

**2017 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: *Karen H Oneal* Date: 10/2/2018

Print Name and Title: KAREN H ONEAL, CEO

Signature of Preparer *Karen H Oneal* Date: 10/2/2018

Print Preparer's Name: KAREN H ONEAL

Preparer's Firm's Name: CANDLER COUNTY HOSPITAL AUTHORITY

Preparer's Firm's Address: 400 CEDAR STREET METTER, GEORGIA 30439

2017 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	\$ 116,210	\$ 22,422
b. Savings and Temporary Cash Investments		
c. Pledges and Grants Receivable, Net		
d. Accounts Receivable, Net	\$ 2,414,893	\$ 1,791,947
e. Loans and Other Receivables From Current and Former Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
f. Notes and Loans Receivable, Net	\$ 211,294	\$ 196,823
g. Inventories for sale or use	\$ 714,765	\$ 885,335
h. Prepaid expenses and deferred charges	\$ 12,376	\$ 12,376
i. Land, buildings, and equipment: cost or other basis	\$ -	\$ -
Less Accumulated Depreciation	\$ 3,910,682	\$ 3,434,651
j. Investments- Publicly Traded Securities		
k. Investments- Other Securities		
l. Investments- Program-Related		
m. Intangible Assets		
n. Other Assets	\$ -	\$ -
o. Total a - n above	\$ 7,380,220	\$ 6,343,554

2. Total Liabilities

	Beginning of Current Year	End of Year
a. Accounts Payable and Accrued Expenses	\$9,316,106.00	\$9,469,685.00
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 ..	\$3,560,715.00	\$2,956,833.00
h. Unsecured Notes and Loans Payable to Unrelated Third Parties ...	\$0.00	\$0.00
Other Liabilities (including Federal Income Tax, Payables to i. Related Third Parties, and Other Liabilities Not Included in Lines a through h)	\$0.00	\$0.00
h. Total a - i above	\$12,876,821.00	\$12,426,518.00

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

	Beginning of Current Year	End of Year
	(\$5,496,601.00)	(\$6,082,964.00)

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Name of Hospital	CANDLER COUNTY HOSPITAL AUTHORITY
Doing Business As	CANDLER COUNTY HOSPITAL
Number and Street Address	400 CEDAR STREET
Room/Suite	
City or Town	METTER
State	GEORGIA
Zip Code	30439
Telephone Number	912-685-5741
Name and Address of Principal Officer .	KAREN ONEAL, CEO

Total Number of Individuals Employed
in Calendar Year 2017

The Hospital's Fiscal Year 2016 Covered the Following Dates:

Start Date: End Date:

The Hospital's Fiscal Year 2017 Covered the Following Dates:

Start Date: End Date: