

2015 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990

Name of Hospital	
Doing Business As	
Number and Street Address	
Room/Suite	
City or Town	
State	
Zip Code	
Telephone Number	
Name and Address of Principal Officer	

Total Number of Individuals Employed in Calendar Year 2015

The Hospital's Fiscal Year 2014 Covered the Following Dates:
 Start Date: End Date:

The Hospital's Fiscal Year 2015 Covered the Following Dates:
 Start Date: End Date:



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Attestation Statement**

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.

Signature of Officer: _____ Date: _____

Print Name and Title: _____

Signature of Preparer _____ Date: _____

Print Preparer's Name: _____

Preparer's Firm's Name: _____

Preparer's Firm's Address: _____



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

2015 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990
Net Assets or Fund Balances

1. Total Assets	Beginning of Current Year	End of Year
a. Cash - Non-Interest Bearing		
b. Savings and Temporary Cash Investments		
c. Pledges and Grants Receivable, Net		
d. Accounts Receivable, Net		
e. Loans and Other Receivables From Current and Former Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
f. Notes and Loans Receivable, Net		
g. Inventories for sale or use		
h. Prepaid expenses and deferred charges		
i. Land, buildings, and equipment: cost or other basis. Less Accumulated Depreciation		
j. Investments- Publicly Traded Securities		
k. Investments- Other Securities		
l. Investments- Program-Related		
m. Intangible Assets		
n. Other Assets		
o. Total a - n above	\$0.00	\$0.00

2. Total Liabilities	Beginning of Current Year	End of Year
a. Accounts Payable and Accrued Expenses		
b. Grants Payable		
c. Deferred Revenue		
d. Tax-Exempt Bond Liabilities		
e. Escrow or Custodial Account Liability		
f. Loans and Other Payables to Current and Former Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Disqualified Persons		
g. Secured Mortgages and Notes Payable to Unrelated Third Parties		
h. Unsecured Notes and Loans Payable to Unrelated Third Parties Other Liabilities (including Federal Income Tax, Payables to		
i. Related Third Parties, and Other Liabilities Not Included in Lines a through h).		
j. Total a - i above	\$0.00	\$0.00

3. Net Assets or Fund Balances. Subtract line 2j from line 1o.	Fiscal Year 2014	Fiscal Year 2015
	\$0.00	\$0.00

