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

| Name of Organization | The Baxley and Appling County Hospital Authority | | | | |
|--|--|--|--|--|--|
| Doing Business As | Appling Healthcare System | | | | |
| Number and Street Address | 163 East Tollison Street | | | | |
| Room/Suite | PO Box 2070 | | | | |
| City or Town | Baxley | | | | |
| State | . GA | | | | |
| Zip Code | 31515 | | | | |
| Employer Identification Number | | | | | |
| Telephone Number | 912-367-9841 | | | | |
| Name and Address of Principal Officer | Robin Crosby, Interim CFO | | | | |
| Website | ; | | | | |
| Total Number of Individuals Employed during Calendar Year of this submission | | | | | |
| The Organization's Previous Fiscal Year Covered the Following Dates: | | | | | |
| Start Date: 9/1/20 | 21 End Date: 8/31/2022 | | | | |
| | | | | | |
| The Organization's Current Fiscal Year Covers the Following Dates: | | | | | |
| Start Date: 9/1/20 | 22 End Date: 8/31/2023 | | | | |

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: | Zoli Cin | _ Date: | 11/15/20 |
|----------------------------|---------------------------|--------------|------------|
| Print Name and Title: | Robin Coolay, MBA Interim | <u>Ofo</u> | <u> </u> |
| Signature of Preparer | Wilson E. Joiner, 999 | Date: | 11/14/2024 |
| Print Preparer's Name: | Wilson E. Joiner, III | - | |
| Preparer's Firm's Name: | Draffin & Tucker, LĹP | | |
| Preparer's Firm's Address: | PO Box 71309 : | | |
| | Albany, GA 31708-1309 | | |

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 | \$5,127,269 | \$65,188 |
| b. Savings and Temporary Cash Investments | \$158,224 | \$158,732 |
| c. Pledges and Grants Receivable, Net | | |
| d. Accounts Receivable, Net | \$2,452,113 | \$2,457,935 |
| e. Loans and Other Receivables From Current and Former Officers, | | |
| f. Notes and Loans Receivable, Net | \$0 | \$0 |
| g. Inventories for sale or use | \$756,827 | \$674,876 |
| h. Prepaid expenses and deferred charges | \$1,000,019 | \$1,028,117 |
| i. Land, buildings, and equipment: cost or other basis | | · · · · · · · · · · · · · · · · · · · |
| Less Accumulated Depreciation | \$17,403,740 | \$16,912,841 |
| j. Investments- Publicly Traded Securities | | |
| k. Investments- Other Securities | | |
| l. Investments- Program-Related | | |
| m. Intangible Assets | \$1,364,930 | \$897,208 |
| n. Other Assets | \$841,500 | \$1,321,335 |
| o. Total a - n above | \$29,104,622.00 | \$23,516,232.00 |
| • | | |
| 2. Total Liabilities | Beginning of Current Year | End of Year |
| a. Accounts Payable and Accrued Expenses | \$4,241,832 | \$5,760,625 |
| b. Grants Payable | | |
| c. Deferred Revenue | \$2,248,290 | \$203,523 |
| d. Tax-Exempt Bond Liabilities | | |
| e. Escrow or Custodial Account Liability | | • |
| f. Loans and Other Payables to Current and Former Officers, Directors, | | |
| g. Secured Mortgages and Notes Payable to Unrelated Third Parties | \$6,748,774 | \$5,732,581 |
| h. Unsecured Notes and Loans Payable to Unrelated Third Parties | i. | |
| i. Other Liabilities (including Federal Income Tax, Payables to Related | \$1,629,798 | \$37,266 |
| h. Total a - i above | \$14,868,694.00 | \$11,733,995.00 |
| | , | |
| | Beginning of Current Year | End of Year |

\$14,235,928.00

\$11,782,237.00

3. Net Assets or Fund Balances. Subtract line 2h from line 1o.