## 2018 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990

| Name of Hospital   |           | TIFT REGIONAL HEALTH SYSTEM, INC.* |           |  |  |
|--|-----------|------------------------------------|-----------|--|--|
| Doing Business As  |           |                                    |           |  |  |
| Number and Street Address                                    |           | 901 E. 18th STREET                 |           |  |  |
| Room/Suite   |           |                                    |           |  |  |
| City or Town   |           | TIFTON                             |           |  |  |
| State  |           | GEORGIA                            |           |  |  |
| Zip Code   |           | 31794                              |           |  |  |
| Telephone Number   |           | 229-382-7120                       |           |  |  |
| Name and Address of Principal Officer .                      |           |                                    |           |  |  |
| Total Number of Individuals Employed in Calendar Year 2018   |           |                                    |           |  |  |
| The Hospital's Fiscal Year 2019 Covered the Following Dates: |           |                                    |           |  |  |
| Start Date:  | 10/1/2018 | End Date:                          | 9/30/2019 |  |  |
| The Hospital's Fiscal Year 2018 Covered the Following Dates: |           |                                    |           |  |  |
| Start Date:  | 10/1/2017 | End Date:                          | 9/30/2018 |  |  |



<sup>\*</sup>Information based on 9/30/19 Southwell Obligated Group Financial Statements

## 2019 Qualified Rural Hospital Organization Expense Tax Credit Proxy for IRS Form 990 Net Assets or Fund Balances

| 1. Total Assets  | Beginning of<br>Current Year | End of Year         |
|--|------------------------------|---------------------|
| a. Cash - Non-Interest Bearing                                   | \$<br>60,882,000             | \$<br>61,187,000    |
| b. Savings and Temporary Cash Investments                        | \$<br>5,150,000              | \$<br>5,259,000     |
| c. Pledges and Grants Receivable, Net                            | \$<br>-                      | \$<br>-             |
| d. Accounts Receivable, Net                                      | \$<br>63,889,000             | \$<br>56,667,000    |
| e. Loans and Other Receivables From Current and Former Officers, |                              |                     |
| Directors, Trustees, Key Employees, and Highest Compensated      | \$<br>-                      | \$<br>-             |
| Employees  |                              |                     |
| f. Notes and Loans Receivable, Net                               | \$<br>1,612,000              | \$<br>1,467,000     |
| g. Inventories for sale or use                                   | \$<br>3,145,000              | \$<br>2,912,000     |
| h. Prepaid expenses and deferred charges                         | \$<br>1,280,000              | \$<br>2,613,000     |
| i. Land, buildings, and equipment: cost or other basis           | \$<br>538,773,000            | \$<br>609,176,000   |
| Less Accumulated Depreciation                                    | \$<br>(309,803,000)          | \$<br>(339,480,000) |
| j. Investments- Publicly Traded Securities                       | \$<br>473,141,000            | \$<br>493,974,000   |
| k. Investments- Other Securities                                 | \$<br>849,000                | \$<br>849,000       |
| I. Investments- Program-Related                                  | \$<br>-                      | \$<br>-             |
| m. Intangible Assets   | \$<br>7,008,000              | \$<br>4,491,000     |
| n. Other Assets  | \$<br>7,097,000              | \$<br>5,836,000     |
| o. Total a - n above   | \$<br>853,023,000            | \$<br>904,951,000   |

| 2. Total Liabilities  |      | Beginning of |    | End of Year |  |
|---|------|--------------|----|-------------|--|
| 2. Total Liabilities  | (    | Current Year |    |             |  |
| a. Accounts Payable and Accrued Expenses                                | . \$ | 55,307,000   | \$ | 52,375,000  |  |
| b. Grants Payable   | \$   | -            | \$ | -           |  |
| c. Deferred Revenue   | . \$ | -            | \$ | -           |  |
| d. Tax-Exempt Bond Liabilities  | . \$ | 249,354,000  | \$ | 281,098,000 |  |
| e. Escrow or Custodial Account Liability                                | . \$ | 1,000,000    | \$ | 1,543,000   |  |
| Loans and Other Payables to Current and Former Officers,                |      |              |    |             |  |
| f. Directors, Trustees, Key Employees, Highest Compensated              | \$   | -            | \$ | -           |  |
| Employees, and Disqualified Persons                                     | .    |              |    |             |  |
| g. Secured Mortgages and Notes Payable to Unrelated Third Parties       | . \$ | 1            | \$ | -           |  |
| 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 | \$   | 4,445,000    | \$ | 3,286,000   |  |
| through h)  |      |              |    |             |  |
| j. Total a - i above  | . \$ | 310,106,000  | \$ | 338,302,000 |  |

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

| GEORGIA DEPARTMENT OF COMMUNITY HEALTH |
|--|
| or odminoral repair                    |

| Fis | cal Year 2018 | Fiscal Year 2019 |             |  |
|-----|---------------|------------------|-------------|--|
| \$  | 542,917,000   | \$               | 566,649,000 |  |