <input type="checkbox"/> 50		

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2017 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 <input type="checkbox"/> No <input type="checkbox"/>
52	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"/> X
53	If YES, see instructions for other forms the organization may have to file	
	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$	

<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</p> <p>Sign Here ►  ✓ 08/12/19 ► ✓ CFO Signature of officer Date Title</p> <p>May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
Paid Preparer Use Only	Print/Type preparer's name BRIAN D TODD	Preparer's signature  8/16/19	Date 8/16/19	Check <input type="checkbox"/> if self-employed PTIN P00422601
	Firm's name ► BKD, LLP			Firm's EIN ► 44-0160260
	Firm's address ► 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523			Phone no 417 865-8701

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Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part I, line 2	7
3 Cost of labor	3		
4a Additional section 263A costs (attach schedule)	4a	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b Other costs (attach schedule)	4b		N/A
5 Total Add lines 1 through 4b	5		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)

(2)

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) ►		

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Enter here and on page 1, Part I, line 7, column (A)			Enter here and on page 1, Part I, line 7, column (B)	
Totals				
Total dividends-received deductions included in column 8 ►				

Schedule F - 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 page 1,
Part I, line 8, column (A)

Add columns 6 and 11
Enter here and on page 1,
Part I, line 8, column (B)

Totals ►

Schedule G - 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 schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)
Totals ►				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
Totals ►						

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . ►						

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Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I. . . . ►						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) . . . ►						
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)						
1 Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business			
(1)		%				
(2)		%				
(3)		%				
(4)		%				
Total Enter here and on page 1, Part II, line 14 ►						

ATTACHMENT 1PART I - LINE 12 - OTHER INCOMEAMOUNTS PAID FOR DISALLOWED FRINGES 6,479.PART I - LINE 12 - OTHER INCOME 6,479.

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

1	UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).	5,150.
2	TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP.....	773.
3	TAX ON LINE 1 FIGURED USING THE 21% RATE.....	1,082.
4	MULTIPLY LINE 2 BY THE NUMBER OF DAYS 92 IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018.....	71,116.
5	MULTIPLY LINE 3 BY THE NUMBER OF DAYS 273 IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017.....	295,386.
6	DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR.....	195.
7	DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR.....	809.
8	ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR.....	<u>1,004.</u>