

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:



**2015 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990
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
Statement of Revenue

1. Contributions and Grants

- a. Federated Campaigns
- b. Membership Dues
- c. Fundraising Events
- d. Related Organizations
- e. Government Grants (Contributions)
- f. All Other Contributions, Gifts, Grants, and Similar Amounts not
Included above
- g. Noncash Contributions Included in a - f above
- h. Total a - f above

Fiscal Year 2014	Fiscal Year 2015
\$0.00	\$0.00

2. Program Service Revenue

Enter the Hospital's Five Largest Sources of Program Service Revenue Below

- a.
- b.
- c.
- d.
- e.
- f. All Other Program Service Revenue
- h. Total a - f above

Fiscal Year 2014	Fiscal Year 2015
\$0.00	\$0.00

3. Investment Income

- a. Investment Income (including Dividends, Interest, and Other
Similar Amounts)
- b. Income from Investment of Tax-Exempt Bond Proceeds
- c. Gross Amount from Sales of Assets other than Inventory:
Securities
- Less Cost or Other Basis and Sales Expenses
- Gain or (Loss)
- Net Gain or (Loss)
- d. Gross Amount from Sales of Assets other than Inventory: Other ..
- Less Cost or Other Basis and Sales Expenses
- Gain or (Loss)
- Net Gain or (Loss)
- e. Total a - d above

Fiscal Year 2014	Fiscal Year 2015
\$0.00	\$0.00

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

4. Other Revenue	Fiscal Year 2014	Fiscal Year 2015
a. Royalties		
b. Gross Rents: Real Property		
Less Rental Expenses		
Rental Income or (Loss)		
Net Rental Income or (Loss)		
c. Gross Rents: Personal Property		
Less Rental Expenses		
Rental Income or (Loss)		
Net Rental Income or (Loss)		
d. Gross Income from Fundraising Events (Exclude Any Contributions Reported in Line 1c)		
Less Direct Expenses		
Net Income or (Loss)		
e. Gross Income from Gaming Activities		
Less Direct Expenses		
Net Income or (Loss)		
f. Gross Sales of Inventory, Less Returns and Allowances		
Less Cost of Goods Sold		
Net Income or (Loss)		
g. Miscellaneous Revenue		
h. Total a - g above	\$0.00	\$0.00
5. Total Revenue. Add Totals from Sections 1 - 4 above.	Fiscal Year 2014	Fiscal Year 2015
	\$0.00	\$0.00



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

t. Total a - s above

\$0.00	\$0.00
--------	--------

5. Total Expenses. Add Totals from Sections 1 - 4 above.

Fiscal Year 2014	Fiscal Year 2015
\$0.00	\$0.00

6. Revenue Less Expenses. Subtract Line 5 above from Line 5 on the Revenue Worksheet

Fiscal Year 2014	Fiscal Year 2015
\$0.00	\$0.00



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		
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).		
h. Total a - i above	\$0.00	\$0.00

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

