

2023 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990

Name of Hospital	Hospital Authority of Jenkins County
Doing Business As	Jenkins County Medical Center
Number and Street Address	931 E Winthrop Avenue
Room/Suite	
City or Town	Millen
State	GA
Zip Code	30442
Telephone Number	(478) 982-4221
Name and Address of Principal Officer .	Andrea Graham

Total Number of Individuals Employed in Calendar Year 2023.	124
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The Hospital's Fiscal Year 2022 Covered the Following Dates:

Start Date:	1/1/2022	End Date:	12/31/2022
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The Hospital's Fiscal Year 2023 Covered the Following Dates:

Start Date:	1/1/2023	End Date:	12/31/2023
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Net Assets or Fund Balances

1. Total Assets	Beginning of Current Year	End of Year
a. Cash - Non-Interest Bearing	\$6,125,836.00	\$6,732,655.00
b. Savings and Temporary Cash Investments	\$0.00	\$2,401,765.00
c. Pledges and Grants Receivable, Net	\$0.00	\$0.00
d. Accounts Receivable, Net	\$1,205,165.00	\$1,048,718.00
e. Loans and Other Receivables From Current and Former Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	\$0.00	0
f. Notes and Loans Receivable, Net	\$0.00	0
g. Inventories for sale or use	\$35,004.00	\$102,431.00
h. Prepaid expenses and deferred charges	\$0.00	0
i. Land, buildings, and equipment: cost or other basis.	\$3,981,073.00	4704448
Less Accumulated Depreciation	\$1,321,330.00	\$1,789,778.00
j. Investments- Publicly Traded Securities	\$0.00	\$0.00
k. Investments- Other Securities	\$0.00	\$0.00
l. Investments- Program-Related	\$0.00	\$0.00
m. Intangible Assets	\$0.00	\$0.00
n. Other Assets	\$0.00	\$0.00
o. Total a - n above	\$8,687,335.00	\$12,075,347.00

2. Total Liabilities	Beginning of Current Year	End of Year
a. Accounts Payable and Accrued Expenses	\$1,010,576.00	\$1,263,525.00
b. Grants Payable	\$0.00	\$0.00
c. Deferred Revenue	\$0.00	\$3,768.00
d. Tax-Exempt Bond Liabilities	\$0.00	\$0.00
e. Escrow or Custodial Account Liability	\$0.00	\$0.00
f. Loans and Other Payables to Current and Former Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Disqualified Persons	\$0.00	\$0.00
g. Secured Mortgages and Notes Payable to Unrelated Third Parties	\$0.00	\$0.00
h. Unsecured Notes and Loans Payable to Unrelated Third Parties	\$0.00	\$0.00
i. Other Liabilities (including Federal Income Tax, Payables to Related Third Parties, and Other Liabilities Not Included in Lines a through h).	\$2,183,900.00	\$2,692,743.00
h. Total a - i above	\$3,194,476.00	\$3,960,036.00

3. Net Assets or Fund Balances. Subtract line 2h from line 1o.	Beginning of Current Year	End of Year
	\$5,492,859.00	\$8,115,311.00

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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:

Andrea Graham

Due Date:

11/1/2024

Print Name and Title:

Andrea Graham, CEO

Signature of Preparer

Due Date:

Print Preparer's Name:

Preparer's Firm's Name:

Preparer's Firm's Address: