

COPY

ANNUAL COMMUNITY BENEFIT REPORT

[As Required Pursuant to O.C.G.A. § 31-7-90.1(a) and O.C.G.A. § 14-3-305 (d)]

To be filed with the Clerk of the Superior Court of the County in which the Authority's Hospital is located and with the governing body (or bodies) of the Authority's participating unit(s).

Clerk: After recording, please return to: Julie Bhavnani
Colquitt Regional Medical Center
P.O Box 40, Moultrie, GA

For the Period October 1, 2024 through September 30, 2025 (or dates for fiscal year).

PART A. GENERAL INFORMATION

1. Facility Name or Hospital Authority Name: _____
Hospital Authority of Colquitt County, Georgia

2. Street Address: 3131 South Main Street, Moultrie, GA 31768

3. Mailing Address (if different from Street Address): P.O Box 40, Moultrie, GA 31768

4. County in which Facility or Hospital is located: Colquitt County

5. Governing Body (or Bodies) of Hospital Authority's Participating Units: _____

6. Person Authorized to respond to inquiries about this report:

- a. Name: Julie Bhavnani
- b. Title: CFO
- c. Phone Number: (229) 891-9244

7. Report data for the full preceding 12-month period, either calendar or fiscal year. Confirm that the correct report period has been used by completing the report period beginning and ending dates below.

- a. Report Period: Beginning Date 10/1/2024 Ending Date 9/30/2025
- b. Was the hospital operational for the entire year? Yes [] No
If No, provide the dates the hospital was operational (*explain*): _____

8. Verification of Review by Facility Chief Executive Officer:

Reviewed and Approved: James Matney Date: 06/17/26
James Matney Jun 17, 2026 11:31:16 EDT
Signature of CEO (Original Signature)
James L. Matney- President & CEO
(Typed/Printed Name and Title of CEO)

FILED
CLERK OF SUPERIOR COURT
COLQUITT COUNTY, GA
2026 JUN 24 A 10:04
DOMINIC WILSON

ANNUAL REPORT OF CERTAIN TRANSACTIONS

[As Required Pursuant to O.C.G.A. §31-7-90.1 and O.C.G.A. §14-3-305(d)]

To be filed with the Clerk of the Superior Court of the County in which the Authority's Hospital is located and with the governing body (or bodies) of the Authority's participating unit(s).

Note: A separate form should be completed and filed for the Hospital Authority and each nonprofit corporation formed, created or operated by or on behalf of the Hospital Authority (a "Nonprofit") in order to operate the hospital.

Clerk: After recording, please return to: Julie Bhavnani
Colquitt Regional Medical Center
P.O. Box 40, Moultrie, GA

For the Period October 1st, 2024 through September 30th, 2025.

PART A. GENERAL INFORMATION

1. Name of Hospital Authority or Nonprofit: Hospital Authority of Colquitt Co.
2. Street Address: 3131 South Main Street, Moultrie GA 31768
3. Mailing Address (if different from Street Address): _____
4. County in which Hospital is located: Colquitt
5. Governing Body (or Bodies) of Hospital Authority's Participating Units: _____
6. Person Authorized to respond to inquiries about this report:
 - a. Name: Julie Bhavnani
 - b. Title: CFO
 - c. Phone Number: (229) 891-9244

PART B. BUSINESS TRANSACTIONS -- HOSPITAL AUTHORITY

If this report is being filed on behalf of a Hospital Authority, please identify below any entity in which a Hospital Authority member (or a Hospital Authority member's spouse, child or sibling) has a direct or indirect ownership of assets or stock constituting between 10% and 25% and which Transacted Business with the Hospital Authority during the year covered by this report. (Attach additional pages, if necessary.) For purposes hereof, the term "Transacted Business" means any sale or lease of any personal property, real property, or services on behalf of oneself or on behalf of any third party as an agent, broker, dealer, or representative.

B. BUSINESS TRANSACTIONS - HOSPITAL AUTHORITY (Continued)

Name of Hospital Authority Member (or Family Member)	Name of Entity	Type of Ownership Interest	Percentage Ownership Interest	Nature of Business Transaction
1.				
2.				
3.				
4.				
5.				

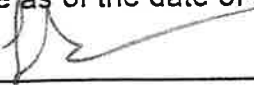
PART C. BUSINESS TRANSACTIONS -- NONPROFIT

If this report is being filed on behalf of a Nonprofit, please identify below any entity in which a member of the board of such Nonprofit (or such board member's spouse, child or sibling) has a direct or indirect ownership of assets or stock constituting between 10% and 25% and which Transacted Business with the Nonprofit during the year covered by this report. (Attach additional pages, if necessary.) For purposes hereof, the term "Transacted Business" means any sale or lease of any personal property, real property, or services on behalf of oneself or on behalf of any third party as an agent, broker, dealer, or representative.

Name of Nonprofit Board Member (or Family Member)	Name of Entity	Type of Ownership Interest	Percentage Ownership Interest	Nature of Business Transaction
1.				
2.				
3.				
4.				
5.				

PART D. CERTIFICATION

By signing below, I certify that, to the best of my knowledge and belief, this report is complete and accurate as of the date of signing.



Signature

6/18/26

Date

Julie Bhavnani

Name (please print or type)

CFO

Title

Sworn to and subscribed before me this 18th day of June, 2026.

Ashley A. Bryant

Notary Public

My Commission expires: 04/26/2029
[Notarial Seal]



Inpatient

County	Indigent		Charity	
	Visits	Charges	Visits	Charges
Berrien	1	\$ 670.00	-	\$ -
Brooks	14	\$ 11,963.46	-	\$ -
Coffee	1	\$ 13,323.71	-	\$ -
Colquitt	431	\$ 3,694,160.65	106	\$ 262,909.73
Cook	3	\$ 12,566.25	3	\$ 8,026.16
Crisp	1	\$ 1,595.24	-	\$ -
Dougherty	3	\$ 29,443.53	1	\$ 210.00
Echols	1	\$ 7,953.90	-	\$ -
Florence	1	\$ 1,750.00	-	\$ -
Lee	1	\$ 798.00	-	\$ -
Lowndes	5	\$ 6,689.00	-	\$ -
Mitchell	20	\$ 144,022.67	2	\$ 3,315.67
Out of State	2	\$ 91,545.03	1	\$ 1,420.55
Powhatan	1	\$ 34,554.84	-	\$ -
Sumter	1	\$ 4,496.24	-	\$ -
Thomas	17	\$ 118,197.49	5	\$ 5,887.75
Tift	10	\$ 115,521.82	6	\$ 57,083.36
Turner	2	\$ 1,215.00	-	\$ -
Worth	8	\$ 115,398.26	1	\$ 974.81
Sub-total	523	\$ 4,405,865.09	125	\$ 339,828.03

Outpatient

Appling	2	\$ 153.29	-	\$ -
Atkinson	1	\$ 427.05	1	\$ 180.00
Ben Hill	9	\$ 8,588.22	-	\$ -
Berrien	53	\$ 53,833.60	14	\$ 21,572.55
Brooks	162	\$ 273,751.11	56	\$ 22,633.46
Clinch	6	\$ 31,035.17	-	\$ -
Cobb	-	\$ -	6	\$ (2.48)
Coffee	14	\$ 104,436.43	2	\$ 5,433.99
Colquitt	5,288	\$ 6,911,651.90	1,610	\$ 694,448.07
Cook	136	\$ 256,934.98	20	\$ 70,385.48
Crisp	14	\$ 3,956.00	3	\$ 1,120.00
Dekalb	-	\$ -	1	\$ 3,896.53
Dougherty	60	\$ 161,928.82	14	\$ 17,088.76
Echols	11	\$ 71,031.93	-	\$ -
Florence	3	\$ 223.05	-	\$ -
Gordon	7	\$ 456.08	-	\$ -
Houston	1	\$ 65.00	5	\$ 69.45
Irwin	3	\$ 41,935.03	1	\$ 1,476.23
Lanier	2	\$ 1,464.56	-	\$ -
Lee	7	\$ 18,360.69	-	\$ -
Lowndes	86	\$ 238,687.49	44	\$ 22,229.52
Mitchell	192	\$ 258,673.32	45	\$ 40,789.36
Montgomery	1	\$ 2,524.89	-	\$ -
Muscogee	-	\$ -	2	\$ 388.87
Out of State	66	\$ 76,109.67	47	\$ 113,451.89
Sumter	2	\$ 67.06	-	\$ -
Thomas	263	\$ 428,328.09	65	\$ 19,755.77
Tift	252	\$ 337,385.32	49	\$ 69,164.24
Troup	1	\$ 2,243.00	-	\$ -
Turner	25	\$ 140,920.36	7	\$ 1,297.55
Worth	65	\$ 57,741.40	15	\$ 2,680.86
Sub-total	6,732	9,482,914	2,007	1,108,060
Total	7,255	13,888,779	2,132	1,447,888