

PHOEBE SUMTER MEDICAL CENTER, INC.



FINANCIAL STATEMENTS

for the years ended July 31, 2025 and 2024



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PHOEBE SUMTER MEDICAL CENTER, INC.



FINANCIAL STATEMENTS

for the years ended July 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Phoebe Sumter Medical Center, Inc.
Americus, Georgia

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Phoebe Sumter Medical Center, Inc. (Hospital), which comprise the balance sheets as of July 31, 2025 and 2024, and the related statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as of July 31, 2025 and 2024, and the results of its operations and 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 and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. 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 Hospital 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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 financial statements that are free from material misstatement, whether due to fraud or error.

Continued

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In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern within one year after the date that the 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 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 and *Government 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 financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the 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 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 Hospital'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 financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for a reasonable period of time.

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.

Continued

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated February 3, 2026, on our consideration of the Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control over financial reporting and compliance.

A handwritten signature in black ink that reads "Draffain & Tucker, LLP". The signature is written in a cursive, flowing style.

Albany, Georgia
February 3, 2026

PHOEBE SUMTER MEDICAL CENTER, INC.

BALANCE SHEETS
July 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 54,058,000	\$ 48,775,000
Patient accounts receivable, net	18,512,000	16,412,000
Supplies	2,581,000	2,412,000
Other current assets	<u>4,339,000</u>	<u>1,640,000</u>
Total current assets	<u>79,490,000</u>	<u>69,239,000</u>
Assets limited as to use:		
Internally designated for capital improvements	60,405,000	54,588,000
Restricted by donors	<u>3,000,000</u>	<u>3,000,000</u>
Total assets limited as to use	<u>63,405,000</u>	<u>57,588,000</u>
Property and equipment, net	<u>52,601,000</u>	<u>54,747,000</u>
Other assets:		
Operating lease right-of-use assets	15,000	17,000
Interest in net assets of Phoebe Sumter Foundation, Inc.	<u>3,556,000</u>	<u>3,536,000</u>
Total other assets	<u>3,571,000</u>	<u>3,553,000</u>
Total assets	<u>\$ 199,067,000</u>	<u>\$ 185,127,000</u>

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

BALANCE SHEETS, Continued
July 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Current portion of finance lease liabilities	\$ 180,000	\$ 179,000
Current portion of operating lease liabilities	4,000	3,000
Accounts payable	4,333,000	3,936,000
Accrued expenses	4,444,000	4,712,000
Estimated third-party payor settlements	<u>334,000</u>	<u>314,000</u>
Total current liabilities	9,295,000	9,144,000
Due to related parties	3,215,000	2,105,000
Finance lease liabilities, net of current portion	151,000	331,000
Operating lease liabilities, net of current portion	<u>8,000</u>	<u>11,000</u>
Total liabilities	<u>12,669,000</u>	<u>11,591,000</u>
Net assets:		
Without donor restrictions	183,398,000	170,536,000
With donor restrictions:		
Purpose restrictions	<u>3,000,000</u>	<u>3,000,000</u>
Total net assets	<u>186,398,000</u>	<u>173,536,000</u>
Total liabilities and net assets	<u>\$ 199,067,000</u>	<u>\$ 185,127,000</u>

See accompanying notes to financial statements.

PHOEBE SUMTER MEDICAL CENTER, INC.

STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
for the years ended July 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Operating revenues, gains, and other support:		
Net patient service revenue	\$ 121,323,000	\$ 116,623,000
Other revenue	<u>7,299,000</u>	<u>7,890,000</u>
Total operating revenues, gains, and other support	<u>128,622,000</u>	<u>124,513,000</u>
Operating expenses:		
Salaries and wages	32,053,000	29,947,000
Employee health and welfare	11,716,000	9,588,000
Medical supplies and other	43,333,000	41,562,000
Purchased services	32,532,000	30,710,000
Depreciation and amortization	<u>5,057,000</u>	<u>4,684,000</u>
Total operating expenses	<u>124,691,000</u>	<u>116,491,000</u>
Operating income	<u>3,931,000</u>	<u>8,022,000</u>
Nonoperating income:		
Investment and other nonoperating income	<u>7,657,000</u>	<u>9,362,000</u>
Total nonoperating income	<u>7,657,000</u>	<u>9,362,000</u>
Excess revenues	11,588,000	17,384,000
Capital contributions	1,254,000	614,000
Change in interest in net assets of Phoebe Sumter Foundation, Inc.	<u>20,000</u>	<u>(86,000)</u>
Increase in net assets without donor restrictions	12,862,000	17,912,000
Net assets with donor restrictions:		
Net assets released from restrictions	<u>-</u>	<u>(1,000,000)</u>
Decrease in net assets with donor restrictions	<u>-</u>	<u>(1,000,000)</u>
Increase in net assets	12,862,000	16,912,000
Net assets, beginning of year	<u>173,536,000</u>	<u>156,624,000</u>
Net assets, end of year	<u>\$ 186,398,000</u>	<u>\$ 173,536,000</u>

See accompanying notes to financial statements.

PHOEBE SUMTER MEDICAL CENTER, INC.

STATEMENTS OF CASH FLOWS
for the years ended July 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Cash flows from operating activities:		
Increase in net assets	\$ 12,862,000	\$ 16,912,000
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Realized gain and changes in unrealized gain on investments	(4,677,000)	(5,397,000)
Loss on disposal of property and equipment	57,000	-
Depreciation and amortization	5,057,000	4,684,000
Amortization of operating lease right-of-use assets	2,000	4,000
Change in interest in net assets of Phoebe Sumter Foundation, Inc.	(20,000)	86,000
Proceeds from capital contributions	(1,254,000)	(614,000)
Changes in:		
Patient accounts receivable, net	(2,100,000)	(3,072,000)
Supplies	(169,000)	248,000
Other current assets	(2,699,000)	(294,000)
Accounts payable	397,000	(1,255,000)
Accrued expenses	(268,000)	(269,000)
Estimated third-party payor settlements	20,000	647,000
Operating lease liabilities	<u>(2,000)</u>	<u>(4,000)</u>
Net cash provided by operating activities	<u>7,206,000</u>	<u>11,676,000</u>
Cash flows from investing activities:		
Purchase of property and equipment	(3,974,000)	(6,104,000)
Proceeds from sale of property and equipment	1,006,000	-
Proceeds from sale of investments	8,413,000	7,987,000
Purchase of investments	<u>(9,553,000)</u>	<u>(11,278,000)</u>
Net cash used by operating activities	<u>(4,108,000)</u>	<u>(9,395,000)</u>

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

STATEMENTS OF CASH FLOWS, Continued
for the years ended July 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Cash flows from financing activities:		
Advances from related parties	\$ 40,203,000	\$ 34,857,000
Payments on finance lease liabilities	(179,000)	(186,000)
Proceeds from capital contributions	1,254,000	614,000
Payments to related parties	<u>(39,093,000)</u>	<u>(37,517,000)</u>
Net cash provided (used) by financing activities	<u>2,185,000</u>	<u>(2,232,000)</u>
Net increase in cash and cash equivalents	5,283,000	49,000
Cash and cash equivalents, beginning of year	<u>48,775,000</u>	<u>48,726,000</u>
Cash and cash equivalents, end of year	<u>\$ 54,058,000</u>	<u>\$ 48,775,000</u>
Supplemental disclosure of cash flow information:		
Cash paid for interest	<u>\$ 20,000</u>	<u>\$ 30,000</u>

See accompanying notes to financial statements.

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS

July 31, 2025 and 2024

1. Summary of Significant Accounting Policies

Organization

Phoebe Sumter Medical Center, Inc. (Hospital) was organized on January 5, 2009 as a nonprofit corporation and is a wholly-owned subsidiary of Phoebe Putney Health System, Inc. (System).

Effective June 30, 2009, the Americus-Sumter County Hospital Authority (Authority) implemented a reorganization plan for Sumter Regional Hospital (SRH) whereby all the assets, management, and governance of SRH was transferred to the Hospital, pursuant to a lease and transfer agreement. The lease term is forty years with an annual contribution of \$25,000 to the Authority. Under the lease and transfer agreement, the Authority was required to construct a new hospital facility. The new hospital facility was placed in service and leased to the Hospital for the remainder of the lease term. As part of the lease and transfer agreement, System agreed to contribute up to \$25,000,000 to the construction cost of the new facility or the physician recruiting efforts of the Hospital, as needed. The lease and transfer agreement was amended effective September 27, 2016. See Note 4 for further detail regarding the amendment.

Use of Estimates

The preparation of financial statements in conformity 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 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 generally consist of demand deposit accounts and investments in highly liquid debt instruments with an original maturity of three months or less. Certain short-term, highly liquid investments temporarily held as part of the Hospital's long-term investment portfolio are excluded from cash and cash equivalents.

Patient Accounts Receivable

Patient accounts receivable reflects the outstanding amount of consideration to which the Hospital 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 Hospital 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.

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PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

1. Summary of Significant Accounting Policies, Continued

Patient Accounts Receivable, Continued

Patient accounts receivable can be impacted by the effectiveness of the Hospital'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 Hospital 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 approximately \$18,512,000, \$16,412,000, and \$13,340,000, as of July 31, 2025, 2024 and 2023, respectively. The Hospital had no significant contract assets or contract liabilities as of July 31, 2025 or 2024.

Allowance for Credit Losses

The Hospital 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 Hospital 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 Hospital does continue to adjust historical loss information to reflect current conditions to the extent that historical loss information does not reflect current conditions. The Hospital 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 Hospital determines that no adjustment to its historical loss information is necessary.

The Hospital also applied the accounting policy election to consider collection activity after the balance sheet date when estimating expected credit losses. The Hospital considers collection activity through the date the financial statements were available to be issued. The Hospital 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 required at year-end.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

1. Summary of Significant Accounting Policies, Continued

Supplies

Supplies, which consist primarily of drugs and medical supplies, are valued at the lower of cost and net realizable value, as determined on a first-in, first-out basis.

Investments

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 sheet. Investments without a readily determinable fair value are measured at cost, minus impairment, if any, plus or minus changes resulting from observable price changes in orderly transactions for the identical or similar investment of the same issuer. Investment income or loss (including interest, dividends, and gains and losses, both realized and unrealized) is included in excess revenues unless the income is restricted by donor or law.

Assets Limited as to Use

Assets limited as to use include assets restricted by donors and designated assets set aside by the Board of Directors for future capital improvements, over which the Board retains control and may at its discretion, subsequently use for other purposes.

Property and Equipment

Property and equipment acquisitions over \$5,000 are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on 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 and amortization in the statements of operations and changes in net assets. 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.

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 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

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

1. Summary of Significant Accounting Policies, Continued

Beneficial Interest in Net Assets of Foundation

The Hospital accounts for the activities of its related Foundation in accordance with FASB ASC 958-20, *Not-For-Profit Entities, Financially Interrelated Entities*. FASB ASC 958-20 establishes reporting standards for transactions in which a donor makes a contribution to a not-for-profit organization which accepts the assets on behalf of or transfers these assets to a beneficiary which is specified by the donor. Phoebe Sumter Foundation, Inc. (Foundation) accepts assets on behalf of the Hospital.

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 the general operations and not subject to donor-imposed restrictions. The Board of Directors 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

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

1. Summary of Significant Accounting Policies, Continued

Excess Revenues

The statement of operations and changes in net assets includes excess revenues. Changes in net assets without donor restrictions which are excluded from excess revenues, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, and 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 Hospital has agreements with third-party payors that provide for payments to the Hospital 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 Hospital 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 Hospital 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 Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Hospital 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.

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.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

1. Summary of Significant Accounting Policies, Continued

Income Taxes

The Hospital 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 Hospital applies accounting policies that prescribe when to recognize and how to measure the 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 Hospital 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 balance sheets for unrecognized income tax positions. Further, no interest or penalties have been accrued or charged to expense as of July 31, 2025 and 2024 or for the years then ended. The Hospital'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.

Impairment of Long-Lived Assets

The Hospital 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 Hospital has not recorded any impairment charges in the accompanying statements of operations and changes in net assets for the years ended July 31, 2025 and 2024.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

1. Summary of Significant Accounting Policies, Continued

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. 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 financial statements, the Hospital has evaluated events and transactions for potential recognition or disclosure through February 3, 2026, the date the financial statements were available to be issued.

Prior Year Reclassifications

Certain reclassifications have been made to the fiscal year 2024 financial statements to conform to the fiscal year 2025 presentation. These reclassifications had no impact on the change in net assets in the accompanying 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 Hospital prospectively adopted the practical expedient and accounting policy election for fiscal year 2025.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

2. Net Patient Service Revenue

Net patient service revenue is reported at the amount that reflects the consideration to which the Hospital 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 Hospital 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 Hospital. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Hospital 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 services.

The Hospital 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 Hospital 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 Hospital 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 Hospital is utilizing the portfolio approach practical expedient in ASC 606 for contracts related to net patient service revenue. The Hospital 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 Hospital has concluded that revenue for a given portfolio would not be materially different than if accounting for revenue on a contract by contract basis.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

2. Net Patient Service Revenue, Continued

The Hospital has arrangements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates, subject to certain discounts and implicit price concessions as determined by the Hospital. The Hospital 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 Hospital's policy, and implicit price concessions provided to uninsured patients. Implicit price concessions represent the difference between amounts billed and the estimated consideration the Hospital expects to receive from patients, which are determined based on historical collection experience, current market conditions, and other factors. The Hospital 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 services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

The Hospital is reimbursed for certain reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare Administrative Contractor (MAC). The Hospital'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 Hospital. The Hospital's Medicare cost reports have been audited by the MAC through July 31, 2022.

- Medicaid

Inpatient acute care services rendered to Medicaid program beneficiaries are paid at a prospectively determined rate per admission. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors.

Outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid fiscal intermediary. The Hospital's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through July 31, 2021.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

2. Net Patient Service Revenue, Continued

• Medicaid, Continued

The Hospital 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.

The Hospital participates in the Georgia Indigent Care Trust Fund (ICTF) Program. The Hospital receives ICTF payments for treating a disproportionate number of Medicaid and other indigent patients. ICTF payments are based on the Hospital's estimated uncompensated cost of services to Medicaid and uninsured patients. The amount of ICTF payments recognized in net patient service revenue was approximately \$3,834,000 and \$4,870,000 for the years ended July 31, 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 \$1,852,000 and \$869,000 for the years ended July 31, 2025 and 2024, respectively.

The Hospital also participates in the Medicaid Managed Care Directed Payment Program, which is a supplemental payment program for hospitals through the Georgia Department of Community Health. As a result of this participation, the Hospital recognized revenue of approximately \$1,082,000 and \$1,899,000 for the years ended July 31, 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 revenue. 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 increase in hospital payments on Medicaid services of approximately 11.88%. Approximately \$1,254,000 and \$1,160,000 relating to the Act is included in medical supplies and other in the accompanying statements of operations and changes in net assets for the years ended July 31, 2025 and 2024, respectively.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

2. Net Patient Service Revenue, Continued

- Other Arrangements

The Hospital has also entered into payment arrangements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these arrangements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

- Uninsured Patients

The Hospital maintains its Financial Assistance Policy (FAP) in accordance with Internal Revenue Code Section 501(r). Based on the FAP, following a determination of financial assistance eligibility, patients who are eligible individuals will not be charged more for emergency or other medically necessary care than the Amounts Generally Billed (AGB) for individuals who have insurance coverage. The minimum percentage discount to be applied to FAP eligible individuals shall be calculated on an annual basis. AGB is determined by dividing the sum of claims paid the previous fiscal year by Medicare fee-for-service and all private health insurance, including payments received from beneficiaries and insured patients, by the sum of the associated gross charges for those claims.

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 related programs. There can be no assurance that regulatory authorities will not challenge the Hospital'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 Hospital. In addition, the contracts the Hospital 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 Hospital'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.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

2. Net Patient Service Revenue, Continued

Generally patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Hospital also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Hospital 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 July 31, 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 July 31, 2025 and 2024 was not significant.

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

Patients who meet the Hospital's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as revenue.

Net patient service revenue by major payor source for the years ended July 31, 2025 and 2024 is as follows:

Net Patient Service Revenue					
	<u>Medicare</u>	<u>Medicaid</u>	<u>Other</u>	<u>Self Pay</u>	<u>Total</u>
2025	<u>\$ 45,622,000</u>	<u>\$ 12,430,000</u>	<u>\$ 62,513,000</u>	<u>\$ 758,000</u>	<u>\$ 121,323,000</u>
2024	<u>\$ 47,227,000</u>	<u>\$ 18,050,000</u>	<u>\$ 50,273,000</u>	<u>\$ 1,073,000</u>	<u>\$ 116,623,000</u>

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

2. Net Patient Service Revenue, Continued

Net patient service revenue by facility, line of business, and timing of revenue recognition for the years ended July 31, 2025 and 2024 is as follows:

	<u>2025</u>	<u>2024</u>
Service lines:		
Hospital	\$ 116,734,000	\$ 112,010,000
Hospice	1,577,000	1,601,000
Physician practice	2,573,000	2,707,000
Clinic	<u>439,000</u>	<u>305,000</u>
Timing of revenue recognition:		
Services transferred over time	<u>\$ 121,323,000</u>	<u>\$ 116,623,000</u>

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 Hospital's diagnostic and surgical equipment, and emergency care services. Performance obligations for the hospital, hospice, physician practices, and clinic are satisfied over time as the patient simultaneously receives and consumes the benefits the Hospital 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. Retail and employee pharmacy, cafeteria, gift shop, and other point-of-sale performance obligations are satisfied at a point in time when the goods are provided. These revenues are recorded in other revenue on the statements of operations and changes in net assets.

The Hospital has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the Hospital's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Hospital does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

The Hospital has applied the practical expedient provided by FASB ASC 340-40-25-4 and all incremental customer contract acquisition costs are expensed as they are incurred as the amortization period of the asset that the Hospital otherwise would have recognized is one year or less in duration.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

3. Uncompensated Services

The Hospital was compensated for services at amounts less than its established rates. Net patient service revenue includes amounts, representing the transaction price, based on standard charges reduced by variable considerations such as contractual adjustments, discounts, and implicit price concessions. Charges for uncompensated services for 2025 and 2024 were approximately \$333,777,000 and \$297,379,000, respectively.

Uncompensated care includes charity and indigent care services of approximately \$20,755,000 and \$20,625,000 in 2025 and 2024, respectively. The cost of charity and indigent care services provided during 2025 and 2024 was approximately \$5,687,000 and \$5,803,000, respectively, computed by applying a total cost factor to the charges foregone.

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

	<u>2025</u>	<u>2024</u>
Gross patient charges	\$ 455,100,000	\$ 414,002,000
Uncompensated services:		
Charity and indigent care	20,755,000	20,625,000
Medicare	172,294,000	144,944,000
Medicaid	43,946,000	44,083,000
Other third-party payors	80,085,000	71,587,000
Price concessions	<u>16,697,000</u>	<u>16,140,000</u>
Total uncompensated care	<u>333,777,000</u>	<u>297,379,000</u>
Net patient service revenue	<u>\$ 121,323,000</u>	<u>\$ 116,623,000</u>

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

4. Investments

Assets Limited as to Use

The composition of assets limited as to use as of July 31, 2025 and 2024 is set forth in the following table. All assets limited as to use are stated at fair value.

	<u>2025</u>	<u>2024</u>
By board for capital improvements:		
Money market funds	\$ 3,508,000	\$ 3,696,000
Government debt securities	1,739,000	8,000
Corporate debt securities	14,067,000	14,016,000
Equity securities	<u>41,091,000</u>	<u>36,868,000</u>
 Total board designated for capital improvements	 <u>60,405,000</u>	 <u>54,588,000</u>
Restricted by donors:		
Money market funds	92,000	190,000
Corporate debt securities	2,216,000	2,216,000
Equity securities	<u>692,000</u>	<u>594,000</u>
 Total restricted by donors	 <u>3,000,000</u>	 <u>3,000,000</u>
 Total assets limited as to use	 <u>\$ 63,405,000</u>	 <u>\$ 57,588,000</u>

During fiscal year 2007, Sumter Regional Hospital, as operated by the Authority, was destroyed in a tornado. As described in Note 1, the Authority entered into a lease and transfer agreement which included the construction of a new hospital facility. The Authority has received proceeds from the Federal Emergency Management Agency (FEMA) and the Georgia Emergency Management Agency (GEMA) for a portion of the construction costs of the new Hospital and intends to pursue further reimbursement from FEMA and GEMA to the fullest extent possible. It is anticipated, based on guidance received from an independent consultant, that the project audits are likely to be conducted by FEMA and GEMA once all outstanding claims are closed, which could result in demand(s) to recover a portion of the funds paid to the Authority.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

4. Investments, Continued

Assets Limited as to Use, Continued

Effective with an amendment to the lease and transfer agreement (Amendment) dated September 27, 2016, the Authority transferred approximately \$11,745,000 of receipts from FEMA and GEMA to the Hospital. The Amendment specifies that the FEMA and GEMA funds may be used for the following purposes:

- First, to pay FEMA and GEMA all sums determined to be owed as a result of any audits.
- Second, and only after adequate provision for the funding of the first bullet point, the funds can be used to fund physician development in the Hospital's service area.
- Third, and only after adequate provision for the first two bullet points above, the funds can be used by the Hospital for any purposes permitted under the lease and transfer agreement.

Also in accordance with the Amendment, the Hospital agreed to establish a separate account to hold the sum of \$4,000,000 of the above funds until the conclusion of the expected FEMA and GEMA audits to ensure the immediate availability of funds to repay any amounts finally determined to be owed to FEMA and GEMA as a result of the audits. This amount is included in donor restricted investments above. During the fiscal year ended July 31, 2024, the Sumter Authority authorized the Hospital to release the restrictions on \$1,000,000 of the total \$4,000,000. Should the restricted funds not be sufficient to repay any amounts due to FEMA and GEMA, the Hospital agrees that it will pay in full and fully indemnify the Authority for all related sums finally determined to be owed to FEMA and GEMA.

The Amendment states that the adequate provision of both the FEMA and GEMA fund repayment and the adequate provision to fund physician development are to be determined at the sole discretion of the Hospital. Per a Hospital Board of Directors resolution dated November 1, 2016, the Hospital believes the \$4,000,000 is adequate provision for the repayment of the FEMA and GEMA funds. During the fiscal year ended July 31, 2024, the Hospital Board of Directors reduced this provision to \$3,000,000, using its discretion as well as authorization from the Sumter Authority as noted in the paragraph above. Also, based on the current and long-term physician development plan, coupled with the requirement that the Hospital chief executive officer report on the efforts and results of physician development at each Board of Directors meeting, and the requirement that the Hospital's Board of Directors approve the budget and strategic plan each year, the Hospital believes this constitutes adequate provision for the funding of physician development.

The Hospital'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 changes could materially affect the amounts reported in the accompanying financial statements.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

5. Property and Equipment, Net

A summary of property and equipment, net at July 31, 2025 and 2024 follows:

	<u>2025</u>	<u>2024</u>
Land	\$ 2,039,000	\$ 2,039,000
Land improvements	3,016,000	3,016,000
Buildings and improvements	57,268,000	56,728,000
Equipment	40,222,000	38,236,000
Finance lease right-of-use assets	<u>271,000</u>	<u>430,000</u>
	102,816,000	100,449,000
Less: accumulated depreciation	<u>50,485,000</u>	<u>45,773,000</u>
	52,331,000	54,676,000
Construction-in-progress	<u>270,000</u>	<u>71,000</u>
Property and equipment, net	<u>\$ 52,601,000</u>	<u>\$ 54,747,000</u>

Depreciation expense for the years ended July 31, 2025 and 2024 amounted to approximately \$4,898,000 and \$4,510,000, respectively.

Amortization expense on finance lease right-of-use assets for the years ended July 31, 2025 and 2024 amounted to approximately \$159,000 and \$174,000, respectively.

Construction contracts exist for various projects at year-end with a total commitment of approximately \$423,000. At July 31, 2025, the remaining commitment on these contracts approximated \$239,000.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

6. Defined Contribution Plan

The Hospital participates in the System's defined contribution pension plan covering substantially all eligible employees. Employees may deposit a portion of their earnings for each pay period on a pre-tax basis and the System matches 50% of each participant's voluntary contributions up to a maximum of 6% of the employee's annual salary. At its discretion, the System may make additional contributions to the plan. Matching and discretionary contribution expense was approximately \$614,000 and \$605,000, for the years ended July 31, 2025 and 2024, respectively.

7. Employee Health Insurance

The Hospital participates in the System's self-insurance program under which a third-party administrator processes and pays claims. The Hospital reimburses the third-party administrator for claims incurred and paid. In addition, the Hospital participates in a shared group financing layer agreement with other Georgia hospitals through a program offered by Georgia ADS, LLC. The program is designed to provide for the financing and payment of covered claims. The parameters of the program include covered claims between \$225,000 and \$850,000. Each participant in the program is responsible for a portion of the shared claims based on their percentage of the total claims for the group. Additional insurance has been obtained to provide coverage for claims exceeding \$850,000. Total expenses related to this plan were approximately \$7,426,000 and \$5,284,000 for 2025 and 2024, respectively.

8. Malpractice Insurance

Phoebe Putney Indemnity, Ltd. (PPI), located in the Cayman Islands, was incorporated on November 14, 2018 as an exempted company under the Companies Law of the Cayman Islands. PPI is a wholly-owned subsidiary of the System, established to provide general liability, professional liability, personal injury liability, advertising injury liability, contractual liability, and auto physical damage coverage to the System, including the Hospital.

PPI issues a claims-made policy providing professional liability coverage with a per occurrence limit of \$15,000,000 for 2025 and 2024 and no annual aggregate for 2025 and 2024. Additionally, PPI's claims-made policy covers general liability, personal injury liability, advertising injury liability, and contractual liability of the Hospital, with a per occurrence limit of \$5,000,000 for 2025 and 2024 and no annual aggregate for 2025 and 2024.

PPI purchases annual excess of loss reinsurance coverage in order to limit its financial exposure to large claims relating to employed physicians and surgeons. Under the per risk coverage, the reinsurer shall pay up to \$600,000 for 2025 and 2024, per loss, per insured, in excess of \$400,000 for 2025 and 2024, per loss, per insured. The maximum amount recoverable for both of these coverages combined shall not exceed 250% for 2025 and 2024 of the maximum subject premium or \$6,000,000, for 2025 and 2024, whichever is greater.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

8. Malpractice Insurance, Continued

Under the excess of limits coverage, the reinsurer shall pay up to \$2,000,000 for 2025 and 2024, per loss, per insured, in excess of \$1,000,000 for 2025 and 2024, per loss, per insured. The maximum amount recoverable for this coverage shall not exceed \$6,000,000 for 2025 and 2024.

During the current period, there is a second excess limits coverage. Under the coverage, the reinsurer shall pay up to \$4,000,000 for 2025 and 2024 per loss, per insured, in excess of \$3,000,000 for 2025 and 2024 per loss, per insured. The maximum amount recoverable for this coverage shall not exceed \$8,000,000. For 2025 and 2024, the reinsurance treaty provides for adjustable premiums based on ceded losses up to a stated maximum. Such adjustments are recorded in the period when they become known.

The System has also purchased excess liability coverage which includes coverage of the Hospital. The limits of the policy are \$50,000,000 per occurrence and in aggregate in excess of the PPI coverage of \$5,000,000. All of the risk related to this coverage has been ceded to unrelated reinsurers via a contract of reinsurance.

Various claims and assertions have been made against the Hospital in its normal course of providing services. In addition, other claims may be asserted arising from services provided to patients in the past. In the opinion of management, adequate provision has been made for losses which may occur from such asserted and unasserted claims that are not covered by liability insurance.

9. Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor arrangements. The mix of receivables from patients and third-party payors at July 31, 2025 and 2024 was as follows:

	<u>2025</u>	<u>2024</u>
Medicare	28%	31%
Medicaid	6%	7%
Other third-party payors	55%	53%
Patients	<u>11%</u>	<u>9%</u>
Total	<u>100%</u>	<u>100%</u>

At July 31, 2025, the Hospital had deposits at major financial institutions which exceeded the \$250,000 Federal Deposit Insurance Corporation limits. Management believes the credit risks related to these deposits are minimal.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

10. Due to Related Parties

Related party transactions as of July 31, 2025 and 2024 consist of the following:

	<u>2025</u>	<u>2024</u>
Due to Phoebe Putney Health System, Inc.	\$ <u>3,215,000</u>	\$ <u>2,105,000</u>

The related party transactions that affect the above payables arise from normal management related services, physician practice operations, and other shared cost incurred in the ordinary course of business.

11. Related Organization

The Foundation was established to raise funds to support the operation of the Hospital. The Foundation's bylaws provide that the majority of all funds raised, except for funds acquired for the operation of the Foundation, be distributed to or be held for the benefit of the Hospital. The Foundation's general funds, which represent the Foundation's undesignated resources, are distributed to the Hospital in amounts and in periods determined by the Foundation's Board of Trustees, who may also restrict the use of general funds for Hospital plant replacement or other specific purposes. Plant replacement and expansion funds, and specific-purpose funds are distributed to the Hospital as required to comply with the purpose specified by donors. A summary of the Foundation's assets, liabilities, net assets, and changes in net assets follows. The Hospital's interest in the net assets of the Foundation is reported in other assets in the balance sheets.

	<u>2025</u>	<u>2024</u>
Assets:		
Cash and cash equivalents	\$ 162,000	\$ 187,000
Investments	<u>3,396,000</u>	<u>3,349,000</u>
Total assets	<u>\$ 3,558,000</u>	<u>\$ 3,536,000</u>
Liabilities and net assets:		
Accounts payable	\$ 2,000	\$ -
Net assets	<u>3,556,000</u>	<u>3,536,000</u>
Total liabilities and net assets	<u>\$ 3,558,000</u>	<u>\$ 3,536,000</u>

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

11. Related Organization, Continued

	<u>2025</u>	<u>2024</u>
Revenue and support	\$ 495,000	\$ 510,000
Expenses	<u>(475,000)</u>	<u>(596,000)</u>
Changes in net assets	20,000	(86,000)
Net assets, beginning of year	<u>3,536,000</u>	<u>3,622,000</u>
Net assets, end of year	<u>\$ 3,556,000</u>	<u>\$ 3,536,000</u>

12. Functional Expenses

The Hospital provides general health care services to residents within its geographic location. Expenses related to providing these services in 2025 and 2024 are as follows:

<u>July 31, 2025</u>	Patient Care <u>Services</u>	General and <u>Administrative</u>	<u>Total</u>
Salaries and wages	\$ 26,550,000	\$ 5,503,000	\$ 32,053,000
Employee health and welfare	9,691,000	2,025,000	11,716,000
Medical supplies and other	35,480,000	7,853,000	43,333,000
Purchased services	22,076,000	10,456,000	32,532,000
Depreciation and amortization	<u>2,422,000</u>	<u>2,635,000</u>	<u>5,057,000</u>
Total	<u>\$ 96,219,000</u>	<u>\$ 28,472,000</u>	<u>\$ 124,691,000</u>
 <u>July 31, 2024</u>			
Salaries and wages	\$ 24,932,000	\$ 5,015,000	\$ 29,947,000
Employee health and welfare	7,955,000	1,633,000	9,588,000
Medical supplies and other	33,121,000	8,441,000	41,562,000
Purchased services	22,100,000	8,610,000	30,710,000
Depreciation and amortization	<u>2,272,000</u>	<u>2,412,000</u>	<u>4,684,000</u>
Total	<u>\$ 90,380,000</u>	<u>\$ 26,111,000</u>	<u>\$ 116,491,000</u>

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

12. Functional Expenses, Continued

The 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 depreciation and amortization, interest expense and other occupancy related costs, are allocated to a function based on a square footage basis. Benefit related expenses are allocated consistent with salaries.

13. Fair Values of Financial Instruments

The following methods and assumptions were used by the Hospital 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 balance sheets approximates its fair value due to the short-term nature of these instruments.
- *Assets limited as to use:* Amounts reported in the balance sheets are at fair value. See Note 14 for fair value measurement disclosures.

14. Fair Value Measurement

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at July 31, 2025 and 2024.

- *Money market funds:* Valued at amortized cost, which approximates fair value.
- *Corporate debt securities:* 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 and 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.
- *Government debt securities:* Certain government debt securities are valued at the closing price reported in the active market in which the individual security is traded. Other government debt securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings.
- *Equity securities:* Certain equity securities are valued at the closing price reported on the active market on which the individual securities are traded. Other equity securities are valued based on quoted prices for similar investments in active or inactive markets or valued using observable market data.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

14. Fair Value Measurement, Continued

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Fair values of assets measured on a recurring basis at July 31, 2025 and 2024 are as follows:

		<u>Fair Value Measurements at Reporting Date Using</u>		
		Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>July 31, 2025</u>		<u>Fair Value</u>		
Assets:				
Money market funds	\$ 3,600,000	\$ -	\$ 3,600,000	\$ -
Government debt securities	1,739,000	-	1,739,000	-
Corporate debt securities	16,283,000	13,046,000	3,237,000	-
Equity securities	<u>41,783,000</u>	<u>41,783,000</u>	<u>-</u>	<u>-</u>
Total assets	<u>\$ 63,405,000</u>	<u>\$ 54,829,000</u>	<u>\$ 8,576,000</u>	<u>\$ -</u>
<u>July 31, 2024</u>				
Assets:				
Money market funds	\$ 3,886,000	\$ -	\$ 3,886,000	\$ -
Government debt securities	8,000	-	8,000	-
Corporate debt securities	16,232,000	12,467,000	3,765,000	-
Equity securities	<u>37,462,000</u>	<u>37,462,000</u>	<u>-</u>	<u>-</u>
Total assets	<u>\$ 57,588,000</u>	<u>\$ 49,929,000</u>	<u>\$ 7,659,000</u>	<u>\$ -</u>

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. All assets have been valued using a market approach.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

15. Commitments and Contingencies

Health Care Reform

There has been increasing pressure on Congress and state legislatures to control and reduce the cost of healthcare on the national or at the state level. 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 Hospital.

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 Hospital has implemented a compliance plan focusing on such issues. There can be no assurance that the Hospital will not be subjected to future investigations with accompanying monetary damages.

Litigation

The Hospital is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Hospital's future financial position or results from operations. See malpractice insurance disclosures in Note 8.

16. Rural Hospital Tax Credit Contributions

The State of Georgia (State) passed legislation which allows individuals and corporations to receive a State tax credit for making a contribution to certain qualified rural hospital organizations. The Hospital submitted the necessary documentation and was approved by the State to participate in the rural hospital tax credit program for calendar years 2025 and 2024. Contributions received under the program approximated \$1,342,000 and \$1,639,000, during fiscal years 2025 and 2024, respectively. The funds are included in other revenue on the statements of operations and changes in net assets. The Hospital will have to be approved by the State to participate in the program each subsequent year.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

17. Liquidity and Availability

As of July 31, 2025 and 2024, the Hospital has working capital of approximately \$70,195,000 and \$60,095,000 and average days (based on normal expenditures) cash on hand of 165 and 160 days, respectively.

Financial assets available for general expenditures within one year of the balance sheet date, consists of the following at July 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Cash and cash equivalents	\$ 54,058,000	\$ 48,775,000
Patient accounts receivable, net	18,512,000	16,412,000
Other current assets - other receivables	2,800,000	1,211,000
Internally designated for capital improvements	60,405,000	54,588,000
Less: Conditional grant stimulus refundable advance included in accrued expenses	<u>47,000</u>	<u>47,000</u>
Total financial assets available	<u>\$ 135,728,000</u>	<u>\$ 120,939,000</u>

Grant stimulus refundable advances restricted for healthcare-related expenses or lost revenue attributable to COVID-19 are excluded from the table above. No other 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 Hospital estimates that approximately 100% of the internally designated funds for capital improvements are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the quantitative information above. The Hospital has other assets whose use is limited 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. The Hospital has the ability to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

18. Leases

The Hospital has operating and finance leases for buildings and equipment. The Hospital determines if an arrangement is a lease at the inception of a contract. Leases with an initial term of twelve months or less are not recorded on the balance sheets. The Hospital 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 Hospital's right to use an underlying asset during the lease term, and lease liabilities represent the Hospital'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 Hospital's lease terms include options to extend or terminate the lease when it is reasonably certain that the option will be exercised. As most of the Hospital's operating leases do not provide an implicit rate, the Hospital uses its incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. The Hospital 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 July 31, 2025 and 2024 were as follows:

	<u>2025</u>	<u>2024</u>
Operating leases:		
Right-of-use assets:		
Operating lease right-of-use assets	\$ <u>15,000</u>	\$ <u>17,000</u>
Lease liabilities:		
Current portion	\$ 4,000	\$ 3,000
Long-term	<u>8,000</u>	<u>11,000</u>
Total operating lease liabilities	\$ <u>12,000</u>	\$ <u>14,000</u>

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

18. Leases, Continued

	<u>2025</u>	<u>2024</u>
Finance leases:		
Right-of-use assets:		
Property and equipment, net	\$ 271,000	\$ 430,000
Lease liabilities:		
Current portion	\$ 180,000	\$ 179,000
Long-term	151,000	331,000
Total finance lease liabilities	\$ 331,000	\$ 510,000

Operating expenses for the leasing activity of the Hospital as the lessee for the years ended July 31, 2025 and 2024 are as follows:

<u>Lease Type</u>	<u>2025</u>	<u>2024</u>
Operating lease cost	\$ 3,000	\$ 4,000
Finance lease interest	20,000	30,000
Finance lease amortization	159,000	174,000
Total lease cost	\$ 182,000	\$ 208,000

Cash paid for amounts included in the measurement of lease liabilities for the years ended July 31, 2025 and 2024 is as follows:

	<u>2025</u>	<u>2024</u>
Operating cash flows from operating leases	\$ 2,000	\$ 4,000
Operating cash flows from finance leases	20,000	30,000
Financing cash flows from finance leases	179,000	186,000
Total	\$ 201,000	\$ 220,000

Continued

PHOEBE SUMTER MEDICAL CENTER, INC.

NOTES TO FINANCIAL STATEMENTS, Continued
July 31, 2025 and 2024

18. Leases, Continued

The aggregate future lease payments for operating and finance leases as of July 31, 2025 were as follows:

<u>Year Ending July 31</u>	<u>Finance</u>	<u>Operating</u>
2026	\$ 192,000	\$ 4,000
2027	153,000	4,000
2028	-	5,000
2029	-	-
2030	-	-
Thereafter	-	-
	<hr/>	<hr/>
Total undiscounted cash flows	345,000	13,000
Less: present value discount	<hr/> 14,000	<hr/> 1,000
Total lease liabilities	<u>\$ 331,000</u>	<u>\$ 12,000</u>

Average lease terms and discount rates at July 31, 2025 and 2024 were as follows:

	<u>2025</u>	<u>2024</u>
Weighted-average remaining lease term (years):		
Operating leases	4.42	4.42
Finance leases	1.80	2.76
Weighted-average discount rate:		
Operating leases	5.00%	5.00%
Finance leases	5.00%	5.00%

Continued



INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION

Board of Directors
Phoebe Sumter Medical Center, Inc.
Americus, Georgia

We have audited the financial statements of Phoebe Sumter Medical Center, Inc. as of and for the years ended July 31, 2025 and 2024, and our report thereon dated February 3, 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 financial statements as a whole. The information included in this report on pages 38 to 41, inclusive, which is the responsibility of management, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information has not been subjected to the auditing procedures applied in the audits of the financial statements, and, accordingly, we do not express an opinion or provide any assurance on it.

A handwritten signature in black ink that reads "Driffin & Tucker, LLP".

Albany, Georgia
February 3, 2026

PHOEBE SUMTER MEDICAL CENTER, INC.

SERVICE TO THE COMMUNITY

July 31, 2025

Phoebe Sumter Medical Center, Inc. (PSMC), formerly Sumter Regional Hospital, is a not-for-profit health care organization that exists to serve the community. PSMC opened in 1953 to serve the community by caring for the sick regardless of their ability to pay. As a not-for-profit hospital, PSMC has no stockholders or owners. All revenue after expenses is reinvested in the mission to care for the citizens of the community – into clinical care, health programs, state-of-the-art technology and facilities, research, teaching and training of medical professionals now and for the future.

PSMC operates as a charitable organization consistent with the requirements of Internal Revenue Code Section 501(c)(3) and the “community benefit standard” of IRS Revenue Ruling 69-545. PSMC takes seriously its responsibility as the community’s safety net hospital and has a strong record of meeting and exceeding the charitable care and the organizational and operational standards required for federal tax-exempt status. PSMC demonstrates a continued and expanding commitment to meeting its mission and serving the citizens by providing community benefits. A community benefit is a planned, managed, organized, and measured approach to meeting identified community health needs, requiring a partnership between the healthcare organization and the community to benefit residents through programs and services that improve health status and quality of life.

PSMC improves the health and well-being of Southwest Georgia through clinical services, education, research, and partnerships that build health capacity in the community. PSMC provides community benefits for all citizens, as well as for the medically underserved. PSMC conducts community needs assessments and pays close attention to the needs of low income and other vulnerable people and the community at large. PSMC often works with community groups to identify needs, strengthen existing community programs, and plan newly needed services. It provides a wide-ranging array of community benefit services designed to improve community health and the health of individuals and to increase access to health care, in addition to providing free and discounted services to people who are uninsured and underinsured. Drawing on a dynamic and flexible structure, the community benefit programs are designed to respond to assessed needs and are focused on upstream prevention.

PSMC participates in the Medicare and Medicaid programs and is one of the leading providers of Medicaid services in Georgia.

The following table summarizes the amounts of charges foregone (i.e., contractual adjustments) and estimates the losses (computed by applying a total cost factor to charges foregone) incurred by PSMC due to inadequate payments by these programs and for indigent/charity services. This table does not include discounts offered by PSMC under managed care and other agreements:

	<u>Charges Foregone</u>	<u>Estimated Unreimbursed Cost</u>
Medicare	\$ 172,000,000	\$ 47,000,000
Medicaid	44,000,000	12,000,000
Indigent/Charity	<u>21,000,000</u>	<u>6,000,000</u>
	<u>\$ 237,000,000</u>	<u>\$ 65,000,000</u>

See independent auditor’s report on supplemental information.

PHOEBE SUMTER MEDICAL CENTER, INC.

SERVICE TO THE COMMUNITY, Continued
July 31, 2025

The following is a summary of the community benefit activities and health improvement services offered by PSMC and illustrates the activities and donations during fiscal year 2025.

I. Community Health Improvement Services

Community Health Needs Projects

Every 3 years, PSMC conducts a Community Health Needs Assessment (CHNA) as required by law for all hospitals that receive Indigent Care Trust Funds. This assessment mainly centers around health-related issues, but in 2019 the hospital decided to broaden its impact.

As a result, the Healthy Sumter initiative was born. Healthy Sumter is a county-wide health and wellness campaign that is spearheaded by PSMC and One Sumter Economic Foundation. A simple brand, aligned with the Sumter County brand, under which the efforts of many non-profits and agencies can be organized to raise public awareness.

Healthy Sumter can be broken down into three areas: Healthy Bodies, Healthy Minds and Healthy Community. In addition to areas of healthcare such as Heart Health, Cancer and Mental Health, there is also emphasis on non-medical areas such as Transportation, Employment and Housing. The goal is to serve all the needs of the residents of Sumter County, which will result in an overall healthier population.

Healthy Sumter continues to be one of the vehicles to implement its CHNA requirements. Currently, for our reporting period of 2023-2025, our commitment to the Healthy Sumter initiative can be broken down into 2 areas: Mental Health & Mental Disorders and Nutrition/Healthy Eating.

For Mental Health, PSMC leans heavily on our partnership with Middle Flint Health and Wellness (formerly Middle Flint Behavioral Health), to increase awareness and offer training related to mental health. Other partners include Sumter County Schools, the Sumter County Sheriff Department, Georgia Southwestern State University and South Georgia Technical College. PSMC hosts the Mental Health First Aid training several times each year.

Regarding Nutrition & Healthy Eating, PSMC's focus has been on creating community gardens and fresh produce giveaway distributions. PSMC entered into an agreement with Flint River Fresh, LLC to assist with these initiatives. In the summer of 2024, a garden was created at Calvary Episcopal Church here in Americus, and the goal is to add 10 new gardens in the next 10 years. During fiscal year 2025, fresh produce boxes were distributed at various locations within our service area, affecting approximately 4,590 individuals at a cost of \$35,339.

Community Based Clinical Services

PSMC provided free mammograms for 50 women during fiscal year 2025.

See independent auditor's report on supplemental information.

PHOEBE SUMTER MEDICAL CENTER, INC.

SERVICE TO THE COMMUNITY, Continued
July 31, 2025

II. Health Care Support Services

Medicaid Eligibility Application Assistance

PSMC provided assistance for 212 individuals to apply for Medicaid through Change Healthcare at a cost of \$166,695.

Indigent Financial Assistance

Patients whose income is below 125% of the Federal Poverty Levels are classified as indigent and receive care at no cost.

Charity Financial Assistance

Patients whose income level is between 126% - 400% of the Federal Poverty Levels will be classified as charity. These patients will be responsible for a percentage of the Hospital charges. This percentage will be based on calculations using the Federal Poverty Levels that are published in the "Federal Register" each year. If it is determined the patient's responsibility will be an undue hardship on the patient/guarantor, these cases will be reviewed on an individual basis with the Phoebe Cares Supervisor for possible catastrophic charity based on sliding scale guidelines.

Catastrophic Financial Assistance

Patients whose income exceeds 400% of the Federal Poverty Levels and whose hospital charges exceed 25% of their annual income, resulting in excessive hardship, are eligible for a discount up to 75% of the patient balance. The patient may pay the remaining balance over 24 months.

During fiscal year 2025, 416 patients were approved for financial assistance.

III. Health Professions Education

Nursing Students

In 2025, PSMC provided \$965,681 in clinical supervision and training to 479 nursing students.

Other Students

In 2025, PSMC provided \$766,259 in clinical supervision of 143 other healthcare students.

IV. Subsidized Health Services

PSMC provided assistance to 74 patients through the Indigent Drug Pharmacy at a cost of \$2,407.

See independent auditor's report on supplemental information.

PHOEBE SUMTER MEDICAL CENTER, INC.

SERVICE TO THE COMMUNITY, Continued
July 31, 2025

V. Financial and In-Kind Support

PSMC supported the following organizations in fiscal year 2025:

- Georgia Southwestern State University \$1,000
- Cole Varnum Agency \$4,896 (AEDs donated to community)
- One Sumter \$26,000

VI. Community Benefit Operations

PSMC incurred \$110,690 in support staff costs to support its community benefit efforts.

See independent auditor's report on supplemental information.



INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors
Phoebe Sumter Medical Center, Inc.
Americus, Georgia

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Phoebe Sumter Medical Center, Inc. (Hospital), which comprise the balance sheet as of July 31, 2025, and the related statements of operations and changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 3, 2026.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Hospital's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free from material misstatement, we performed tests of its compliance with the certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "Draffin & Tucker, LLP". The signature is written in a cursive, flowing style.

Albany, Georgia
February 3, 2026