ARCHBOLD MEDICAL CENTER, INC.
AND SUBSIDIARIES

CONSOLIDATED FINANCIAL STATEMENTS

for the years ended September 30, 2025 and 2024

Draffin Tucker

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CONTENTS

	Pages
Independent Auditor's Report	1-3
Consolidated Financial Statements:	
Balance Sheets	4-5
Statements of Revenue and Support, Expenses and Changes in Net Assets	6-7
Statements of Cash Flows	8-9
Notes to Consolidated Financial Statements	10-43
Consolidating Information:	
Independent Auditor's Report on Consolidating Information	44
Consolidating Balance Sheet - John D. Archbold Memorial Hospital, Inc. - 2025	45-46
Consolidating Balance Sheet - John D. Archbold Memorial Hospital, Inc. - 2024	47-48
Consolidating Statement of Revenue and Expenses - John D. Archbold Memorial Hospital, Inc. - 2025	49
Consolidating Statement of Revenue and Expenses - John D. Archbold Memorial Hospital, Inc. - 2024	50
Consolidating Balance Sheet - Archbold Medical Center, Inc. and Subsidiaries - 2025	51-52
Consolidating Balance Sheet - Archbold Medical Center, Inc. and Subsidiaries - 2024	53-54
Consolidating Statement of Revenue and Expenses - Archbold Medical Center, Inc. and Subsidiaries - 2025	55
Consolidating Statement of Revenue and Expenses - Archbold Medical Center, Inc. and Subsidiaries - 2024	56

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Archbold Medical Center, Inc. and Subsidiaries
Thomasville, Georgia

Opinion

We have audited the accompanying consolidated financial statements of Archbold Medical Center Inc. and Subsidiaries (Medical Center), which comprise the consolidated balance sheets as of September 30, 2025 and 2024, and the related consolidated statements of revenue and support, expenses and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Medical Center as of September 30, 2025 and 2024, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Medical Center and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Continued

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Medical Center's ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment of a reasonable user based on these consolidated financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Medical Center's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Medical Center's ability to continue as a going concern for a reasonable period of time.

Continued

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Draffin & Tucker, LLP

Albany, Georgia
January 8, 2026

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS
as of September 30, 2025 and 2024

	2025	2024
ASSETS		
Current assets:		
Cash and cash equivalents	$ 51,583,582	$ 67,434,696
Assets limited as to use	6,905,250	10,471,043
Patient accounts receivable, net	87,984,846	68,611,272
Estimated third-party payor settlements	71,507	182,924
Supplies, at lower of cost and net realizable value	5,923,824	6,139,827
Other current assets	18,937,322	14,881,438
Total current assets	171,406,331	167,721,200
Assets limited as to use:		
By lease for capital acquisition	31,323,175	29,368,981
Under trust agreement for self-insurance claims	111,339,112	106,260,429
Archbold Foundation, Inc.	141,921,427	130,215,325
Restricted by donors	3,605,145	3,283,308
	288,188,859	269,128,043
Less amount required to meet current obligations	6,905,250	10,471,043
Noncurrent assets limited as to use	281,283,609	258,657,000
Property and equipment, net	254,677,273	237,096,383
Other assets:		
Long-term investments	422,431,564	406,816,825
Investments in unconsolidated companies	2,432,237	2,445,117
Other noncurrent assets	3,775,085	3,170,895
Right-of-use asset-finance	2,042,923	846,398
Right-of-use asset-operating	1,858,336	2,329,475
Total other assets	432,540,145	415,608,710
Total assets	$ 1,139,907,358	$ 1,079,083,293

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS, Continued
as of September 30, 2025 and 2024

	2025	2024
LIABILITIES AND NET ASSETS		
Current liabilities:		
Current portion of long-term debt	$ 10,185,000	$ 9,920,000
Current portion of finance lease liabilities	501,308	215,545
Current portion of operating lease liabilities	266,193	439,396
Accounts payable	18,455,843	17,031,102
Estimated third-party payor settlements	4,707,585	3,545,211
Accrued expenses:		
Salaries and compensation	18,560,351	17,268,874
Employee benefits	8,981,770	11,362,032
Malpractice and general	6,571,700	6,314,500
Other	1,906,239	1,960,289
Total current liabilities	70,135,989	68,056,949
Accrued malpractice and general, net of current portion	13,691,821	11,884,414
Long-term debt, net of current installments:		
Notes payable	36,000,000	39,600,000
Revenue certificates payable	64,865,000	71,450,000
Total long-term debt, net of current portion	100,865,000	111,050,000
Finance lease liabilities, net of current portion	1,592,975	659,703
Operating lease liabilities, net of current portion	1,678,869	1,897,957
Total liabilities	187,964,654	193,549,023
Net assets:		
Net assets without donor restrictions	948,337,559	882,250,962
Net assets with donor restrictions	3,605,145	3,283,308
Total net assets	951,942,704	885,534,270
Total liabilities and net assets	$ 1,139,907,358	$ 1,079,083,293

The independent auditor’s report and accompanying notes are integral parts of these financial statements.

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF REVENUE AND SUPPORT,
EXPENSES AND CHANGES IN NET ASSETS
for the years ended September 30, 2025 and 2024

	2025	2024
Revenues, gains and other support:		
Net patient service revenue	$ 553,196,390	$ 504,797,252
Other operating revenue	9,901,492	7,708,430
Total revenues, gains and other support	563,097,882	512,505,682
Operating expenses:		
Salaries and wages	187,779,477	174,580,135
Employee health and welfare	39,508,258	41,153,391
Professional fees	84,312,798	77,874,947
Supplies and other	215,710,114	189,049,013
Depreciation	29,986,889	28,358,456
Interest and amortization	3,135,445	3,488,908
Total operating expenses	560,432,981	514,504,850
Operating income (loss)	2,664,901	(1,999,168)
Nonoperating income (loss):		
Investment income and other	44,357,777	102,349,226
Archbold Foundation, Inc.	14,767,864	25,133,250
Gain (loss) on disposal of assets and other	53,348	(90,443)
Total nonoperating income	59,178,989	127,392,033
Excess revenues	$ 61,843,890	$ 125,392,865

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF REVENUE AND SUPPORT,
EXPENSES AND CHANGES IN NET ASSETS, Continued
for the years ended September 30, 2025 and 2024

	2025	2024
Net assets without donor restrictions:		
Excess revenues	$ 61,843,890	$ 125,392,865
Contributions for purchase of property and equipment	4,242,707	2,243,641
Increase in net assets without donor restrictions	66,086,597	127,636,506
Net assets with donor restrictions:		
Change in net realized and unrealized gains on investments	321,837	625,807
Increase in net assets	66,408,434	128,262,313
Net assets, beginning of year	885,534,270	757,271,957
Net assets, end of year	$ 951,942,704	$ 885,534,270

The independent auditor's report and accompanying notes are
integral parts of these financial statements.

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS
for the years ended September 30, 2025 and 2024

	2025	2024
Cash flows from operating activities:		
Increase in net assets	$ 66,408,434	$ 128,262,313
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Net realized and unrealized gain on investments	(35,585,592)	(100,487,464)
Contributions for purchase of property and equipment	(4,242,707)	(2,243,641)
(Gain) loss on disposal of assets and other	(53,348)	90,443
Net realized and unrealized gains on restricted investments	(321,837)	(625,807)
Depreciation	29,986,889	28,358,456
Amortization of operating leases	521,198	678,818
Forgiveness of physician notes receivable	1,224,508	680,576
Changes in:		
Patient accounts receivable	(19,373,574)	(7,435,551)
Supplies and other current assets	(3,839,881)	(4,522,126)
Pledges receivable	717,961	(604,449)
Other noncurrent assets	(1,828,698)	(20,867)
Accounts payable	1,424,741	(1,204,657)
Accrued expenses	921,772	5,828,070
Estimated third-party payor settlements	1,273,791	2,011,210
Operating lease liabilities	(442,350)	(696,394)
Net cash provided by operating activities	36,791,307	48,068,930
Cash flows from investing activities:		
Proceeds from sale of PP&E	368,176	293,970
Capital expenditures	(47,587,634)	(30,099,422)
Proceeds from sale of investments	93,325,462	116,449,582
Purchase of investments	(98,211,128)	(97,259,314)
Net cash used by investing activities	(52,105,124)	(10,615,184)

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS, Continued
for the years ended September 30, 2025 and 2024

	2025	2024
Cash flows from financing activities:		
Payments on long-term debt	$ (9,920,000)	$ (9,815,000)
Payments on finance lease liabilities	(272,463)	(209,533)
Proceeds from restricted contributions	4,242,707	2,243,641
Net cash used by financing activities	(5,949,756)	(7,780,892)
Net increase (decrease) in cash and cash equivalents	(21,263,573)	29,672,854
Cash and cash equivalents, beginning of year	89,834,257	60,161,403
Cash and cash equivalents, end of year	$ 68,570,684	$ 89,834,257
Reconciliation of cash and cash equivalents to the balance sheets:		
Cash and cash equivalents in current assets	$ 51,583,582	$ 67,434,696
Assets limited as to use	16,535,600	22,340,556
Cash and cash equivalents in noncurrent assets	451,502	59,005
Total cash and cash equivalents	$ 68,570,684	$ 89,834,257

Supplemental disclosure of cash flow information:

- Cash paid for interest net of capitalized interest in 2025 and 2024 was $3,066,505 and $3,427,869, respectively.
- The Medical Center had lease modifications of approximately $1,463,000 in 2025.

The independent auditor’s report and accompanying notes are integral parts of these financial statements.

1. Description of Organization and Summary of Significant Accounting Policies

Organization

Archbold Medical Center, Inc. (Medical Center) as the parent corporation has sole control over its nonprofit subsidiaries, John D. Archbold Memorial Hospital, Inc., Archbold Health Services, Inc., Archbold Foundation, Inc., and Archbold Medical Group, Inc. John D. Archbold Memorial Hospital, Inc. operates John D. Archbold Memorial Hospital, Grady General Hospital, Brooks County Hospital, and Mitchell County Hospital and Nursing Homes. Archbold Health Services, Inc. provides facilities and support for home health care and ambulatory health care services. Archbold Foundation, Inc. (Foundation) solicits contributions and manages funds for the benefit of John D. Archbold Memorial Hospital, Inc. and Archbold Health Services, Inc. Archbold Medical Group, Inc. employs physicians and other support personnel to provide comprehensive health care services essential to the prevention and treatment of disease for the benefit of all individuals in the service area.

The consolidated financial statements include the accounts of Archbold Medical Center, Inc. and its wholly controlled or owned subsidiaries for the years ended September 30, 2025 and 2024. Significant intercompany accounts and transactions have been eliminated in consolidation.

Use of Estimates

The preparation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include certificates of deposit and investments in highly liquid debt instruments with original maturities of three months or less.

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities, which are all classified as trading securities, are measured at fair value in the balance sheets.

Investment income or loss (including interest, dividends, and gains and losses, both realized and unrealized) is included in excess of revenue over expenses unless the income is restricted by donor or law.

Investments in unconsolidated companies represent the Medical Center's participation in joint ventures and partnerships, which are accounted for on the equity method.

Continued

1. Description of Organization and Summary of Significant Accounting Policies, Continued

Assets Limited as to Use

Assets limited by a lease agreement for capital acquisition include cash and investments to be used for future capital improvements to Grady General Hospital.

Assets under trust agreement for liability claims include cash and investments for payment of malpractice and general liability claims incurred by the Medical Center.

The Foundation represents funds and pledges receivable which can be used, at the discretion of the Board of Trustees, to support the activities of the Hospitals and Archbold Health Services.

Restricted assets include investments to be held in perpetuity, the income of which is expendable to support health care services.

Amounts required to meet certain liabilities of the Medical Center have been reclassified in the balance sheets at September 30, 2025 and 2024.

Patient Accounts Receivable

Patient accounts receivable reflects the outstanding amount of consideration to which the Medical Center expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others. As a service to the patient, the Medical Center bills third-party payors directly and bills the patient when the patient's responsibility for copays, coinsurance, and deductibles is determined. Patient accounts receivable are due in full when billed.

Patient accounts receivable can be impacted by the effectiveness of the Medical Center's collection efforts. Additionally, significant changes in payor mix, business office operations, economic conditions, or trends in federal and state governmental healthcare coverage could affect the net realizable value of patient accounts receivable. The Medical Center also continually reviews the net realizable value of patient accounts receivable by monitoring historical cash collections as a percentage of trailing net patient service revenues, as well as by analyzing current period net revenue and admissions by payor classification, aged patient accounts receivable by payor, days revenue outstanding, and the composition of self-pay receivables between pure self-pay patients and the patient responsibility portion of third-party insured receivables.

Patient accounts receivable was $87,984,846, $68,611,272 and $61,832,768 as of September 30, 2025, 2024 and 2023, respectively. The Medical Center had no significant contract assets or contract liabilities as of September 30, 2025 or 2024.

Continued

1. Description of Organization and Summary of Significant Accounting Policies, Continued

Allowance for Credit Losses

The Medical Center records credit losses for patient accounts receivable based on the current expected credit loss model. Credit losses are recorded after consideration of any implicit or explicit price concessions. In evaluating the collectability of patient accounts receivable, management evaluates historical losses as well as adjustments for current conditions, asset-specific risk characteristics and reasonable and supportable forecasts to determine an allowance for expected credit losses.

The Medical Center has elected the practical expedient in FASB ASC 326-20-30-10C, which allows the entity to assume that current conditions as of the balance sheet date do not change for the remaining life of the asset. However, the Medical Center does continue to adjust historical loss information to reflect current conditions to the extent that historical loss information does not reflect current conditions. The Medical Center has determined that the current and reasonable and supportable forecasted economic conditions as of the balance sheet date are consistent with those conditions that existed during the period that the historical data was collected. Accordingly, the Medical Center determines that no adjustment to its historical loss information is necessary.

The Medical Center also applied the accounting policy election to consider collection activity after the balance sheet date when estimating expected credit losses. The Medical Center considers collection activity through the date the financial statements were available to be issued. The Medical Center develops its estimate of expected credit losses by determining which receivables have been collected and then recognizing an allowance for the amounts that are uncollected based on its historical loss rates. Management believes that an allowance for credit losses is not significant at year-end.

Property and Equipment

Property and equipment acquisitions over $1,000 are recorded at cost. Property and equipment donated for hospital operations are recorded at fair value as additions to net assets without donor restrictions when the assets are placed in service.

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Finance lease assets are amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the asset. Such amortization is included in depreciation expense in the consolidated financial statements.

Gifts of long-lived assets such as land, buildings, or equipment are reported as increases in net assets without donor restrictions, and are excluded from excess of revenues, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as increases in net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Continued

1. Description of Organization and Summary of Significant Accounting Policies, Continued

Impairment of Long-Lived Assets

The Medical Center evaluates on an ongoing basis the recoverability of its assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is required to be recognized if the carrying value of the asset exceeds the undiscounted future net cash flows associated with that asset. The impairment loss to be recognized is the amount by which the carrying value of the long-lived asset exceeds the asset's fair value. In most instances, the fair value is determined by discounted estimated future cash flows using an appropriate interest rate. The Medical Center has not recorded any impairment charges in the accompanying consolidated statements of revenue and support, expenses and changes in net assets for the years ended September 30, 2025 and 2024.

Cost of Borrowing

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Deferred Financing Cost

Costs related to the issuance of long-term debt were deferred and are being amortized using the effective interest method over the life of the related debt.

Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net assets without donor restrictions - net assets available for use in general operations and not subject to donor imposed restrictions. The Board of Trustees has discretionary control over these resources. Designated amounts represent those net assets that the Board has set aside for a particular purpose. All revenue not restricted by donors and donor restricted contributions whose restrictions are met in the same period in which they are received are accounted for in net assets without donor restrictions.

Net assets with donor restrictions - net assets subject to donor imposed restrictions. Some donor imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. All revenues restricted by donors as to either timing or purpose of the related expenditures or required to be maintained in perpetuity as a source of investment income are accounted for in net assets with donor restrictions. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions.

Continued

1. Description of Organization and Summary of Significant Accounting Policies, Continued

Excess Revenues

The consolidated statements of revenue and support, expenses and changes in net assets include excess revenues. Changes in net assets without donor restrictions which are excluded from excess revenues, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Net Patient Service Revenue

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the amount that reflects the consideration to which the Medical Center expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors, and others and includes variable consideration for retroactive revenue adjustments under reimbursement arrangements with third-party payors. Retroactive adjustments are included in the determination of the estimated transaction price and adjusted in future periods as settlements are determined.

Charity Care

The Medical Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Endowments

Endowments are provided to the Medical Center on a voluntary basis by individuals and private organizations. Certain endowments require that the principal or purchasing power of the endowment be retained in perpetuity. If a donor has not provided specific instructions, state law permits the Medical Center's Board of Trustees to authorize for expenditure the net appreciation of the investments of endowment funds.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Medical Center are reported at fair value at the date the promise is received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met. Conditional gifts received prior to the satisfaction of conditions are recorded as refundable advances. The gifts are reported as increases in the appropriate categories of net assets in accordance with donor restrictions.

Continued

1. Description of Organization and Summary of Significant Accounting Policies, Continued

Estimated Malpractice and Other Self-Insurance Costs

The provisions for estimated medical malpractice claims and other claims under self-insurance plans include estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Income Taxes

The Medical Center is a not-for-profit corporation that has been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code.

The Medical Center applies accounting policies that prescribe when to recognize and how to measure the consolidated financial statement effects of income tax positions taken or expected to be taken on its income tax returns. These rules require management to evaluate the likelihood that, upon examination by the relevant taxing jurisdictions, those income tax positions would be sustained. Based on that evaluation, the Medical Center only recognizes the maximum benefit of each income tax position that is more than 50% likely of being sustained. To the extent that all or a portion of the benefits of an income tax position are not recognized, a liability would be recognized for the unrecognized benefits, along with any interest and penalties that would result from disallowance of the position. Should any such penalties and interest be incurred, they would be recognized as operating expenses.

Based on the results of management's evaluation, no liability is recognized in the accompanying consolidated balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of September 30, 2025 and 2024 or for the years then ended. The Medical Center's tax returns are subject to possible examination by the taxing authorities. For federal income tax purposes, the tax returns essentially remain open for possible examination for a period of three years after the respective filing deadlines of those returns.

Fair Value Measurements

FASB ASC 820, *Fair Value Measurement and Disclosures*, defines fair value as the amount that would be received for an asset or paid to transfer a liability (i.e., an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820 also establishes a fair value hierarchy that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

Continued

1. Description of Organization and Summary of Significant Accounting Policies, Continued

Fair Value Measurements, Continued

FASB ASC 820 describes the following three levels of inputs that may be used:

- *Level 1:* Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets and liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

- *Level 2:* Observable prices that are based on inputs not quoted on active markets but corroborated by market data.

- *Level 3:* Unobservable inputs when there is little or no market data available, thereby requiring an entity to develop its own assumptions. The fair value hierarchy gives the lowest priority to Level 3 inputs.

Subsequent Events

In preparing these consolidated financial statements, the Medical Center has evaluated events and transactions for potential recognition or disclosure through January 8, 2026, the date the consolidated financial statements were available to be issued.

Prior Year Reclassifications

Certain reclassifications have been made to the fiscal year 2024 consolidated financial statements to conform to the fiscal year 2025 presentation. These reclassifications had no impact on the change in net assets in the accompanying consolidated financial statements.

Recently Adopted Accounting Pronouncement

In July 2025, the FASB issued ASU No. 2025-05, Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets, which provides entities with a practical expedient and accounting policy election when estimating expected credit losses for current accounts receivable and current contract assets arising from transactions accounted for under FASB ASC 606 on revenue from contracts with customers. The Medical Center prospectively adopted the practical expedient and accounting policy election for fiscal year 2025.

Continued

2. Net Patient Service Revenue

Net patient service revenue is reported at the amount that reflects the consideration to which the Medical Center expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Medical Center bills the patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Medical Center. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Medical Center believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patient care services. The Medical Center measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. These services are considered to be a single performance obligation and have a duration of less than one year. Revenue for performance obligations satisfied at a point in time is recognized when services are provided and the Medical Center does not believe it is required to provide additional services to the patient.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Medical Center has elected to apply the optional exemption provided in FASB ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Medical Center is utilizing the portfolio approach practical expedient in ASC 606 for contracts related to net patient service revenue. The Medical Center accounts for the contracts within each portfolio as a collective group, rather than individual contracts, based on the payment pattern expected in each portfolio category and the similar nature and characteristics of the patients within each portfolio. As a result, the Medical Center has concluded that revenue for a given portfolio would not be materially different than if accounting for revenue on a contract by contract basis.

The Medical Center has arrangements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. For uninsured patients that do not qualify for charity care, the Medical Center recognizes revenue on the basis of its standard rates, subject to certain discounts and implicit price concessions as determined by the Medical Center.

Continued

2. Net Patient Service Revenue, Continued

The Medical Center determines the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Medical Center's policy, and implicit price concessions provided to uninsured patients. Implicit price concessions represent the difference between amounts billed and the estimated consideration the Medical Center expects to receive from patients, which are determined based on historical collection experience, current market conditions, and other factors. The Medical Center determines its estimates of contractual adjustments and discounts based on contractual agreements, discount policies, and historical experience.

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

- Medicare

  Inpatient acute care and outpatient services rendered to Medicare program beneficiaries by John D. Archbold Memorial Hospital and Grady General Hospital are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient acute and nonacute care services and outpatient services rendered to Medicare program beneficiaries by Brooks County Hospital and Mitchell County Hospital are paid based on a cost reimbursement methodology.

  Inpatient rehabilitation services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge.

  Inpatient psychiatric services rendered to Medicare program beneficiaries are paid at prospectively determined rates per diems.

  Nursing Home services rendered to Medicare program beneficiaries are paid based on a patient-driven payment methodology.

  The Medical Center is paid for certain cost reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare Administrative Contractor (MAC). The Medical Center's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Medical Center. All hospital Medicare cost reports have been audited by the MAC through September 30, 2021.

Continued

2. Net Patient Service Revenue, Continued

- Medicaid

Inpatient acute care services are paid at prospectively determined rates per discharge based on clinical, diagnostic and other factors. Outpatient services are paid based upon cost reimbursement methodologies.

The Medical Center is paid for certain cost reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicaid fiscal intermediary. All hospital Medicaid cost reports have been audited by the Medicaid fiscal intermediary through September 30, 2021.

The Medical Center has also entered into contracts with certain managed care organizations to receive reimbursement for providing services to selected enrolled Medicaid beneficiaries. Payment arrangements with these managed care organizations consist primarily of prospectively determined rates per discharge, discounts from established charges, or prospectively determined per diems.

Long-term care services are reimbursed by the Medicaid program based on a prospectively determined per diem. The per diem is determined by the facility's historical allowable operating costs adjusted for certain incentives and inflation factors.

The hospitals within the Medical Center participate in the Georgia Indigent Care Trust Fund (ICTF) Program. The hospitals receive ICTF payments for treating a disproportionate number of Medicaid and other indigent patients. ICTF payments are based on the hospitals' estimated uncompensated cost of services to Medicaid and uninsured patients. The amount of ICTF payments recognized in net patient service revenue was approximately $6,728,000 and $8,551,000 for the years ended September 30, 2025 and 2024, respectively.

The Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) provides for payment adjustments to certain facilities based on the Medicaid Upper Payment Limit (UPL). The UPL payment adjustments are based on a measure of the difference between Medicaid payments and the amount that could be paid based on Medicare payment principles. The net amount of UPL payment adjustments recognized in net patient service revenue was approximately $4,465,000 and $7,176,000 for the years ended September 30, 2025 and 2024, respectively.

During 2010, the state of Georgia enacted legislation known as the Provider Payment Agreement Act (Act) whereby hospitals in the state of Georgia are assessed a “provider payment” in the amount of 1.45% of their net patient service revenue. The Act became effective July 1, 2010, the beginning of state fiscal year 2011. The provider payments are due on a quarterly basis to the Department of Community Health. The payments are to be used for the sole purpose of obtaining federal financial participation for medical assistance payments to providers on behalf of Medicaid recipients. The provider payment results in an

Continued

2. Net Patient Service Revenue, Continued

- Medicaid, Continued

  increase in payments for Medicaid services to hospitals of approximately 11.88%. Approximately $5,753,000 and $5,470,000 provider payments relating to the Act are included in supplies and other expenses in the accompanying consolidated statements of revenue and support, expenses and changes in net assets for the years ended September 30, 2025 and 2024, respectively.

  During 2022, Medicaid implemented the Medicaid CMOs Direct Payment Program (DPP). Under the DPP, eligible hospitals will receive increased Medicaid funding via an annual lump sum direct payment. The direct payment will be based on the difference between Medicare reimbursement and Medicaid payments using UPL calculations. The direct payment is made to the CMOs and the CMOs are required to transfer the payment to the hospital. The net amount of DPP payment adjustments recognized in net patient service revenue was approximately $3,773,000 and $991,000 during 2025 and 2024, respectively.

  During 2022, Medicaid implemented the Supplemental Quality Incentive (SQI) payment program for nursing homes that demonstrate improvement in one of four quality metrics. The nursing home demonstrated improvement in two of the four quality metrics and recognized SQI payments of approximately $0 and $218,000 in net patient service revenue during 2025 and 2024, respectively.

- Other Arrangements

  Payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations provide for payment using prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

- Uninsured Patients

  The Medical Center has a Financial Assistance Policy (FAP) in accordance with Internal Revenue Code Section 501(r). Based on the FAP, following a determination of financial assistance eligibility, an individual will not be charged more than the Amounts Generally Billed (AGB) for emergency or other medical care provided to individuals with insurance covering that care. AGB is calculated by reviewing claims that have been paid in full (including deductibles and coinsurance paid by the patient) to the Medical Center for medically necessary care by Medicare and private health insurers during a 12-month look-back period.

Continued

2. Net Patient Service Revenue, Continued

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Medical Center's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Medical Center. In addition, the contracts the Medical Center has with commercial payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Medical Center's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from a change in the transaction price, were not significant in 2025 or 2024.

Generally patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Medical Center also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Medical Center estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Adjustments arising from a change in the transaction price were not significant for the years ending September 30, 2025 and 2024. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay based on current or future estimated credit losses (determined on a portfolio basis when applicable) are recorded as credit loss expense. Credit loss expense for the years ended September 30, 2025 and 2024 was not significant.

Consistent with the Medical Center's mission, care is provided to patients regardless of their ability to pay. Therefore, the Medical Center has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles).

Continued

2. Net Patient Service Revenue, Continued

Net patient service revenue by major payor source, facility, and timing of revenue recognition for the years ended September 30, 2025 and 2024 is as follows:

	Net Patient Service Revenue			
	Medicare	Medicaid	Third-Party Payors and Other	Total All Payors
2025	$ 208,250,076	$ 39,614,637	$ 305,331,677	$ 553,196,390
2024	$ 183,883,671	$ 54,725,493	$ 266,188,088	$ 504,797,252

	Net Patient Service Revenue	
	2025	2024
John D. Archbold Memorial Hospital	$ 433,690,305	$ 391,093,631
Brooks County Hospital	13,311,323	12,571,360
Grady General Hospital	39,431,180	38,245,627
Mitchell County Hospital	40,269,796	38,945,992
Archbold Medical Group, Inc.	26,493,786	23,940,642
Timing of revenue and recognition:		
Services transferred over time	$ 553,196,390	$ 504,797,252

Hospital net patient service revenue includes a variety of services mainly covering inpatient acute care services requiring overnight stays, outpatient procedures that require anesthesia or use of the Medical Center's diagnostic and surgical equipment, and emergency care services. Performance obligations are satisfied over time as the patient simultaneously receives and consumes the benefits the Medical Center performs. Requirements to recognize revenue for inpatient services are generally satisfied over periods that average approximately five days and for outpatient services are generally satisfied over a period of less than one day. Point-of-sale revenue, recorded in other revenue on the consolidated statements of revenue and support, expenses and changes in net assets, performance obligations are satisfied at a point in time when the goods are provided.

Continued

3. Concentrations of Credit Risk

The Medical Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors, net of variable considerations, at September 30, 2025 and 2024 was as follows:

	2025	2024
Medicare	33%	33%
Medicaid	8%	8%
Other third-party payors	59%	59%
Total	100%	100%

Concentrations of credit risk with respect to accounts receivable are limited due to the large number of patients comprising the receivables base.

The Medical Center maintains deposits/investments with financial institutions in excess of amounts insured. Management believes the credit risks related to these deposits/investments are minimal.

4. Investments

Assets Limited as to Use

The composition of assets limited as to use at September 30, 2025 and 2024 is set forth in the following table. Investments are stated at fair value.

	2025	2024
By lease for capital acquisition:		
Cash and cash equivalents	$ 7,457,739	$ 7,115,243
Certificates of deposit	249,083	100,467
Mutual funds	3,228,749	3,267,270
U.S. corporate bonds	2,000,218	2,686,013
Federal agency bonds	1,923,096	1,962,177
U.S. Treasury securities	16,464,290	14,237,811
Total	31,323,175	29,368,981

Continued

4. Investments, Continued

Assets Limited as to Use, Continued

	2025	2024
Under trust agreement for liability claims:		
Cash and cash equivalents	$ 4,400,308	$ 8,402,470
Certificates of deposit	249,083	245,597
Mutual funds	85,383,831	66,402,292
U.S. corporate bonds	3,709,008	3,567,696
Federal agency bonds	5,042,553	4,342,501
U.S. equity securities	2,091,470	9,329,659
Equity securities - preferred stock	-	156,237
Equity securities - foreign stock	26,360	385,536
U.S. Treasury securities	10,436,499	13,428,441
Total	111,339,112	106,260,429
Archbold Foundation, Inc.:		
Investment portfolios:		
Cash and cash equivalents	48,863	23,697
Mutual funds	99,878,019	92,080,507
U.S. equity securities	11,654,238	9,920,848
Alternative investments	24,314,691	20,830,913
	135,895,811	122,855,965
Cash and cash equivalents	4,438,277	6,489,982
Pledges receivable	1,587,339	869,378
Total	141,921,427	130,215,325
Restricted by donors:		
Cash and cash equivalents	190,413	309,164
Mutual funds	2,193,590	1,958,302
Exchange traded funds	812,007	781,511
U.S. corporate bonds	-	4,967
Federal agency bonds	10,009	10,161
U.S. Treasury securities	399,126	219,203
Total	3,605,145	3,283,308
Total assets limited to use	$ 288,188,859	$ 269,128,043

Continued

4. Investments, Continued

Long-Term Investments

Long-term investments, stated at fair value, at September 30, 2025 and 2024, include:

	2025	2024
Cash and cash equivalents	$ 451,502	$ 59,005
Certificates of deposit	249,083	496,765
Mutual funds	326,136,393	274,258,729
Municipal bonds	492,817	-
U.S. corporate bonds	16,071,302	17,725,467
Federal agency bonds	18,833,513	18,797,478
U.S. equity securities	8,848,562	43,769,300
Equity securities - preferred stock	-	742,288
Equity securities - foreign stock	108,735	1,825,021
U.S. Treasury securities	51,239,657	49,142,772
Total long-term investments	$ 422,431,564	$ 406,816,825

Investment income and gains for cash equivalents, assets limited as to use, and long-term investments are comprised of the following for the years ended September 30, 2025 and 2024:

	2025	2024
Income:		
Interest and dividend income	$ 21,994,346	$ 27,379,766
Realized gains on sales of securities	1,193,996	1,423,449
Unrealized gains on investments	35,638,695	99,054,479
Total income	$ 58,827,037	$ 127,857,694

Continued

4. Investments, Continued

Long-Term Investments, Continued .

The Medical Center's investments are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying consolidated financial statements.

5. Property and Equipment

A summary of property and equipment at September 30, 2025 and 2024 follows:

	2025	2024
Land	$ 12,133,788	$ 10,179,636
Land improvements	7,633,688	7,264,075
Buildings	180,714,387	173,015,179
Fixed equipment	135,722,022	135,511,758
Major movable equipment	303,963,065	300,569,708
Leasehold improvements	52,074,386	51,957,251
	692,241,336	678,497,607
Less accumulated depreciation and amortization	464,934,335	450,041,677
	227,307,001	228,455,930
Construction-in-progress	27,370,272	8,640,453
Property and equipment, net	$ 254,677,273	$ 237,096,383

Depreciation expense for the years ended September 30, 2025 and 2024 amounted to approximately $29,692,000 and $28,129,000, respectively. Construction contracts exist for various projects at year end with a total commitment of $8,578,000. At September 30, 2025, the remaining commitment on these contracts approximated $1,174,000.

Continued

6. Long-Term Debt

A summary of long-term debt at September 30, 2025 and 2024 follows:

	2025	2024
Revenue Certificates, Series 2017A maturing in installments of $545,000 to $2,175,000 each November 1 beginning in 2030 until 2041. The certificates are secured by gross revenue and bear a variable interest rate.	$ 17,985,000	$ 17,985,000
Revenue Certificates, Series 2017C maturing in installments of $6,585,000 to $7,270,000 each November 1 beginning in 2025 until 2033. The certificates are secured by gross revenue and bear a fixed interest rate of 3.01%.	53,465,000	59,885,000
Note payable, bearing interest of 1.17%, maturing in installments of $3,600,000 to $3,700,000 each November 1 beginning in 2025 until 2028. The note is collateralized by equipment.	14,600,000	18,100,000
Note payable, bearing interest of 1.85%, maturing in installments of $2,900,000 to $3,300,000 beginning each November 1 beginning in 2029 until 2036. The note is collateralized by equipment.	25,000,000	25,000,000
	111,050,000	120,970,000
Less current installments	10,185,000	9,920,000
Long-term debt, net of current installments	$ 100,865,000	$ 111,050,000

On July 12, 2017, the Medical Center issued $17,985,000 of Series 2017A Revenue Certificates for the purpose of refunding the outstanding 2013A Series and $82,750,000 of Series 2017C Revenue Certificates for the purpose of defeasing the outstanding 2010 Series. The Revenue Certificates are privately placed with BB&T Community Holdings Co. Under the terms of an escrow agreement, the 2017C Revenue Certificate amounts received have been deposited into an irrevocable escrow and invested in United States treasury notes in order to redeem the remaining 2010 Series Certificates on November 2, 2020.

The terms of the 2017 revenue certificates place limits on the incurrence of additional borrowings and require that the Medical Center satisfy certain measures of financial performance as long as the notes are outstanding.

Continued

6. Long-Term Debt, Continued

On August 4, 2021, Archbold Medical Center, Inc. entered into a promissory note with TD Bank for $25,000,000 for the purpose of reimbursement for prior capital expenditures. Payments are due yearly beginning November 1, 2022, with a maturity date of November 1, 2028.

On August 4, 2021, Archbold Medical Center, Inc. entered into a promissory note with TD Bank for $25,000,000 for the purpose of reimbursement for prior capital expenditures. Payments are due yearly beginning November 1, 2029, with a maturity date of November 1, 2036.

Scheduled principal repayments on long-term debt for the next five years are as follows:

Year Ending September 30th	Amount
2026	$ 10,185,000
2027	10,350,000
2028	10,620,000
2029	10,790,000
2030	10,170,000
Thereafter	58,935,000
Total	$ 111,050,000

7. Leases

The Medical Center has operating and finance lease for buildings and equipment. The Medical Center determines if an arrangement is a lease at the inception of the contract. Leases with an initial term of twelve months or less are not recorded on the consolidated balance sheets. The Medical Center has lease agreements which require payments for lease and nonlease components and has elected to account for these as a single lease component.

Right-of-use assets represent the Medical Center's right to use an underlying asset during the lease term, and lease liabilities represent the Medical Center's obligation to make lease payments arising from the lease. Right-of-use assets and lease liabilities are recognized at the commencement date, based on the net present value of fixed lease payments over the lease term. The Medical Center has entered into lease arrangements that contain options to extend or terminate the lease in future periods. These options are included in the lease term used to compute the lease liabilities as presented on the consolidated balance sheets when it is reasonably certain the option will be exercised.

Continued

7. Leases, Continued

As most of the Medical Center's operating leases do not provide an implicit rate, the Medical Center uses its incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. The Medical Center considers recent debt issuances, as well as publicly available data for instruments with similar characteristics when calculating its incremental borrowing rates. Finance lease agreements generally include an interest rate that is used to determine the present value of future lease payments. Operating fixed lease expense and finance lease amortization expense are recognized on a straight-line basis over the lease term. Variable lease costs consist primarily of common area maintenance and are not significant to total lease expense.

Operating and finance lease right-of-use assets and lease liabilities as of September 30, 2025 and 2024 were as follows:

	2025	2024
Operating leases:		
Right-of-use assets:		
Operating lease right-of-use assets	$ 1,858,336	$ 2,329,475
Lease liabilities:		
Current portion	$ 266,193	$ 439,396
Long-term	1,678,869	1,897,957
Total operating lease liabilities	$ 1,945,062	$ 2,337,353
Finance leases:		
Right-of-use assets:		
Finance lease right-of-use assets	$ 2,042,923	$ 846,398
Lease liabilities:		
Current portion	$ 501,308	$ 215,545
Long-term	1,592,975	659,703
Total finance lease liabilities	$ 2,094,283	$ 875,248

Continued

7. Leases, Continued

Operating expenses for the leasing activity of the Medical Center as lessee for the years ended September 30, 2025 and 2024 are as follows:

Lease Type	2025	2024
Operating lease cost	$ 701,273	$ 874,348
Finance lease interest	83,839	55,056
Finance lease amortization	304,670	221,222
Total lease cost	$ 1,089,782	$ 1,150,626

Cash paid for amounts included in the measurement of lease liabilities for the years ended September 30, 2025 and 2024 is as follows:

	2025	2024
Operating cash flows from operating leases	$ 595,743	$ 861,337
Operating cash flows from finance leases	76,623	52,824
Financing cash flows from finance leases	272,463	209,533
Total	$ 944,829	$ 1,123,694

The aggregate future lease payments for operating and finance leases as of September 30, 2025 were as follows:

	Finance	Operating
2026	$ 641,954	$ 417,895
2027	574,905	372,209
2028	466,682	272,816
2029	420,148	245,965
2030	325,327	252,500
Thereafter	28,961	1,211,250
Total undiscounted cash flows	2,457,977	2,772,635
Less: present value discount	(363,694)	(827,573)
Total lease liabilities	$ 2,094,283	$ 1,945,062

Continued

7. Leases, Continued

Average lease terms and discount rates at September 30, 2025 and 2024 were as follows:

	2025	2024
Weighted-average remaining lease term (years):		
Operating leases	8.97	8.43
Finance leases	4.37	4.46
Weighted-average discount rate:		
Operating leases	8.48%	8.50%
Finance leases	7.78%	8.40%

8. Net Assets With Donor Restrictions

Net assets with donor restrictions at September 30, 2025 and 2024 are restricted to:

	2025	2024
Investments to be held in perpetuity, the income from which is expendable to support health care services	$ 3,605,145	$ 3,283,308

Endowment Fund

The Medical Center's donor-restricted endowment fund was established to support health care services. As required by generally accepted accounting principles, net assets associated with the endowment fund are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Trustees of the Medical Center has interpreted the Georgia Uniform Prudent Management of Institutional Funds Act (GUPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment fund absent explicit donor stipulations to the contrary. As a result of this interpretation, the Medical Center classifies as net assets with donor restrictions (a) the original value of its gifts donated to the endowment, (b) the original value of subsequent gifts to the endowment, and (c) accumulations to the endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. In accordance with GUPMIFA, the Medical Center considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Medical Center, and (7) the Medical Center's investment policies.

Continued

8. Net Assets With Donor Restrictions, Continued

Endowment Fund, Continued

The Medical Center has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets over the long term. Endowment assets include assets of donor-restricted funds that the Medical Center must hold in perpetuity. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce positive results while assuming a moderate level of investment risk. The Medical Center expects its endowment fund, over time, to provide an average rate of return of approximately 3.5% annually. Actual results in any given year may vary from this amount. Investment risk is measured in terms of the total endowment fund. Investment assets and allocation between asset classes and strategies are managed to not expose the fund to unacceptable levels of risk. The Medical Center's current spending policy is to reinvest the earnings into the existing endowment investments.

Changes in endowment net assets as of September 30, 2025 and 2024 are as follows:

	Endowment Net Assets	
	2025	2024
Endowment net assets, beginning of year	$ 3,283,308	$ 2,657,501
Investment income	321,837	625,807
Endowment net assets, end of year	$ 3,605,145	$ 3,283,308

Continued

9. Uncompensated Services

The Medical Center was compensated for services at amounts less than its established rates.

The following is a summary of uncompensated services and a reconciliation of gross patient charges to net patient service revenue for 2025 and 2024:

	2025	2024
Gross patient charges	$ 1,513,374,759	$ 1,374,310,070
Uncompensated services:		
Charity and indigent care	41,957,722	45,253,196
Medicare	578,815,383	511,697,215
Medicaid	123,570,122	112,311,319
Other	171,141,984	151,055,753
Price concessions	44,693,158	49,195,335
Total uncompensated care	960,178,369	869,512,818
Net patient service revenue	$ 553,196,390	$ 504,797,252

Uncompensated care includes charity and indigent care services of approximately $41,958,000 and $45,253,000 in 2025 and 2024, respectively. The cost of charity and indigent care services provided during 2025 and 2024 was approximately $16,777,000 and $18,561,000, respectively, computed by applying a total cost factor to the charges foregone.

Continued

10. Functional Expenses

The Medical Center provides general health care services primarily to residents within its geographic location. Expenses related to providing these services are as follows:

September 30, 2025	General and Administrative	Patient Care Services	Total
Salaries and wages	$ 37,019,269	$ 150,760,208	$ 187,779,477
Employee health and welfare	6,920,834	32,587,424	39,508,258
Professional fees	5,599,015	78,713,783	84,312,798
Supplies and other	41,634,790	174,075,324	215,710,114
Depreciation	2,232,156	27,754,733	29,986,889
Interest and amortization	247,812	2,887,633	3,135,445
Total	$ 93,653,876	$ 466,779,105	$ 560,432,981

September 30, 2024	General and Administrative	Patient Care Services	Total
Salaries and wages	$ 33,666,124	$ 140,914,011	$ 174,580,135
Employee health and welfare	7,255,117	33,898,274	41,153,391
Professional fees	4,274,816	73,600,131	77,874,947
Supplies and other	41,134,695	147,914,318	189,049,013
Depreciation	1,662,452	26,696,004	28,358,456
Interest and amortization	226,181	3,262,727	3,488,908
Total	$ 88,219,385	$ 426,285,465	$ 514,504,850

The consolidated financial statements report certain expense categories that are attributable to more than one health care service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, including benefit expense, depreciation and amortization, interest expense, and other occupancy costs, are allocated to a function consistent with salaries.

Continued

11. Employee Thrift Savings Plan

The Medical Center has a defined contribution pension plan covering substantially all employees. Each year, participants may contribute up to 100% of pretax annual compensation as defined in the Plan, subject to Internal Revenue Code limitations. For participants who have completed one year of service, the Medical Center makes matching contributions on 50% of the first 4% of employee contributions. Matching contribution expenses for the Plan amounted to approximately $2,133,000 and $1,963,000 in 2025 and 2024, respectively. Discretionary contributions may be contributed at the option of the Medical Center's Board. Discretionary contribution expenses for the Plan amounted to approximately $3,376,000 and $3,280,000 in 2025 and 2024, respectively.

12. Self-Insurance - Employee Health Plan

The Medical Center has a self-insurance program for employee health claims, in which the Medical Center processes and pays claims. The Medical Center has purchased stop-loss insurance coverage for claims in excess of $225,000 for each individual employee. Total expenses relative to this plan were approximately $15,891,000 and $19,110,000 for 2025 and 2024, respectively.

13. Fair Values of Financial Instruments

The following methods and assumptions were used by the Medical Center in estimating the fair value of its financial instruments:

- *Cash and cash equivalents, accounts payable, accrued expenses, and estimated third-party payor settlements:* The carrying amount reported in the consolidated balance sheets approximates its fair value due to the short-term nature of these instruments.

- *Assets limited as to use and long-term investments:* Amounts reported in the consolidated balance sheets are at fair value.

- *Long-term debt:* The fair value of the Medical Center's fixed rate long-term debt is estimated using discounted cash flow analyses, based on current incremental borrowing rates. The remaining long-term debt carrying amount approximates its fair value. Based on inputs used in determining the estimated fair value, the Medical Center's long-term debt would be classified as Level 2 in the fair value hierarchy.

The carrying amounts and fair values of the Medical Center's long-term debt at September 30, 2025 and 2024 are as follows:

	2025		2024	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Long-term debt	$ 111,050,000	$ 100,150,096	$ 120,970,000	$ 110,268,566

Continued

13. Fair Values of Financial Instruments, Continued

Fair values of assets measured on a recurring basis at September 30, 2025 and 2024 are as follows:

		Fair Value Measurements at Reporting Date Using		
September 30, 2025	Total	Quoted prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets:				
Cash and cash equivalents	$ 16,987,102	$ 16,987,102	$ -	$ -
Certificates of deposit	747,249	747,249	-	-
Mutual funds - fixed income	53,875,919	53,875,919	-	-
Mutual funds - equity	462,944,662	462,944,662	-	-
Exchange traded funds	812,007	812,007	-	-
Municpal bonds	492,817	492,817	-	-
U.S. corporate bonds	21,780,528	-	21,780,528	-
Federal agency bonds	25,809,171	25,809,171	-	-
Fixed income securities - U.S. Treasuries	78,539,572	78,539,572	-	-
Equity securities - preferred stock	135,095	135,095	-	-
Equity securities - consumer discretionary	2,523,052	2,523,052	-	-
Equity securities - consumer staples	339,547	339,547	-	-
Equity securities - energy	1,278,246	1,278,246	-	-
Equity securities - financials	4,229,422	4,229,422	-	-
Equity securities - healthcare	2,275,293	2,275,293	-	-
Equity securities - industrials	2,695,981	2,695,981	-	-
Equity securities - information technology	5,288,128	5,288,128	-	-
Equity securities - utilities	1,043,886	1,043,886	-	-
Equity securities - other	2,408,902	2,408,902	-	-
REITS - financials	511,814	511,814	-	-
Total assets in the fair value hierarchy	684,718,393	$ 662,937,865	$ 21,780,528	$ -
Investments measured at net asset value	24,314,691			
Investments at fair value	$ 709,033,084			

Continued

13. Fair Values of Financial Instruments, Continued

		Fair Value Measurements at Reporting Date Using		
September 30, 2024	Total	Quoted prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets:				
Cash and cash equivalents	$ 22,399,561	$ 22,399,561	$ -	$ -
Certificates of deposit	842,829	842,829	-	-
Mutual funds - fixed income	51,957,363	51,957,363	-	-
Mutual funds - equity	386,009,737	386,009,737	-	-
Exchange traded funds	781,511	781,511		
U.S. corporate bonds	23,984,143	-	23,984,143	-
Federal agency bonds	25,112,317	25,112,317	-	-
Fixed income securities - U.S. Treasuries	77,028,227	77,028,227	-	-
Equity securities - preferred stock	3,109,082	3,109,082	-	-
Equity securities - consumer discretionary	2,639,518	2,639,518	-	-
Equity securities - consumer staples	9,865,666	9,865,666	-	-
Equity securities - energy	1,185,326	1,185,326	-	-
Equity securities - financials	8,967,888	8,967,888	-	-
Equity securities - healthcare	13,320,822	13,320,822	-	-
Equity securities - industrials	11,353,028	11,353,028	-	-
Equity securities - information technology	5,010,406	5,010,406	-	-
Equity securities - utilities	6,787,261	6,787,261	-	-
Equity securities - other	2,583,312	2,583,312	-	-
Equity securities - real estate	223,024	223,024	-	-
REITS - financials	1,083,556	1,083,556	-	-
Total assets in the fair value hierarchy	654,244,577	$ 630,260,434	$ 23,984,143	$ -
Investments measured at net asset value	20,830,913			
Investments at fair value	$ 675,075,490			

Continued

13. Fair Values of Financial Instruments, Continued

Financial assets valued using Level 1 inputs are based on unadjusted quoted market prices within active markets. Financial assets valued using Level 2 inputs are based primarily on quoted prices for similar investments in active or inactive markets. Valuation techniques utilized to determine fair value are consistently applied.

Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Investments Measured Using the Net Asset Value Per Share Practical Expedient

The following table sets forth additional information for assets valued at net asset value (NAV) as a practical expedient as of September 30, 2025 and 2024.

	as of September 30, 2025			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hedge Funds	$ 24,314,691	None	Monthly - Annually	30 - 90 Days

	as of September 30, 2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hedge Funds	$ 20,830,913	None	Monthly - Annually	30 - 90 Days

- *Alternative investments in hedge funds:* Valued at the NAV of shares held at year end. These hedge funds, for the most part, are invested in equity securities that trade in well-established and highly-liquid markets through multi-fund pools known as “fund of funds”. Each underlying hedge fund in the portfolio has annually audited financial statements and is priced quarterly or monthly by Thomasville National Bank (TNB). TNB then computes investor valuations based on ownership share of each pool and provides this information to each investor’s custodian.

Continued

14. Commitments and Contingencies

Lease Commitments - Grady County Hospital Authority

Pursuant to a lease agreement with Grady County Hospital Authority (Grady Authority), John D. Archbold Memorial Hospital, Inc. (Archbold) leased substantially all property, plant and equipment known as Grady General Hospital (Grady) from the Authority under the terms of a 15 year lease which expired in July 2001. The terms of the lease shall automatically extend for four successive periods of 15 years each, effective on August 1, 2001. The lease was amended to update the terms of the original lease and extend the lease period to 40 years, effective March 1, 2020. The amended lease also provides for the development and subsequent lease of a nursing home to be developed on a site adjacent to the Hospital.

Under the terms of the amended lease, Archbold will pay annual rent of $25,000 for the hospital and $25,000 for the nursing home, once the nursing home becomes operational.

Pursuant to the terms of the lease, the current assets and current liabilities of the Grady Authority were transferred to Archbold effective November 1, 1985. During the term of the lease, the expenses of operating the leased premises as a hospital will be paid by Archbold, and all revenues, materials, property and service rendered or received from any and all other sources will be collected, received, and become the property of Archbold. Archbold agrees to make repairs to the leased premises as necessary and to maintain specified insurance coverage. Property made unusable by ordinary wear and deterioration is to be replaced from the net revenues of Grady, and any such replacement property will be owned by the Authority. Property brought onto the premises by Archbold, which is not replacement property and was not acquired from the net revenues of Grady, remains Archbold's property. Revenues in excess of costs will be reinvested in improvements of Grady and become the property of the Grady Authority. Archbold has agreed not to deny urgent or emergency care to any person based upon an inability to pay.

Pursuant to the lease agreement, the Grady Authority transferred the net working capital to Archbold for use in operation of Grady. Upon expiration or earlier termination of the lease, Archbold shall pay the Grady Authority an amount equal to two times the average monthly operating expenses as working capital. Archbold will also turn over the excess accumulated funds since the inception of the lease upon termination. Subject to certain provisions in the lease, the Grady Authority will pay to Archbold an annual amount for indigent and charity care equal to 3% of hospital revenue and 1.5% of nursing home revenue.

Lease Commitments - Hospital Authority of Brooks County

On June 1, 1987, Archbold entered into a lease agreement with the Hospital Authority of Brooks County (Brooks Authority) to lease substantially all property, plant and equipment known as Brooks County Hospital (Brooks) from the Brooks Authority under the terms of a five year lease which expired December 31, 1992. The initial terms of the lease shall automatically extend for seven additional periods of five years each unless written notice of intent to terminate the lease is given to the Brooks Authority no less than 180 days prior to the end of the initial five-year lease period or any extension thereof.

Continued

14. Commitments and Contingencies, Continued

Lease Commitments - Hospital Authority of Brooks County, Continued

Under the terms of the lease, Archbold shall pay semi-annual rental payments of $35,000 on January 1 and July 1 of each year beginning in 1988. The base rental for and during any renewal term hereof shall be $1 per year; provided, however, that Archbold will pay as additional rental, after the initial term hereof, up to $25,000 per year in indigent care services for the benefit of indigent citizens of Brooks County.

As additional rental, Archbold shall assume, obtain and retain all assets and liabilities of Brooks as of June 1, 1987, with the exception of the following assets and liabilities: the trust indenture as related to The Hospital Authority of Brooks County, Georgia Revenue Anticipation Refunding Certificates, Series 1976, dated as of April 1, 1976, including the aggregate amount of all unpaid principal and interest thereunder, which is not the responsibility of Archbold; any liabilities related to any claims, suits, causes of action and the like related to malpractice or other theories of liability which arose or are claimed to have arisen prior to July 1, 1986; all personal and real property of the Brooks Authority; and the restricted funds known as the Wilson Trust Fund and the Roundtree Trust Fund.

Pursuant to the terms of the lease, the current assets and current liabilities of the Brooks Authority were transferred to Archbold effective June 1, 1987. During the term of the lease, the expenses of operating the leased premises as a hospital will be paid by Archbold, and all revenues, materials, property and services rendered or received from any and all other sources will be collected, received, and become the property of Archbold. Archbold agrees to make repairs to the leased premises as necessary and to maintain specified insurance coverage. Property made unusable by ordinary wear and deterioration is to be replaced from the revenues of Brooks and any such replacement property will be owned by the Brooks Authority. Property brought onto the premises by Archbold, which is not replacement property and was not acquired from the net revenues of Brooks, remains Archbold's property. Revenues in excess of costs will be reinvested in improvements to Brooks and become the property of the Brooks Authority. Archbold has agreed not to deny urgent or emergency care to any person based upon an inability to pay.

Lease Commitments - Hospital Authority of Mitchell County

Archbold entered into a lease agreement on October 1, 1990, with the Hospital Authority of Mitchell County (Mitchell Authority) to lease substantially all property, plant, and equipment of Mitchell County Hospital, Mitchell Convalescent Center, and Pelham Parkway Nursing Home (Mitchell facilities). The lease shall continue for a period of fifteen years with an automatic first renewal term of fifteen years followed by a second renewal term of ten years. The lease may be terminated by Archbold without cause by giving notice to the Mitchell Authority of its intent to terminate at least one hundred eighty days prior to the expiration of any term.

Continued

14. Commitments and Contingencies, Continued

Lease Commitments - Hospital Authority of Mitchell County, Continued

As consideration for this lease agreement, Archbold will timely make all payments required of the Mitchell Authority under the Revenue Anticipation Certificates, Series 1990, Revenue Certificates, Series 1980 and any other indebtedness of the Mitchell Authority incurred with respect to the Mitchell facilities with the approval of Archbold. There were no outstanding obligations as of September 30, 2025. The base rental after all Mitchell Authority obligations have been satisfied in full shall be $1 per year.

Pursuant to the terms of the lease, the current assets and current liabilities of the Mitchell Authority were transferred to Archbold effective September 30, 1990. During the term of the lease, the expenses of operating the leased premises as a hospital will be paid by Archbold, and all revenues, materials, property and service rendered or received from any and all other sources will be collected, received, and become the property of Archbold. Archbold agrees to make repairs to the leased premises as necessary and to maintain specified insurance coverage. Property made unusable by ordinary wear and deterioration is to be replaced from the revenues of the Mitchell facilities and any such replacement property will be owned by the Mitchell Authority. Property brought onto the premises by Archbold, which is not replacement property and was not acquired from the net revenues of the Mitchell facilities, remains Archbold's property. Revenues in excess of costs will be reinvested in improvements to the Mitchell facilities and become the property of the Mitchell Authority. Archbold has agreed not to deny urgent or emergency care to any person based upon an inability to pay.

Compliance Plan

The healthcare industry has been subjected to increased scrutiny from governmental agencies at both the federal and state level with respect to compliance with regulations. Areas of noncompliance identified at the national level include Medicare and Medicaid, Internal Revenue Service, and other regulations governing the healthcare industry. In addition, the Reform Legislation includes provisions aimed at reducing fraud, waste, and abuse in the healthcare industry. These provisions allocate significant additional resources to federal enforcement agencies and expand the use of private contractors to recover potentially inappropriate Medicare and Medicaid payments. The Medical Center has implemented a compliance plan focusing on such issues. There can be no assurance that the Medical Center will not be subjected to future investigations with accompanying monetary damages.

Health Care Reform

There has been increasing pressure on Congress and some state legislatures to control and reduce the cost of healthcare at the national and the state levels. Legislation has been passed that includes cost controls on healthcare providers, insurance market reforms, delivery system reforms and various individual and business mandates among other provisions. The costs of these provisions are and will be funded in part by reductions in payments by government programs, including Medicare and Medicaid. There can be no assurance that these changes will not adversely affect the Medical Center.

Continued

14. Commitments and Contingencies, Continued

Litigation

The Medical Center is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, administration is of the opinion that the professional and workers' compensation liability, if any, resulting therefrom will be covered by the Medical Center self-insurance fund.

Malpractice Self-Insurance

The Medical Center has a self-insurance program under which a trust fund was created to be used only for the limited purposes specified. These purposes include, but are not limited to, the payment of such sums as the Medical Center shall become legally obligated to pay any claim up to $8 million and $10 million in aggregate for damages resulting from operations.

Additionally, payment is restricted to expenses incurred in connection with an investigation, adjustment settlement, or defense of any claim or suit against the Medical Center, an officer, director, member or trustee of the Medical Center. The management of the trust fund is the responsibility of a bank, functioning as an independent fiduciary.

Malpractice claims in excess of the self-insurance retention limits are insured with commercial insurance carriers on a claims-made basis. The Medical Center's policy provides $30 million in excess limits above the self-insurance retention.

15. Rural Hospital Tax Credit

The State of Georgia (State) passed legislation which allows individuals or Medical Centers to receive a State tax credit for making a contribution to certain qualified rural hospital organizations. The Medical Center submitted the necessary documentation and was approved by the State to participate in the rural hospital tax credit program for calendar year 2025 and 2024. It is the Medical Center's policy to use these funds to offset the costs of uncompensated care. Contributions received under the program approximated $3,041,000 and $2,610,000 during the Medical Center's fiscal years 2025 and 2024, respectively, and are included in other operating revenue on the consolidated statements of revenue and support, expenses and changes in net assets.

Continued

16. Liquidity and Availability

As of September 30, 2025 and 2024, the Medical Center has a working capital of approximately $101,270,000 and $99,664,000 and average days (based on normal expenditures) cash on hand of 35 and 51 days, respectively.

Financial assets available for general expenditures within one year of the balance sheet date, consist of the following at September 30, 2025 and 2024.

	2025	2024
Cash and cash equivalents	$ 51,583,582	$ 67,434,696
Patient accounts receivable, net	87,984,846	68,611,272
Estimated third-party payor settlements	71,507	182,924
Long-term investments	422,431,564	406,816,825
Total financial assets available	$ 562,071,499	$ 543,045,717

None of the financial assets available are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the balance sheet date. The Medical Center has other assets whose use is limited for self-insurance, capital acquisition, and for donor restricted purposes. These assets whose use is limited are not available for general expenditure within the next year and are not reflected in the amounts above. In addition, the Foundation has designated assets that could be made available if necessary not reflected in the amounts above as of September 30, 2025 and 2024 of $141,921,427 and $130,215,325, respectively. The Medical Center structures its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

Draffin Tucker

INDEPENDENT AUDITOR'S REPORT ON CONSOLIDATING INFORMATION

Board of Trustees
Archbold Medical Center, Inc. and Subsidiaries
Thomasville, Georgia

We have audited the consolidated financial statements of Archbold Medical Center, Inc. and Subsidiaries as of and for the years ended September 30, 2025 and 2024, and our report thereon dated January 8, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information included in this report on pages 45 to 56, inclusive, is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual entities, and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position and results of operations of the individual entities.

The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statement as a whole.

Draffin & Tucker, LLP

Albany, Georgia
January 8, 2026

Let's Think Together.®

Draffin & Tucker, LLP | CPAs and Advisors | www.draffin-tucker.com
P.O. Box 71309 | 2617 Gillionville Road | Albany, GA 31708-1309 | (229) 883-7878
5 Concourse Parkway, Suite 1250 | Atlanta, GA 30328 | (404) 220-8494
210 Wingo Way, Suite 202 | Mt. Pleasant, SC 29464 | (843) 722-0785

JOHN D. ARCHBOLD MEMORIAL HOSPITAL, INC.

CONSOLIDATING BALANCE SHEET`
September 30, 2025

	John D. Archbold Memorial Hospital	Brooks County Hospital	Grady General Hospital	Mitchell County Hospital	Balance	EJE's	John D. Archbold Memorial Hospital, Inc.
			ASSETS				
Current assets:							
Cash and cash equivalents	$ 51,186,001	$ 66,321	$ -	$ 318,648	$ 51,570,970	$ -	$ 51,570,970
Patient accounts receivable, net	70,433,596	1,378,006	6,003,475	7,294,758	85,109,835	1	85,109,836
Due from related parties	39,122,089	-	407,227	-	39,529,316	(36,701,313)	2,828,003
Estimated third-party payor settlements	71,507	-	-	-	71,507	-	71,507
Due from Mitchell County Hospital Authority	-	-	-	187,836	187,836	-	187,836
Supplies, at lower of cost and net realizable value	5,475,057	91,829	173,397	183,541	5,923,824	-	5,923,824
Other current assets	14,383,921	85,589	430,615	1,303,868	16,203,993	(1)	16,203,992
Total current assets	180,672,171	1,621,745	7,014,714	9,288,651	198,597,281	(36,701,313)	161,895,968
Assets limited as to use:							
By lease for capital acquisition	-	-	31,323,175	-	31,323,175	-	31,323,175
Restricted by donors	3,605,145	-	-	-	3,605,145	-	3,605,145
Noncurrent assets limited as to use	3,605,145	-	31,323,175	-	34,928,320	-	34,928,320
Property and equipment, net	214,279,847	1,795,601	30,886,138	6,858,875	253,820,461	-	253,820,461
Other assets:							
Long-term investments	420,856,081	-	-	-	420,856,081	-	420,856,081
Investments in unconsolidated companies	2,148,953	-	-	-	2,148,953	-	2,148,953
Other noncurrent assets	3,417,035	-	108,356	12,820	3,538,211	-	3,538,211
Finance lease right-of-use assets	2,042,923	-	-	-	2,042,923	-	2,042,923
Operating lease right-of-use assets	1,634,891	-	-	-	1,634,891	-	1,634,891
Due from related parties, net of current portion	340,544,923	-	-	-	340,544,923	(15,429,961)	325,114,962
Total other assets	770,644,806	-	108,356	12,820	770,765,982	(15,429,961)	755,336,021
Total assets	$ 1,169,201,969	$ 3,417,346	$ 69,332,383	$ 16,160,346	$ 1,258,112,044	$ (52,131,274)	$ 1,205,980,770

Continued

JOHN D. ARCHBOLD MEMORIAL HOSPITAL, INC.

CONSOLIDATING BALANCE SHEET, Continued
September 30, 2025

	John D. Archbold Memorial Hospital	Brooks County Hospital	Grady General Hospital	Mitchell County Hospital	Balance	EJE's	John D. Archbold Memorial Hospital, Inc.
			LIABILITIES AND NET ASSETS				
Current liabilities:							
Current portion of long-term debt	$ 10,185,000	$ -	$ -	$ -	$ 10,185,000	$ -	$ 10,185,000
Current portion of finance lease liabilities	501,308	-	-	-	501,308	-	501,308
Current portion of operating lease liabilities	177,908	-	-	-	177,908	-	177,908
Accounts payable	5,753,525	277,819	669,065	780,606	7,481,015	3	7,481,018
Due to related parties	68,451,308	-	-	381,984	68,833,292	(36,701,314)	32,131,978
Estimated third-party payor settlements	3,350,977	560,839	361,965	433,805	4,707,586	-	4,707,586
Accrued expenses	1,667,621	13,991	168,035	64,182	1,913,829	(3)	1,913,826
Total current liabilities	90,087,647	852,649	1,199,065	1,660,577	93,799,938	(36,701,314)	57,098,624
Long-term debt							
Due to related parties	-	15,429,962	-	-	15,429,962	(15,429,962)	-
Long-term debt, net of current portion	100,865,000	-	-	-	100,865,000	-	100,865,000
Total long-term debt, net of current portion	100,865,000	15,429,962	-	-	116,294,962	(15,429,962)	100,865,000
Finance lease liabilities, net of current portion	1,592,975	-	-	-	1,592,975	-	1,592,975
Operating lease liabilities, net of current portion	1,557,459	-	-	-	1,557,459	-	1,557,459
Total liabilities	194,103,081	16,282,611	1,199,065	1,660,577	213,245,334	(52,131,276)	161,114,058
Net assets:							
Net assets (deficit) without donor restrictions	971,493,743	(12,865,265)	68,133,318	14,499,769	1,041,261,565	2	1,041,261,567
Net assets with donor restrictions	3,605,145	-	-	-	3,605,145	-	3,605,145
Total net assets	975,098,888	(12,865,265)	68,133,318	14,499,769	1,044,866,710	2	1,044,866,712
Total liabilities and net assets	$ 1,169,201,969	$ 3,417,346	$ 69,332,383	$ 16,160,346	$ 1,258,112,044	$ (52,131,274)	$ 1,205,980,770

See accompanying independent auditor's report on consolidating information.

JOHN D. ARCHBOLD MEMORIAL HOSPITAL, INC.

CONSOLIDATING BALANCE SHEET
September 30, 2024

	John D. Archbold Memorial Hospital	Brooks County Hospital	Grady General Hospital	Mitchell County Hospital	Balance	EJE's	John D. Archbold Memorial Hospital, Inc.
			ASSETS				
Current assets:							
Cash and cash equivalents	$ 67,034,700	$ 55,016	$ -	$ 286,827	$ 67,376,543	$ -	$ 67,376,543
Patient accounts receivable, net	52,357,412	1,615,078	6,479,921	5,134,459	65,586,870	-	65,586,870
Due from related parties	27,866,453	-	-	271,940	28,138,393	(24,698,239)	3,440,154
Estimated third-party payor settlements	182,924	-	-	-	182,924	-	182,924
Due from Mitchell County Hospital Authority	-	-	-	187,836	187,836	-	187,836
Supplies, at lower of cost and net realizable value	5,694,285	85,017	168,103	192,422	6,139,827	-	6,139,827
Other current assets	15,416,832	54,681	149,162	141,426	15,762,101	-	15,762,101
Total current assets	168,552,606	1,809,792	6,797,186	6,214,910	183,374,494	(24,698,239)	158,676,255
Assets limited as to use:							
By lease for capital acquisition	-	-	29,368,981	-	29,368,981	-	29,368,981
Restricted by donors	3,283,308	-	-	-	3,283,308	-	3,283,308
Noncurrent assets limited as to use	3,283,308	-	29,368,981	-	32,652,289	-	32,652,289
Property and equipment, net	194,877,509	2,078,597	32,114,888	7,191,507	236,262,501	-	236,262,501
Other assets:							
Long-term investments	405,534,328	-	-	-	405,534,328	-	405,534,328
Due from related parties, net of current portion	2,161,833	-	-	-	2,161,833	-	2,161,833
Finance lease right-of-use assets	3,036,592	-	80,248	12,819	3,129,659	-	3,129,659
Operating lease right-of-use assets	846,398	-	-	-	846,398	-	846,398
Investments in unconsolidated companies	2,027,311	-	-	-	2,027,311	-	2,027,311
Other noncurrent assets	299,337,653	-	-	-	299,337,653	(18,057,206)	281,280,447
Total other assets	712,944,115	-	80,248	12,819	713,037,182	(18,057,206)	694,979,976
Total assets	$ 1,079,657,538	$ 3,888,389	$ 68,361,303	$ 13,419,236	$ 1,165,326,466	$ (42,755,445)	$ 1,122,571,021

Continued

JOHN D. ARCHBOLD MEMORIAL HOSPITAL, INC.

CONSOLIDATING BALANCE SHEET, Continued
September 30, 2024

	John D. Archbold Memorial Hospital	Brooks County Hospital	Grady General Hospital	Mitchell County Hospital	Balance	EJE's	John D. Archbold Memorial Hospital, Inc.
			LIABILITIES AND NET ASSETS				
Current liabilities:							
Current portion of long-term debt	$ 9,920,000	$ -	$ -	$ -	$ 9,920,000	$ -	$ 9,920,000
Current portion of finance lease liabilities	215,545	-	-	-	215,545	-	215,545
Current portion of operating lease liabilities	348,385	-	-	-	348,385	-	348,385
Accounts payable	8,239,951	143,789	924,504	709,100	10,017,344	(2)	10,017,342
Due to related parties	53,784,880	-	1,237,485	-	55,022,365	(24,698,239)	30,324,126
Estimated third-party payor settlements	2,404,794	584,990	142,363	413,064	3,545,211	-	3,545,211
Accrued expenses	1,868,416	16,930	147,811	62,932	2,096,089	-	2,096,089
Total current liabilities	76,781,971	745,709	2,452,163	1,185,096	81,164,939	(24,698,241)	56,466,698
Long-term liabilities:							
Due to related parties	-	18,057,206	-	-	18,057,206	(18,057,206)	-
Long-term debt, net of current portion	111,050,000	-	-	-	111,050,000	-	111,050,000
Total long-term liabilities	111,050,000	18,057,206	-	-	129,107,206	(18,057,206)	111,050,000
Finance lease liabilities, net of current portion	659,703	-	-	-	659,703	-	659,703
Operating lease liabilities, net of current portion	1,688,262	-	-	-	1,688,262	-	1,688,262
Total liabilities	190,179,936	18,802,915	2,452,163	1,185,096	212,620,110	(42,755,447)	169,864,663
Net assets:							
Net assets (deficit) without donor restrictions	886,194,294	(14,914,526)	65,909,140	12,234,140	949,423,048	2	949,423,050
Net assets with donor restrictions	3,283,308	-	-	-	3,283,308	-	3,283,308
Total net assets	889,477,602	(14,914,526)	65,909,140	12,234,140	952,706,356	2	952,706,358
Total liabilities and net assets	$ 1,079,657,538	$ 3,888,389	$ 68,361,303	$ 13,419,236	$ 1,165,326,466	$ (42,755,445)	$ 1,122,571,021

See accompanying independent auditor's report on consolidating information.

JOHN D. ARCHBOLD MEMORIAL HOSPITAL, INC.

CONSOLIDATING STATEMENT OF REVENUE AND EXPENSES
September 30, 2025

	John D. Archbold Memorial Hospital	Brooks County Hospital	Grady General Hospital	Mitchell County Hospital	Balance	EJE's	John D. Archbold Memorial Hospital, Inc.
Revenues, gains and other support:							
Net patient service revenue	$ 433,690,305	$ 13,311,323	$ 39,431,180	$ 40,269,795	$ 526,702,603	$ 1	$ 526,702,604
Other operating revenue	7,905,045	641,492	734,959	206,189	9,487,685	-	9,487,685
Total revenues, gains and other support	441,595,350	13,952,815	40,166,139	40,475,984	536,190,288	1	536,190,289
Operating expenses:							
Salaries and wages	116,027,169	6,002,680	15,818,034	18,059,880	155,907,763	-	155,907,763
Employee health and welfare	25,237,091	1,507,993	4,053,731	4,767,269	35,566,084	-	35,566,084
Professional fees	41,985,833	2,087,273	8,536,408	5,421,061	58,030,575	-	58,030,575
Supplies and other	185,839,798	2,645,662	9,312,382	9,287,171	207,085,013	-	207,085,013
Depreciation	24,544,002	543,085	2,358,096	1,592,148	29,037,331	-	29,037,331
Interest and amortization	3,135,445	-	-	-	3,135,445	-	3,135,445
Total operating expenses	396,769,338	12,786,693	40,078,651	39,127,529	488,762,211	-	488,762,211
Operating income	44,826,012	1,166,122	87,488	1,348,455	47,428,077	1	47,428,078
Nonoperating income (loss):							
Investment income and other	34,744,497	5,821	1,098,044	9,260	35,857,622	-	35,857,622
Gain (loss) on disposal of assets and other	23,348	-	30,000	-	53,348	-	53,348
Total nonoperating income	34,767,845	5,821	1,128,044	9,260	35,910,970	-	35,910,970
Excess revenues (expenses)	$ 79,593,857	$ 1,171,943	$ 1,215,532	$ 1,357,715	$ 83,339,047	$ 1	$ 83,339,048

See accompanying independent auditor's report on consolidating information.

JOHN D. ARCHBOLD MEMORIAL HOSPITAL, INC.

CONSOLIDATING STATEMENT OF REVENUE AND EXPENSES
September 30, 2024

	John D. Archbold Memorial Hospital	Brooks County Hospital	Grady General Hospital	Mitchell County Hospital	Balance	EJE's	John D. Archbold Memorial Hospital, Inc.
Revenues, gains and other support:							
Net patient service revenue	$ 391,093,631	$ 12,571,360	$ 38,245,627	$ 38,945,992	$ 480,856,610	$ -	$ 480,856,610
Other operating revenue	6,394,030	288,269	274,584	246,669	7,203,552	-	7,203,552
Total revenues, gains and other support	397,487,661	12,859,629	38,520,211	39,192,661	488,060,162	-	488,060,162
Operating expenses:							
Salaries and wages	109,492,546	5,924,862	14,482,617	17,593,359	147,493,384	-	147,493,384
Employee health and welfare	26,521,744	1,611,088	3,953,692	4,861,974	36,948,498	(1)	36,948,497
Professional fees	41,963,412	2,047,563	8,820,038	5,793,799	58,624,812	-	58,624,812
Supplies and other	161,162,252	2,693,763	9,022,643	9,493,264	182,371,922	1	182,371,923
Depreciation	23,247,688	564,068	2,290,736	1,454,730	27,557,222	-	27,557,222
Interest and amortization	3,488,903	-	3	3	3,488,909	-	3,488,909
Total operating expenses	365,876,545	12,841,344	38,569,729	39,197,129	456,484,747	-	456,484,747
Operating income	31,611,116	18,285	(49,518)	(4,468)	31,575,415	-	31,575,415
Nonoperating income (loss):							
Investment income and other	82,486,367	8,113	1,636,215	9,820	84,140,515	2	84,140,517
Gain (loss) on disposal of assets and other	(90,101)	-	(342)	-	(90,443)	-	(90,443)
Total nonoperating income	82,396,266	8,113	1,635,873	9,820	84,050,072	2	84,050,074
Excess revenues	$ 114,007,382	$ 26,398	$ 1,586,355	$ 5,352	$ 115,625,487	$ 2	$ 115,625,489

See accompanying independent auditor's report on consolidating information.

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATING BALANCE SHEET
September 30, 2025

	John D. Archbold Memorial Hospital, Inc.	Archbold Medical Center	Archbold Medical Group, Inc.	Archbold Foundation, Inc.	Archbold Self Insurance Trust Fund	Balance	EJE's	Archbold Medical Center, Inc.
				ASSETS				
Current assets:								
Cash and cash equivalents	$ 51,570,970	$ -	$ 12,611	$ -	$ -	$ 51,583,581	$ 1	$ 51,583,582
Assets limited as to use	-	-	-	-	6,905,250	6,905,250	-	6,905,250
Patient accounts receivable, net	85,109,836	-	2,875,011	-	-	87,984,847	(1)	87,984,846
Due from related parties	2,828,003	32,131,978	-	-	-	34,959,981	(34,959,981)	-
Estimated third-party payor settlements	71,507	-	-	-	-	71,507	-	71,507
Due from Mitchell County Hospital Authority	187,836	-	-	-	-	187,836	-	187,836
Supplies, at lower of cost and net realizable value	5,923,824	-	-	-	-	5,923,824	-	5,923,824
Other current assets	16,203,992	-	897,191	-	1,981,854	19,083,037	(333,551)	18,749,486
Total current assets	161,895,968	32,131,978	3,784,813	-	8,887,104	206,699,863	(35,293,532)	171,406,331
Assets limited as to use:								
By lease for capital acquisition	31,323,175	-	-	-	-	31,323,175	-	31,323,175
Under trust agreement for self-insurance claims	-	-	-	-	104,433,862	104,433,862	-	104,433,862
Archbold Foundation, Inc.	-	-	-	141,921,429	-	141,921,429	(2)	141,921,427
Restricted by donors	3,605,145	-	-	-	-	3,605,145	-	3,605,145
Noncurrent assets limited as to use	34,928,320	-	-	141,921,429	104,433,862	281,283,611	(2)	281,283,609
Property and equipment, net	253,820,461	-	856,811	-	-	254,677,272	1	254,677,273
Other assets:								
Long-term investments	420,856,081	1,575,483	-	-	-	422,431,564	-	422,431,564
Investments in unconsolidated companies	2,148,953	283,284	-	-	-	2,432,237	-	2,432,237
Other noncurrent assets	3,538,211	-	236,873	-	-	3,775,084	1	3,775,085
Finance lease right-of-use assets	2,042,923	-	-	-	-	2,042,923	-	2,042,923
Operating lease right-of-use assets	1,634,891	-	223,445	-	-	1,858,336	-	1,858,336
Due from related parties, net of current portion	325,114,962	-	-	-	-	325,114,962	(325,114,962)	-
Total other assets	755,336,021	1,858,767	460,318	-	-	757,655,106	(325,114,961)	432,540,145
Total assets	$ 1,205,980,770	$ 33,990,745	$ 5,101,942	$ 141,921,429	$ 113,320,966	$ 1,500,315,852	$ (360,408,494)	$ 1,139,907,358

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATING BALANCE SHEET, Continued
September 30, 2025

	John D. Archbold Memorial Hospital, Inc.	Archbold Medical Center	Archbold Medical Group, Inc.	Archbold Foundation, Inc.	Archbold Self Insurance Trust Fund	Balance	EJE's	Archbold Medical Center, Inc.
				LIABILITIES AND NET ASSETS				
Current liabilities:								
Current portion of long-term debt	$ 10,185,000	$ -	$ -	$ -	$ -	$ 10,185,000	$ -	$ 10,185,000
Current portion of finance lease liabilities	501,308	-	-	-	-	501,308	-	501,308
Current portion of operating lease liabilities	177,908	-	88,285	-	-	266,193	-	266,193
Accounts payable	7,481,018	9,487,621	1,487,208	-	-	18,455,847	(4)	18,455,843
Due to related parties	32,131,978	-	-	2,731,824	96,178	34,959,980	(34,959,980)	-
Estimated third-party payor settlements	4,707,586	-	-	-	-	4,707,586	(1)	4,707,585
Accrued expenses	1,913,826	24,500,011	3,033,567	952	6,905,250	36,353,606	(333,546)	36,020,060
Total current liabilities	57,098,624	33,987,632	4,609,060	2,732,776	7,001,428	105,429,520	(35,293,531)	70,135,989
Accrued malpractice and general, net of current portion	-	-	-	-	13,691,821	13,691,821	-	13,691,821
Long-term liabilities:								
Due to related parties	-	-	325,114,961	-	-	325,114,961	(325,114,961)	-
Long-term debt, net of current portion	100,865,000	-	-	-	-	100,865,000	-	100,865,000
Total long-term debt, net of current portion	100,865,000	-	325,114,961	-	-	425,979,961	(325,114,961)	100,865,000
Finance lease liabilities, net of current portion	1,592,975	-	-	-	-	1,592,975	-	1,592,975
Operating lease liabilities, net of current portion	1,557,459	-	121,410	-	-	1,678,869	-	1,678,869
Total liabilities	161,114,058	33,987,632	329,845,431	2,732,776	20,693,249	548,373,146	(360,408,492)	187,964,654
Net assets:								
Net assets (deficit) without donor restrictions	1,041,261,567	3,113	(324,743,489)	139,188,653	92,627,717	948,337,561	(2)	948,337,559
Net assets with donor restrictions	3,605,145	-	-	-	-	3,605,145	-	3,605,145
Total net assets	1,044,866,712	3,113	(324,743,489)	139,188,653	92,627,717	951,942,706	(2)	951,942,704
Total liabilities and net assets	$ 1,205,980,770	$ 33,990,745	$ 5,101,942	$ 141,921,429	$ 113,320,966	$ 1,500,315,852	$ (360,408,494)	$ 1,139,907,358

See accompanying independent auditor's report on consolidating information.

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATING BALANCE SHEET
September 30, 2024

	John D. Archbold Memorial Hospital, Inc.	Archbold Medical Center	Archbold Medical Group, Inc.	Archbold Foundation, Inc.	Archbold Self Insurance Trust Fund	Balance	EJE's	Archbold Medical Center, Inc.
				ASSETS				
Current assets:								
Cash and cash equivalents	$ 67,376,543	$ -	$ 58,154	$ -	$ -	$ 67,434,697	$ (1)	$ 67,434,696
Assets limited as to use	-	-	-	-	10,471,043	10,471,043	-	10,471,043
Patient accounts receivable, net	65,586,870	-	3,024,402	-	-	68,611,272	-	68,611,272
Due from related parties	3,440,154	30,324,126	-	-	-	33,764,280	(33,764,280)	-
Estimated third-party payor settlements	182,924	-	-	-	-	182,924	-	182,924
Due from Mitchell County Hospital Authority	187,836	-	-	-	-	187,836	-	187,836
Supplies, at lower of cost and net realizable value	6,139,827	-	-	-	-	6,139,827	-	6,139,827
Other current assets	15,762,101	-	1,174,566	-	1,913,479	18,850,146	(4,156,544)	14,693,602
Total current assets	158,676,255	30,324,126	4,257,122	-	12,384,522	205,642,025	(37,920,825)	167,721,200
Assets limited as to use:								
By lease for capital acquisition	29,368,981	-	-	-	-	29,368,981	-	29,368,981
Under trust agreement for self-insurance claims	-	-	-	-	95,789,386	95,789,386	-	95,789,386
Archbold Foundation, Inc.	-	-	-	130,218,890	-	130,218,890	(3,565)	130,215,325
Restricted by donors	3,283,308	-	-	-	-	3,283,308	-	3,283,308
Noncurrent assets limited as to use	32,652,289	-	-	130,218,890	95,789,386	258,660,565	(3,565)	258,657,000
Property and equipment, net	236,262,501	-	830,315	-	-	237,092,816	3,567	237,096,383
Other assets:								
Long-term investments	405,534,328	1,282,497	-	-	-	406,816,825	-	406,816,825
Due from related parties, net of current portion	2,161,833	283,284	-	-	-	2,445,117	-	2,445,117
Finance lease right-of-use assets	3,129,659	-	41,236	-	-	3,170,895	-	3,170,895
Operating lease right-of-use assets	846,398	-	-	-	-	846,398	-	846,398
Investments in unconsolidated companies	2,027,311	-	302,164	-	-	2,329,475	-	2,329,475
Other noncurrent assets	281,280,447	-	-	-	155	281,280,602	(281,280,602)	-
Total other assets	694,979,976	1,565,781	343,400	-	155	696,889,312	(281,280,602)	415,608,710
Total assets	$ 1,122,571,021	$ 31,889,907	$ 5,430,837	$ 130,218,890	$ 108,174,063	$ 1,398,284,718	$ (319,201,425)	$ 1,079,083,293

Continued

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATING BALANCE SHEET, Continued
September 30, 2024

	John D. Archbold Memorial Hospital, Inc.	Archbold Medical Center	Archbold Medical Group, Inc.	Archbold Foundation, Inc.	Archbold Self Insurance Trust Fund	Balance	EJE's	Archbold Medical Center, Inc.
				LIABILITIES AND NET ASSETS				
Current liabilities:								
Current portion of long-term debt	$ 9,920,000	$ -	$ -	$ -	$ -	$ 9,920,000	$ -	$ 9,920,000
Current portion of finance lease liabilities	215,545	-	-	-	-	215,545	-	215,545
Current portion of operating lease liabilities	348,385	-	91,010	-	-	439,395	1	439,396
Accounts payable	10,017,342	5,831,771	1,181,989	-	-	17,031,102	-	17,031,102
Due to related parties	30,324,126	155	-	1,510,269	1,929,884	33,764,434	(33,764,434)	-
Estimated third-party payor settlements	3,545,211	-	-	-	-	3,545,211	-	3,545,211
CARES Act and ARPA advance	2,096,089	26,054,868	2,409,170	31,071	10,471,043	41,062,241	(4,156,546)	36,905,695
Total current liabilities	56,466,698	31,886,794	3,682,169	1,541,340	12,400,927	105,977,928	(37,920,979)	68,056,949
Accrued malpractice and general, net of current portion	-	-	-	-	11,884,414	11,884,414	-	11,884,414
Long-term liabilities:								
Due to related parties	-	-	281,280,446	-	-	281,280,446	(281,280,446)	-
Long-term debt, net of current portion	111,050,000	-	-	-	-	111,050,000	-	111,050,000
Total long-term liabilities	111,050,000	-	281,280,446	-	-	392,330,446	(281,280,446)	111,050,000
Finance lease liabilities, net of current portion	659,703	-	-	-	-	659,703	-	659,703
Operating lease liabilities, net of current portion	1,688,262	-	209,695	-	-	1,897,957	-	1,897,957
Total liabilities	169,864,663	31,886,794	285,172,310	1,541,340	24,285,341	512,750,448	(319,201,425)	193,549,023
Net assets:								
Net assets (deficit) without donor restrictions	949,423,050	3,113	(279,741,473)	128,677,550	83,888,722	882,250,962	-	882,250,962
Net assets with donor restrictions	3,283,308	-	-	-	-	3,283,308	-	3,283,308
Total net assets	952,706,358	3,113	(279,741,473)	128,677,550	83,888,722	885,534,270	-	885,534,270
Total liabilities and net assets	$ 1,122,571,021	$ 31,889,907	$ 5,430,837	$ 130,218,890	$ 108,174,063	$ 1,398,284,718	$ (319,201,425)	$ 1,079,083,293

See accompanying independent auditor's report on consolidating information.

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATING STATEMENT OF REVENUE AND EXPENSES
September 30, 2025

	John D. Archbold Memorial Hospital, Inc.	Archbold Medical Center	Archbold Medical Group, Inc.	Archbold Foundation, Inc.	Archbold Self Insurance Trust Fund	Balance	EJE's	Archbold Medical Center, Inc.
Revenues, gains and other support:								
Net patient service revenue	$ 526,702,604	$ -	$ 26,493,786	$ -	$ -	$ 553,196,390	$ -	$ 553,196,390
Other operating revenue	9,487,685	-	413,807	-	-	9,901,492	-	9,901,492
Total revenues, gains and other support	536,190,289	-	26,907,593	-	-	563,097,882	-	563,097,882
Operating expenses:								
Salaries and wages	155,907,763	18,539,181	31,874,189	330,365	-	206,651,498	(18,872,021)	187,779,477
Employee health and welfare	35,566,084	5,355,886	4,211,997	7,668	-	45,141,635	(5,633,377)	39,508,258
Professional fees	58,030,575	-	30,054,685	-	-	88,085,260	(3,772,462)	84,312,798
Supplies and other	207,085,013	(23,895,067)	4,819,181	6,400,630	(238,840)	194,170,917	21,539,197	215,710,114
Depreciation	29,037,331	-	949,557	-	-	29,986,888	1	29,986,889
Interest and amortization	3,135,445	-	-	7,262	-	3,142,707	(7,262)	3,135,445
Total operating expenses	488,762,211	-	71,909,609	6,745,925	(238,840)	567,178,905	(6,745,924)	560,432,981
Operating income (loss)	47,428,078	-	(45,002,016)	(6,745,925)	238,840	(4,081,023)	6,745,924	2,664,901
Nonoperating income (loss):								
Investment income (loss) and other	35,857,622	-	-	14,469,260	8,500,155	58,827,037	(14,469,260)	44,357,777
Archbold Foundation, Inc.	-	-	-	2,787,768	-	2,787,768	11,980,096	14,767,864
Gain (loss) on disposal of assets	53,348	-	-	-	-	53,348	-	53,348
Total nonoperating income (loss)	35,910,970	-	-	17,257,028	8,500,155	61,668,153	(2,489,164)	59,178,989
Excess revenues (expenses)	$ 83,339,048	$ -	$ (45,002,016)	$ 10,511,103	$ 8,738,995	$ 57,587,130	$ 4,256,760	$ 61,843,890

See accompanying independent auditor's report on consolidating information.

ARCHBOLD MEDICAL CENTER, INC. AND SUBSIDIARIES

CONSOLIDATING STATEMENT OF REVENUE AND EXPENSES
September 30, 2024

	John D. Archbold Memorial Hospital, Inc.	Archbold Medical Center	Archbold Medical Group, Inc.	Archbold Foundation, Inc.	Archbold Self Insurance Trust Fund	Balance	EJE's	Archbold Medical Center, Inc.
Revenues, gains and other support:								
Net patient service revenue	$ 480,856,610	$ -	$ 23,940,642	$ -	$ -	$ 504,797,252	$ -	$ 504,797,252
Other operating revenue	7,203,552	-	504,877	-	-	7,708,429	1	7,708,430
Total revenues, gains and other support	488,060,162	-	24,445,519	-	-	512,505,681	1	512,505,682
Operating expenses:								
Salaries and wages	147,493,384	15,793,359	27,115,870	314,991	-	190,717,604	(16,137,469)	174,580,135
Employee health and welfare	36,948,497	5,154,084	4,342,683	7,501	-	46,452,765	(5,299,374)	41,153,391
Professional fees	58,624,812	-	23,559,708	-	-	82,184,520	(4,309,573)	77,874,947
Supplies and other	182,371,923	(20,947,443)	4,314,559	4,496,673	(2,113,950)	168,121,762	20,927,251	189,049,013
Depreciation	27,557,222	-	801,233	-	-	28,358,455	1	28,358,456
Interest and amortization	3,488,909	-	-	8,450	-	3,497,359	(8,451)	3,488,908
Total operating expenses	456,484,747	-	60,134,053	4,827,615	(2,113,950)	519,332,465	(4,827,615)	514,504,850
Operating income (loss)	31,575,415	-	(35,688,534)	(4,827,615)	2,113,950	(6,826,784)	4,827,616	(1,999,168)
Nonoperating income (loss):								
Investment income (loss) and other	84,140,517	-	-	25,508,401	18,208,710	127,857,628	(25,508,402)	102,349,226
Archbold Foundation, Inc.	-	-	-	2,517,963	-	2,517,963	22,615,287	25,133,250
Gain on the sale of business unit	(90,443)	-	-	-	-	(90,443)	-	(90,443)
Total nonoperating income	84,050,074	-	-	28,026,364	18,208,710	130,285,148	(2,893,115)	127,392,033
Excess revenues (expenses)	$ 115,625,489	$ -	$ (35,688,534)	$ 23,198,749	$ 20,322,660	$ 123,458,364	$ 1,934,501	$ 125,392,865

See accompanying independent auditor's report on consolidating information.