

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TIDALHEALTH PENINSULA REGIONAL, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 EAST CARROLL STREET City or town, state or province, country, and ZIP or foreign postal code SALISBURY, MD 21801	D Employer identification number 52-0591628
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		E Telephone number (302) 536-5203
J Website: WWW.TIDALHEALTH.ORG		G Gross receipts \$ 876,489,598.
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
L Year of formation: 1897		M State of legal domicile: MD

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: <u>IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	85
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,778,627.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	2,507,499.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		15,455,550.	6,322,629.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		481,772,126.	482,474,910.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		49,458,683.	44,074,690.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,038,998.	1,077,384.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		547,725,357.	533,949,613.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	42,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	208,869,116.	220,571,013.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,388,484.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	235,750,420.	243,733,137.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	444,619,536.	464,346,150.	
19 Revenue less expenses. Subtract line 18 from line 12	103,105,821.	69,603,463.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	933,173,174.	750,341,203.
	22 Net assets or fund balances. Subtract line 21 from line 20	278,664,179.	206,090,051.
		654,508,995.	544,251,152.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer <u>STEPHANIE GARY, CFO</u> Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name MARY TORRETTA	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/> PTIN P00847851
	Firm's name ▶ GRANT THORNTON LLP Firm's address ▶ 1000 WILSON BOULEVARD, SUITE 1500 ARLINGTON, VA 22209	Firm's EIN ▶ 36-6055558	Phone no. (703) 847-7500	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form **8868**
(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. TIDALHEALTH PENINSULA REGIONAL, INC.	Taxpayer identification number (TIN) 52-0591628
	Number, street, and room or suite no. If a P.O. box, see instructions. 100 EAST CARROLL STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SALISBURY, MD 21801	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

DEAN A SWINGLE - DIRECTOR OF FINANCE

• The books are in the care of ► **100 EAST CARROLL ST. - SALISBURY, MD 21801**

Telephone No. ► **302-536-5203**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or

► tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

Product: **Exempt Extension**
 Name: **TIDALHEALTH PENINSULA REGIONAL, INC.**
 FEIN: *******1628**
 Bank Info:
 Fiscal Year Begin Date: **7/1/2021**
 IRS Message:

Category:
 Plan Number:
 Fiscal Year End Date: **6/30/2022**

IRS Center: **Ogden**
 e-Postmark: **11/1/2022 2:12 PM**
 Notification:
 eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
11/01/2022	21X:0181885-00001:V1	Upload Started			Conceicao,Michelle	
11/01/2022	21X:0181885-00001:V1	Released for Transmission - Validation in Progress			Conceicao,Michelle	
11/01/2022	21X:0181885-00001:V1	Ready to transmit - Validation Complete				
11/01/2022	21X:0181885-00001:V1	Transmitted to FD	5443262022305034fe08			
11/01/2022	21X:0181885-00001:V1	Accepted by FD on 11/1/2022				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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FINAL

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 417,409,431. including grants of \$ 42,000.) (Revenue \$ 470,911,731.) SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 417,409,431.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	13	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
DEAN A SWINGLE - DIRECTOR OF FINANCE - 302-536-5203
100 EAST CARROLL STREET, SALISBURY, MD 21801

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN LEONARD PRESIDENT/CEO	40.00 3.00	X		X				0.	1,001,906.	216,432.
(2) BRUCE I. RITCHIE CFO	40.00 2.00			X				0.	673,954.	164,519.
(3) LURA LUNSFORD V.P OPERATIONS	40.00 2.00			X				0.	645,893.	64,500.
(4) KARIN DIBARI, M.D. V.P. TH MEDICAL PARTNERS	40.00 0.00				X			0.	601,416.	83,135.
(5) CHARLES SILVIA JR., M.D. V.P. CHIEF MEDICAL OFFICER	40.00 2.00			X				0.	565,607.	68,325.
(6) TIMOTHY FEIST V.P CHIEF COMPLIANCE OFFICER	40.00 0.00				X			0.	340,862.	110,356.
(7) JAMES TRUMBLE, M.D. V.P. CLINICAL INTEGRATION	40.00 1.00				X			0.	412,879.	33,627.
(8) SARAH SCOTT V.P. PEOPLE & ORGANIZATON DEV	40.00 2.00				X			0.	351,105.	66,715.
(9) SARAH ARNETT CHIEF NURSING OFFICER	40.00 0.00				X			0.	337,972.	51,699.
(10) KATHRYN FIDDLER V.P. POPULATION HEALTH	40.00 0.00				X			0.	302,014.	39,629.
(11) STEPHANIE GARY V.P. FINANCE	40.00 2.00				X			0.	216,869.	9,718.
(12) JULIUS ZANT, M.D. CHAIRPERSON	2.00 0.00	X		X				0.	0.	0.
(13) MEMO DIRIKER IMMEDIATE PAST CHAIRPERSON	5.00 1.00	X		X				0.	0.	0.
(14) JAMES HARTSTEIN SECRETARY	1.00 3.00	X		X				0.	0.	0.
(15) SUSAN WILGUS-MURPHY BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(16) KAREN POISKER BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(17) MARK EDNEY, M.D. BOARD MEMBER (THRU 12/2021)	1.00 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VEL NATESAN, M.D. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) RONDALL ALLEN, PHARM.D. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) MARY DIBARTOLO BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) JANELLE BEILER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) PERCY J. PURNELL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) ANTHONY ADRIGNOLO, III, M.D. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) JASON MORRIS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								0.	5,450,477.	908,655.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	5,450,477.	908,655.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FOCUSONE SOLUTIONS LLC P.O. BOX 310861, DES MOINES, IA 50331-0861	TEMP LABOR SERVICES	12,459,924.
INTERMED GROUP 13301 N W HWY 441, ALACHUA, FL 32615-8512	BIOMEDICAL SERVICES	7,074,167.
SHERIDAN ANESTHESIA OF MD P.O. BOX 744883, ATLANTA, GA 30374-4883	ANESTHESIA SERVICES	6,241,703.
EPIC SYSTEMS P.O. BOX 88314, MILWAUKEE, WI 53288-0314	TECHNICAL SERVICES	5,984,656.
CROTHALL SERVICES GROUP, 13028 COLLECTIONS CENTER DR, CHICAGO, IL 60693	ENVORNMENTAL SERVICES	2,483,030.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 93

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	298,512.				
	e Government grants (contributions)	1e	6,024,117.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			6,322,629.			
Program Service Revenue	2 a NET PATIENT SERVICES	Business Code	621500	471,461,896.	461,952,536.	9,509,360.	
	b AMBULATORY PHARMACY		900099	11,013,014.	8,959,195.	2,053,819.	
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			482,474,910.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7,364,492.		-88,877.	7,453,369.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	197,031.			
			(ii) Personal				
				308,115.			
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c		-111,084.			
	d Net rental income or (loss)			-111,084.			-111,084.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	378,923,922.	18,146.		
			(ii) Other				
				338,150,770.	4,081,100.		
	b Less: cost or other basis and sales expenses	7b					
c Gain or (loss)	7c		40,773,152.	-4,062,954.			
d Net gain or (loss)			36,710,198.			36,710,198.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a CAFETERIA	Business Code	722514	872,064.		872,064.	
	b MANAGEMENT FEES		561000	200,000.	200,000.		
	c LIFELINE		532283	104,325.	104,325.		
	d All other revenue		900099	12,079.		12,079.	
	e Total. Add lines 11a-11d			1,188,468.			
12 Total revenue. See instructions			533,949,613.	470,911,731.	11,778,627.	44,936,626.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	42,000.	42,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,741,211.	5,161,349.	563,213.	16,649.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	172,597,207.	155,164,889.	16,931,786.	500,532.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,209,033.	9,177,921.	1,001,506.	29,606.
9 Other employee benefits	19,844,101.	17,839,847.	1,946,706.	57,548.
10 Payroll taxes	12,179,461.	10,949,335.	1,194,805.	35,321.
11 Fees for services (nonemployees):				
a Management				
b Legal	871,479.	783,460.	85,492.	2,527.
c Accounting	726,562.	653,179.	71,276.	2,107.
d Lobbying	20,421.	18,358.	2,003.	60.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,108,271.	1,895,336.	206,821.	6,114.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	63,318,580.	56,881,403.	6,211,553.	225,624.
12 Advertising and promotion	465,498.	418,483.	45,665.	1,350.
13 Office expenses	40,501,308.	36,410,676.	3,973,178.	117,454.
14 Information technology	2,708,738.	2,435,155.	265,727.	7,856.
15 Royalties				
16 Occupancy	5,363,242.	4,821,555.	526,134.	15,553.
17 Travel	226,815.	203,907.	22,251.	657.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	6,098.	5,482.	598.	18.
20 Interest	4,678,365.	4,205,850.	458,948.	13,567.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,744,520.	27,639,323.	3,016,037.	89,160.
23 Insurance	3,693,939.	3,320,851.	362,375.	10,713.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	44,186,651.	39,723,799.	4,334,710.	128,142.
b SUPPLIES - DRUGS	35,691,020.	32,086,227.	3,501,289.	103,504.
c BAD DEBT	7,802,301.	7,014,269.	765,406.	22,626.
d DUES	619,329.	556,777.	60,756.	1,796.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	464,346,150.	417,409,431.	45,548,235.	1,388,484.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,443,372.	1	3,943,983.
	2 Savings and temporary cash investments	107,949,829.	2	30,208,047.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	44,027,408.	4	51,718,490.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	10,737,135.	8	12,023,370.
	9 Prepaid expenses and deferred charges	8,016,842.	9	9,252,697.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 629,323,018.		
	b Less: accumulated depreciation	10b 443,607,893.	199,650,472.	10c 185,715,125.
	11 Investments - publicly traded securities	424,195,999.	11	356,298,154.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	134,152,117.	15	101,181,337.
16 Total assets. Add lines 1 through 15 (must equal line 33)	933,173,174.	16	750,341,203.	
Liabilities	17 Accounts payable and accrued expenses	17,315,540.	17	17,150,414.
	18 Grants payable		18	
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	8,876,644.	20	6,325,936.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	122,215,000.	24	120,857,625.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	130,256,995.	25	61,756,076.
	26 Total liabilities. Add lines 17 through 25	278,664,179.	26	206,090,051.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	597,373,374.	27	492,944,394.
	28 Net assets with donor restrictions	57,135,621.	28	51,306,758.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	654,508,995.	32	544,251,152.
33 Total liabilities and net assets/fund balances	933,173,174.	33	750,341,203.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	533,949,613.
2	Total expenses (must equal Part IX, column (A), line 25)	2	464,346,150.
3	Revenue less expenses. Subtract line 2 from line 1	3	69,603,463.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	654,508,995.
5	Net unrealized gains (losses) on investments	5	-122,581,294.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-57,280,012.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	544,251,152.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

FINAL

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

TIDALHEALTH PENINSULA REGIONAL, INC.

Employer identification number

52-0591628

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE SW WASHINGTON, DC 20201	\$ 6,024,117.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TIDALHEALTH FOUNDATION, INC. 100 EAST CARROLL STREET SALISBURY, MD 21801-5493	\$ 298,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ► **Complete if the organization is described below.** ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ► \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		20,421.
j Total. Add lines 1c through 1i			20,421.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

OTHER ACTIVITIES:

TIDALHEALTH PENINSULA REGIONAL DOES NOT ENGAGE IN ANY DIRECT LOBBYING

ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO MARYLAND HOSPITAL

ASSOCIATION (MHA). MHA ENGAGES IN MANY SUPPORT ACTIVITIES INCLUDING

LOBBYING AND ADVOCATING FOR ITS MEMBER HOSPITALS. THE MHA REPORTED THAT

Part IV Supplemental Information *(continued)*

2.52% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND SUCH, THE

ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV AS LOBBYING

ACTIVITIES.

FINAL

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: TIDALHEALTH PENINSULA REGIONAL, INC. Employer identification number: 52-0591628

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and several Yes/No questions regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a-2b regarding reporting requirements and asset values.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	102,246,212.	79,165,301.	71,424,439.	64,583,287.	56,672,686.
b Contributions					257,832.
c Net investment earnings, gains, and losses	-14,214,441.	23,584,799.	8,133,343.	7,263,806.	8,059,133.
d Grants or scholarships	8,774.	92,960.	5,217.	9,245.	
e Other expenditures for facilities and programs					900.
f Administrative expenses	485,752.	410,928.	387,264.	413,409.	405,464.
g End of year balance	87,537,245.	102,246,212.	79,165,301.	71,424,439.	64,583,287.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 45.5300 %
 - b Permanent endowment 9.8400 %
 - c Term endowment 44.6300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | X | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,378,600.		12,378,600.
b Buildings		268,357,795.	156,385,577.	111,972,218.
c Leasehold improvements				
d Equipment		336,634,946.	278,534,570.	58,100,376.
e Other		11,951,677.	8,687,746.	3,263,931.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				185,715,125.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DONOR RESTRICTED FUND	47,686,337.
(2) BOARD DESIGNATED INVESTMENTS	39,852,917.
(3) SELF INSURANCE FUND	6,675,676.
(4) INTERCOMPANY RECEIVABLES	312,070.
(5) INVESTMENT IN PARTNERSHIPS	8,069.
(6) SECTION 457(F) PLAN INVESTMENTS	2,760,941.
(7) RIGHT OF USE ASSETS	3,885,327.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	101,181,337.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTY PAYORS	35,780,441.
(3) EMPLOYEE COMP RELATED PAYROLL TAXES	17,475,486.
(4) ACCRUED SELF INSURANCE LIABILITY	3,441,837.
(5) SECTION 457 PLAN DEFERRED COMPENSATION	1,988,401.
(6) LONG-TERM LEASE LIABILITY	3,069,911.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	61,756,076.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS

THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR CAPITAL, PATIENT SERVICES

OR EDUCATIONAL PURPOSES. TIDALHEALTH INC ADMINISTERS THE ENDOWMENT FOR THE

BENEFIT OF TIDALHEALTH PENINSULA REGIONAL INC.

PART X, LINE 2:

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF

TIDALHEALTH, INC. THE RELEVANT TEXT OF THE INCOME TAX FOOTNOTE FROM THOSE

FINANCIALS IS:

Part XIII Supplemental Information *(continued)*

THE HEALTH SYSTEM HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN TAX

POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED

FINANCIAL STATEMENTS AT JUNE 30, 2022 AND 2021.

FINAL

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %			
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %			
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			11,921,900.		11,921,900.	2.61%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			11,921,900.		11,921,900.	2.61%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,845,368.	123,828.	2,721,540.	.60%
f Health professions education (from Worksheet 5)			6,433,545.		6,433,545.	1.41%
g Subsidized health services (from Worksheet 6)			6,323,675.	1,560,544.	4,763,131.	1.04%
h Research (from Worksheet 7)			13,654.		13,654.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			162,339.		162,339.	.04%
j Total. Other Benefits			15,778,581.	1,684,372.	14,094,209.	3.09%
k Total. Add lines 7d and 7j			27,700,481.	1,684,372.	26,016,109.	5.70%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A. Bad Debt Expense with columns Yes/No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? Yes (X). Row 2: Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. Amount: 7,802,301.

Section B. Medicare

Table for Section B. Medicare with columns Yes/No. Row 5: Enter total revenue received from Medicare (including DSH and IME). Amount: 247,812,539. Row 6: Enter Medicare allowable costs of care relating to payments on line 5. Amount: 169,525,036. Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall). Amount: 78,287,503.

Section C. Collection Practices

Table for Section C. Collection Practices with columns Yes/No. Row 9a: Did the organization have a written debt collection policy during the tax year? Yes (X). Row 9b: If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI. Yes (X).

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

Table for Part IV Management Companies and Joint Ventures with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 TIDALHEALTH PENINSULA REGIONAL, INC.
100 E. CARROLL STREET
SALISBURY, MD 21801
WWW.TIDALHEALTH.ORG
210019

Licensed hospital	gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X					X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group TIDALHEALTH PENINSULA REGIONAL, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group TIDALHEALTH PENINSULA REGIONAL, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFO</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group TIDALHEALTH PENINSULA REGIONAL, INC.

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group TIDALHEALTH PENINSULA REGIONAL, INC.

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		x
24		x

Schedule H (Form 990) 2021



Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TIDALHEALTH PENINSULA REGIONAL, INC.:

PART V, SECTION B, LINE 5: CONSULTING REPRESENTATIVES OF THE COMMUNITY

SERVED BY THE HOSPITAL

IN 2021, TIDALHEALTH RETAINED CONDUENT HEALTH COMMUNITIES INSTITUTE A

XEROX COMPANY TO PREPARE AND CONDUCT A NEW COMMUNITY HEALTH NEEDS

ASSESSMENT (CHNA) THAT WILL COVER THE MARYLAND COMMUNITY BENEFITS

SERVICE AREA OF SOMERSET, WICOMICO AND WORCESTER COUNTIES AND A NEWLY

ADDED AREA WHICH INCLUDES SUSSEX COUNTY, DELAWARE. THE NEW CHNA WAS

COMPLETED BY CONDUENT IN MAY 2022 AND PLACED ON TIDALHEALTH'S WEBSITE

ALONG WITH THE PREVIOUS VERSION FOR PUBLIC ACCESS.

SYSTEM DESCRIPTION

TIDALHEALTH IS ANCHORED BY TWO HOSPITALS, TIDALHEALTH PENINSULA

REGIONAL AND TIDALHEALTH NANTICOKE. IN ADDITION, TIDALHEALTH INCLUDES A

LARGE PHYSICIAN NETWORK OF 300 PLUS PROVIDERS WITH OVER 30 LOCATIONS.

TIDALHEALTH WAS FORMED WHEN THE FORMER PENINSULA REGIONAL MEDICAL

CENTER, NANTICOKE MEMORIAL HOSPITAL IN SEAFORD, DE AND MCCREADY

MEMORIAL HOSPITAL IN CRISFIELD, MD, UNITED TO IMPROVE THE HEALTH OF THE

COMMUNITIES WE SERVE.

EFFECTIVE JANUARY 1, 2020, TIDALHEALTH NANTICOKE AND TIDALHEALTH

PHYSICIAN NETWORK, INC. LOCATED IN SEAFORD, DELAWARE, JOINED

TIDALHEALTH. TIDALHEALTH NANTICOKE HAS 139 LICENSED ACUTE CARE BEDS

(99 CURRENTLY OPERATED) AND PRIMARILY SERVES THE WESTERN SUSSEX COUNTY,

DELAWARE PORTION OF THE HEALTH SYSTEM'S PRIMARY SERVICE AREA.

TIDALHEALTH NANTICOKE PHYSICIAN NETWORK PROVIDES OUTPATIENT MEDICAL

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SERVICES IN WESTERN SUSSEX COUNTY AND FEDERALSBURG, MD.

EFFECTIVE MARCH 2020, MCCREADY FOUNDATION, INC., WHICH CONSISTED OF A

THREE BED HOSPITAL, ALICE BYRD TAWES NURSING HOME, A 76-LICENSED BED

SKILLED NURSING HOME AND CHESAPEAKE COVE ASSISTED LIVING CENTER IN

CRISFIELD, MD, BECAME PART OF TIDALHEALTH. THE MCCREADY HOSPITAL

DIVISION WAS MERGED INTO TIDALHEALTH PENINSULA REGIONAL AND LIMITED ITS

FUNCTIONS TO THOSE CONSISTENT WITH STATUS AS A FREE-STANDING MEDICAL

CENTER. HEALTHY COMMUNITIES INSTITUTE AND TIDALHEALTH PENINSULA

REGIONAL HAVE COLLABORATED SINCE 2012 TO DEVELOP THE TIDALHEALTH

CREATING HEALTHY COMMUNITIES' PLATFORM.

CHNA PARTNERSHIP

THE LOCAL CHNA PARTNERSHIP COMBINED PRIMARY AND SECONDARY DATA TO

INFORM ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE CHNA PROVIDES

AN UNDERSTANDING OF THE HEALTH STATUS, QUALITY OF LIFE, AND RISK

FACTORS OF OUR COMMUNITY THROUGH FINDINGS FROM QUALITATIVE AND

SECONDARY DATA ANALYSIS. THE THEMES AND STRENGTHS PROVIDE INSIGHTS

ABOUT WHAT TOPICS, AND ISSUES COMMUNITY MEMBERS FEEL ARE IMPORTANT, HOW

THEY PERCEIVE THEIR QUALITY OF LIFE, AND WHAT ASSETS THEY BELIEVE CAN

BE USED TO IMPROVE HEALTH. FINDINGS FROM BOTH PRIMARY AND SECONDARY

DATA HELPED TO INFORM THE TOP COMMUNITY HEALTH NEEDS. EACH TYPE OF DATA

WAS ANALYZED USING A DEFINED METHODOLOGY. PRIMARY DATA WAS OBTAINED

THROUGH A COMMUNITY SURVEY, FOCUS GROUPS, AND KEY INFORMANT INTERVIEWS.

SECONDARY DATA ARE HEALTH INDICATOR DATA THAT HAVE BEEN COLLECTED BY

OTHER SOURCES, SUCH AS NATIONAL AND STATE LEVEL GOVERNMENT ENTITIES,

AND MADE AVAILABLE FOR ANALYSIS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRIMARY DATA COLLECTION

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT

WAS COLLECTED FROM ALL THREE COUNTIES IN THE TRI-COUNTY REGION AND

SUSSEX COUNTY, DE. PRIMARY DATA USED IN THIS ASSESSMENT CONSISTED OF AN

ONLINE COMMUNITY SURVEY, FOCUS GROUPS, AND KEY INFORMANT INTERVIEWS.

THE FINDINGS FROM THIS DATA EXPANDED UPON INFORMATION GATHERED FROM THE

SECONDARY DATA ANALYSIS TO INFORM THIS COMMUNITY HEALTH NEEDS

ASSESSMENT. AS THE ASSESSMENT WAS CONDUCTED DURING THE COVID-19

PANDEMIC, PRIMARY DATA COLLECTION METHODS WERE MANAGED IN A WAY TO

MAINTAIN SOCIAL DISTANCING AND PROTECT THE SAFETY OF PARTICIPANTS BY

ELIMINATING IN-PERSON DATA COLLECTION.

TO HELP INFORM AN ASSESSMENT OF COMMUNITY ASSETS, COMMUNITY MEMBERS

WERE ASKED TO LIST AND DESCRIBE RESOURCES AVAILABLE IN THE COMMUNITY.

ALTHOUGH NOT REFLECTIVE OF EVERY RESOURCE AVAILABLE IN THE COMMUNITY,

THE LIST CAN HELP THE PARTNERSHIP TO EXPAND AND SUPPORT EXISTING

PROGRAMS AND RESOURCES. THE FOLLOWING ORGANIZATIONS ARE REPRESENTATIVE

OF LOCAL PARTICIPATES, RESOURCES, PARTNERS, AND THOSE ORGANIZATIONS WE

INCLUDE IN UNDERSTANDING TOP COMMUNITY HEALTH NEEDS:

- CHRISTIAN SHELTER - SALISBURY, MD

- DIAKONIA - OCEAN CITY, MD

- LA RED HEALTH CENTER - SUSSEX, DE

- LOWER SHORE VULNERABLE POPULATIONS TASK FORCE - SALISBURY, MD

- SALISBURY URBAN MINISTRIES - SALISBURY, MD

- CHESAPEAKE HEALTHCARE

- DEER'S HEAD HOSPITAL CENTER

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- HOPE, INC.

- MAC, INC.

- REBIRTH, INC.

- RECOVERY RESOURCE CENTER

- SALISBURY UNIVERSITY

- SOMERSET COUNTY SCHOOLS

- SUSSEX COUNTY COALITION

- UNIVERSITY OF MARYLAND EASTERN SHORE (UMES)

- WICOMICO COUNTY COUNCIL

FOCUS GROUPS

FOCUS GROUPS THE PROJECT TEAM DEVELOPED A FOCUS GROUP GUIDE MADE UP OF

A SERIES OF QUESTIONS AND PROMPTS ABOUT THE HEALTH AND WELL-BEING OF

RESIDENTS IN THE TRI-COUNTY REGION AND SUSSEX COUNTY, DE. ALL

PARTICIPANTS VOLUNTEERED. ADVERTISEMENT WAS DONE VIA SOCIAL MEDIA,

PRESS RELEASES AND POSTERS WITH QR CODES. PARTICIPANTS COULD SIGN UP

THROUGH AN ONLINE REGISTRATION FORM OR BY PHONE. COMMUNITY MEMBERS WERE

ASKED TO SPEAK ABOUT BARRIERS AND ASSETS TO THEIR HEALTH AND ACCESS TO

HEALTHCARE. FOUR VIRTUAL FOCUS GROUPS WERE HOSTED IN THE FOLLOWING

COUNTIES: SOMERSET, WICOMICO, WORCESTER, MD, AND SUSSEX, DE, DURING

OCTOBER AND NOVEMBER 2021. A TOTAL OF 26 PARTICIPANTS TOOK PART IN THE

FOUR FOCUS GROUPS, WHICH EACH LASTED APPROXIMATELY 30 - 45 MINUTES.

FACILITATORS IMPLEMENTED TECHNIQUES TO ENSURE THAT EVERYONE WAS ABLE TO

PARTICIPATE IN THE DISCUSSIONS.

KEY INFORMANT INTERVIEWS

KEY INFORMANT INTERVIEWS HCI CONSULTANTS CONDUCTED KEY INFORMANT

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INTERVIEWS TO COLLECT COMMUNITY INPUT. INTERVIEWEES WHO WERE ASKED TO

PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC HEALTH,

SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS, AND/ OR REPRESENTED THE

BROAD INTEREST OF THE COMMUNITY SERVED BY THE HOSPITALS AND HEALTH

DEPARTMENTS, AND/OR COULD SPEAK TO THE NEEDS OF MEDICALLY UNDERSERVED

OR VULNERABLE POPULATIONS. A TOTAL OF 14 KEY INFORMANT INTERVIEWS WERE

CONDUCTED DURING AUGUST 2021-OCTOBER 2021. YOU CAN SEE THE KEY

INFORMANT ORGANIZATIONS REPRESENTED BELOW IN TABLE 5. THESE

ORGANIZATIONS ARE ALSO CURRENT OR POTENTIAL COMMUNITY PARTNERS FOR THE

HOSPITALS AND HEALTH DEPARTMENTS LEADING THIS ASSESSMENT. EACH

INTERVIEW INCLUDED AN INTERVIEWER AND NOTETAKER AND LASTED

APPROXIMATELY 30 60 MINUTES. DURING THE INTERVIEWS, QUESTIONS WERE

ASKED TO LEARN ABOUT THE INTERVIEWEE'S BACKGROUND AND ORGANIZATION,

BIGGEST HEALTH NEEDS AND BARRIERS OF CONCERN IN THE COMMUNITY, AS WELL

AS THE IMPACT OF HEALTH ISSUES ON VULNERABLE POPULATIONS.

KEY INFORMANT ORGANIZATION : POPULATION SERVED

CHESAPEAKE HEALTHCARE : TRI-COUNTY REGION

DEER'S HEAD HOSPITAL CENTER : TRI-COUNTY REGION

HOPE, INC. : TRI-COUNTY REGION

MAC, INC. : TRI-COUNTY REGION

REBIRTH, INC. : WICOMICO COUNTY AND SURROUNDING REGION

RECOVERY RESOURCE CENTER : WICOMICO COUNTY

SALISBURY UNIVERSITY : WICOMICO COUNTY

SOMERSET COUNTY DEPARTMENT OF SOCIAL SERVICES : SOMERSET COUNTY

SOMERSET COUNTY HEALTH DEPARTMENT : SOMERSET COUNTY

SOMERSET COUNTY SCHOOLS : SOMERSET COUNTY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SUSSEX COUNTY COALITION : SUSSEX, DE

UNIVERSITY OF MARYLAND EASTERN SHORE (UMES) : TRI-COUNTY REGION AND

SUSSEX, DE

WICOMICO COUNTY COUNCIL : WICOMICO COUNTY

WICOMICO COUNTY HEALTH DEPARTMENT : WICOMICO COUNTY

COMMUNITY SURVEY

COMMUNITY INPUT WAS COLLECTED VIA AN ONLINE COMMUNITY SURVEY AVAILABLE

IN ENGLISH AND SPANISH, AS WELL AS PAPER COPIES AVAILABLE IN ARABIC,

CREOLE, KOREAN, AND PORTUGUESE, FROM AUGUST 2021 THROUGH NOVEMBER 2021.

THE SURVEY CONSISTED OF 45 QUESTIONS RELATED TO TOP HEALTH NEEDS IN THE

COMMUNITY, INDIVIDUALS' PERCEPTION OF THEIR OVERALL HEALTH,

INDIVIDUALS' ACCESS TO HEALTHCARE SERVICES, AS WELL AS SOCIAL AND

ECONOMIC DETERMINANTS OF HEALTH. THE SURVEY WAS SHARED VIA HEALTH

DEPARTMENTS' WEBSITES, SOCIAL MEDIA, EMAIL DISTRIBUTION, AND OTHER

LOCAL COMMUNITY PARTNERS. PAPER COPIES WERE ALSO DISTRIBUTED AT SEVERAL

COMMUNITY OUTREACH EVENTS, LOCAL LIBRARIES, AND DIRECTLY TO PATIENTS AT

TIDALHEALTH VIA COMMUNITY HEALTH WORKERS OR CARE COORDINATION

SPECIALISTS. A TOTAL OF 774 RESPONSES WERE COLLECTED.

TIDALHEALTH PENINSULA REGIONAL, INC.:

PART V, SECTION B, LINE 6B: CHNA CONDUCTED WITH ONE OR MORE

ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES

A PARTNERSHIP WAS FORMED BETWEEN TIDALHEALTH, SOMERSET COUNTY HEALTH

DEPARTMENT (SCHD), AND WICOMICO COUNTY HEALTH DEPARTMENT (WICHHD) FOR

THE BENEFIT OF THE COMMUNITY. THESE ORGANIZATIONS HAVE BEEN PARTNERING

TOGETHER ON LOCAL HEALTH ASSESSMENT EFFORTS SINCE 1995. TWO OF THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ORGANIZATIONS ARE REQUIRED TO COMPLETE A CHNA; TIDALHEALTH PENINSULA

REGIONAL IS A NON-PROFIT HOSPITAL AND WICHD AS AN ACCREDITED HEALTH

DEPARTMENT. SCHD IS IN THE EARLY PHASE OF PUBLIC HEALTH ACCREDITATION.

IN MAY OF 2022, TIDALHEALTH, SCHD, AND WICHD PUBLISHED THEIR 2022 CHNA.

THE CHNA REPORT PROVIDES AN OVERVIEW OF SIGNIFICANT HEALTH NEEDS IN THE

TRI-COUNTY SERVICE AREA. THIS CHNA REPORT WAS DEVELOPED TO PROVIDE AN

OVERVIEW OF THE HEALTH NEEDS IN THE TRI-COUNTY SERVICE AREA, INCLUDING

SOMERSET, WICOMICO, AND WORCESTER COUNTIES IN MARYLAND AND SUSSEX

COUNTY, DELAWARE. TIDALHEALTH, SCHD, AND WICHD PARTNERED WITH CONDUENT

HEALTHY COMMUNITIES INSTITUTE TO CONDUCT THE CHNA. THE GOAL OF THIS

REPORT IS TO OFFER A MEANINGFUL UNDERSTANDING OF THE GREATEST HEALTH

NEEDS ACROSS THE FOUR COUNTY SERVICE AREA, AS WELL AS TO GUIDE PLANNING

EFFORTS TO ADDRESS THOSE NEEDS. SPECIAL ATTENTION HAS BEEN GIVEN TO

IDENTIFY HEALTH DISPARITIES, NEEDS OF VULNERABLE POPULATIONS, UNMET

HEALTH NEEDS OR GAPS IN SERVICES, AND INPUT FROM THE COMMUNITY.

PART V, LINE 7A: CHNA ON HOSPITAL FACILITY'S WEBSITE

[HTTPS://WWW.TIDALHEALTH.ORG/PUBLICATIONS/TIDALHEALTH-COMMUNITY-HEALTH-NE](https://www.tidalhealth.org/publications/tidalhealth-community-health-needs-assessment-2022)

EDS-ASSESSMENT-2022

TIDALHEALTH PENINSULA REGIONAL, INC.:

PART V, SECTION B, LINE 7D: PUBLIC AVAILABILITY OF TIDALHEALTH CHNA

2022

A PAPER COPY IS ALSO MADE AVAILABLE TO THE PUBLIC AT SEVERAL LOCATIONS

WITHIN THE HOSPITAL FOR PUBLIC INSPECTION. IN ADDITION, THE REPORT IS

BEING EVALUATED FOR TRANSLATION INTO SPANISH AND POSSIBLE FURTHER

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TRANSLATION TO HAITIAN CREOLE. WE PARTNER WITH CONDUENT HEALTHY

COMMUNITIES INSTITUTE TO DISCOVER WHAT THE MOST PRESSING HEALTH

CHALLENGES ARE IN SOMERSET, WORCESTER, WICOMICO COUNTIES, MD AND SUSSEX

COUNTY, DE. THE PUBLIC CAN VIEW THE RESULTS OF OUR COMMUNITY HEALTH

NEEDS ASSESSMENT ONLINE, AS WELL AS OUR ACTION PLAN OF STEPS WE PLAN TO

TAKE BASED ON THE INFORMATION GATHERED IN THE ASSESSMENT. IN ADDITION,

A COMMUNITY HEALTH DATA AND RESOURCES SECTION CAN BE ACCESSED BY THE

PUBLIC. AS PART OF THIS CREATING HEALTHY COMMUNITIES, A MODULE IS

AVAILABLE TO THE PUBLIC IN WHICH THEY CAN EXPLORE MULTIPLE DASHBOARDS

THAT PROVIDE A GAUGE TO THE HEALTH OF THE COMMUNITIES SERVED,

SOCIO-DEMOGRAPHICS AND PROMISING PRACTICES. THE DASHBOARDS INCLUDE

FEATURES SUCH AS A CHNA GUIDE, HEALTH DATA, DEMOGRAPHIC DATA, HEALTH

DISPARITIES, SOCIO NEEDS INDEXES, FINDING GRANTS, INDICATOR

COMPARISONS, AND PROGRESS TRACKING.

TIDALHEALTH PENINSULA REGIONAL, INC.:

PART V, LINE 10A: IMPLEMENTATION STRATEGY ON HOSPITAL FACILITY'S

WEBSITE

[HTTPS://WWW.TIDALHEALTH.ORG/COMMUNITY-OUTREACH-PARTNERS/COMMUNITY-HEALTH](https://www.tidalhealth.org/community-outreach-partners/community-health)

-RESEARCH-DATA

TIDALHEALTH PENINSULA REGIONAL IS IN THE FINAL PROCESS OF DEVELOPING

OUR NEW STRATETGY COMMUNITY-BENEFIT IMPLEMENTATION PLAN, IN SPRING OF

2023 IT WILL BE INCLUDED ON THE HOSPITAL'S WEBSITE ALONG WITH THE 2022

IMPLEMENTATION STRATEGY THAT IS CURRENTLY ONLINE. SUCCESSFUL PROGRAMS

AND INITIATIVES WILL CARRY OVER FROM THE PREVIOUS PLAN AS THEY HAVE

PROVEN TO SUBSTANTIALLY IMPROVE THE HEALTH OF OUR COMMUNITIES AND THE

LOCAL HEALTH PARTNERSHIPS WILL REMAIN INTACT.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TIDALHEALTH PENINSULA REGIONAL, INC.:

PART V, SECTION B, LINE 11: HOW NEEDS IDENTIFIED IN THE CHNA ARE

ADDRESSED

TIDALHEALTH PENINSULA REGIONAL HAS A FIXED VALUE OF RESOURCES

AVAILABLE, AND THE HOSPITAL FOCUSES THOSE RESOURCES TO THE AREAS WITH

THE GREATEST IMPACT AND THOSE TIDALHEALTH HAS SPECIFIC EXPERTISE,

THEREFORE NOT ALL NEEDS, TO DATE, IDENTIFIED IN THE CHNA WERE ABLE TO

BE ADDRESSED. NON-PRIORITIZED NEEDS INCLUDED CRIME AND CRIME

PREVENTION, HOMELESSNESS AND UNSTABLE HOUSING, ORAL HEALTH, PREVENTION

AND SAFETY. THESE NEEDS WERE NOT SELECTED BECAUSE THEY DID NOT MEET THE

PRIORITIZATION CRITERIA AS STRONGLY AS THE SELECTED TOPICS. OTHER NEEDS

WERE SELECTED BECAUSE OF GREATER IMPACT AND CAPACITY TO ADDRESS. EVEN

THOUGH NOT ALL IDENTIFIED NEEDS ARE ADDRESSED SPECIFICALLY IN THE

"IMPLEMENTATION STRATEGY COMMUNITY BENEFITS" PLAN, THERE ARE POPULATION

HEALTH INITIATIVES ADOPTED THROUGH THE HEALTH SYSTEM'S STRATEGIC PLAN

THAT PROMOTE HEALTH AND WELL-BEING WITHIN THE COMMUNITY, AND ADDRESS

NEEDS WITHIN THE CHNA.

BASED ON THE SIGNIFICANT NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS

ASSESSMENT, THE FOLLOWING IMPLEMENTATION INITIATIVES WERE DEVELOPED AND

OUTLINED IN OUR 2022-2025 IMPLEMENTATION STRATEGY PLAN FOR TIDALHEALTH

PENINSULA REGIONAL, AND ALSO IN THE COMMUNITY HEALTH IMPROVEMENT PLAN

FOR SOMERSET COUNTY HEALTH DEPARTMENT AND WICOMICO COUNTY HEALTH

DEPARTMENT. THIS REPORT WILL BE PUBLISHED SPRING 2023. IT HAS BEEN

PRESENTED AND APPROVED BY THE HOSPITAL'S BOARD OF DIRECTORS AND LOCAL

HEALTH IMPROVEMENT COALITIONS.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AFTER A THOROUGH REVIEW OF THE HEALTH STATUS IN OUR COMMUNITY THROUGH THE CHNA, WE IDENTIFIED AREAS THAT WE COULD ADDRESS USING OUR RESOURCES, EXPERTISE AND COMMUNITY PARTNERS. THE FOLLOWING ARE THE PRIORITIZED HEALTH NEEDS THAT WILL BE ADDRESSED:

- ACCESS AND HEALTH EQUITY
- BEHAVIORAL HEALTH (PREVENTION AND TREATMENT FOR MENTAL HEALTH AND MENTAL DISORDERS AS WELL AS SUBSTANCE ABUSE DISORDERS)
- CHRONIC DISEASE AND WELLNESS

TIDALHEALTH PENINSULA REGIONAL, INC.:

PART V, SECTION B, LINE 13B, ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE

FINANCIAL ASSISTANCE POLICY: IN ACCORDANCE WITH STATE AND FEDERAL GUIDELINES, TIDALHEALTH WILL PROVIDE EMERGENCY AND MEDICALLY NECESSARY FREE AND/OR REDUCED-COST CARE TO PATIENTS WHO LACK HEALTH CARE COVERAGE OR WHOSE HEALTH CARE COVERAGE DOES NOT PAY THE FULL COST OF THEIR MEDICAL BILL. A PATIENT'S PAYMENT SHALL NOT EXCEED THE AMOUNT GENERALLY BILLED (AGB). ALL HOSPITAL REGULATED SERVICES (WHICH INCLUDES EMERGENCY AND MEDICALLY NECESSARY CARE) AT TIDALHEALTH PENINSULA REGIONAL WILL BE CHARGED CONSISTENTLY AS ESTABLISHED BY THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) WHICH EQUATES TO THE AMOUNTS GENERALLY BILLED (AGB) METHOD. ALL PATIENTS SEEN BY A TIDALHEALTH PROVIDER OR IN AN UNREGULATED AREA AT TIDALHEALTH PENINSULA REGIONAL OR ALL SERVICES AT TIDALHEALTH NANTICOKE HOSPITAL WILL BE CHARGED THE FEE SCHEDULE PLUS THE STANDARD MARK-UP WHICH IS THE AGB FOR TIDALHEALTH. SELF-PAY PATIENTS, FOR ALL SERVICES NOT REGULATED BY THE HSCRC, WILL RECEIVE A

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DISCOUNT TO REDUCE CHARGES TO THE AMOUNT TIDALHEALTH WOULD BE

REIMBURSED BY MEDICARE WHICH IS THE PROSPECTIVE METHOD. FOR SELF-PAY

PATIENTS, THE AMOUNT BILLED WILL NOT EXCEED THE MEDICARE FEE SCHEDULE

FOR ALL UNREGULATED SERVICES.

TIDALHEALTH WILL PROVIDE FREE MEDICALLY NECESSARY CARE TO PATIENTS WITH

FAMILY INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL. PATIENTS

QUALIFYING FOR FINANCIAL ASSISTANCE BASED ON INCOME AT OR BELOW 200% OF

THE FEDERAL POVERTY LEVEL HAVE NO COST FOR THEIR CARE AND THEREFORE PAY

LESS THAN AGB.

TIDALHEALTH WILL PROVIDE REDUCED-COST MEDICALLY NECESSARY CARE TO

LOW-INCOME PATIENTS WITH FAMILY INCOME BETWEEN 200% AND 300% OF THE

FEDERAL POVERTY LEVEL.

TIDALHEALTH WILL PROVIDE REDUCED-COST MEDICALLY NECESSARY CARE TO

LOW-INCOME PATIENTS WITH FAMILY INCOME BETWEEN 301% AND 500% OF THE

FEDERAL POVERTY LEVEL WHO HAVE A MEDICAL HARDSHIP AS DEFINED BY

MARYLAND LAW. MEDICAL HARDSHIP IS MEDICAL DEBT, INCURRED BY A FAMILY

OVER A 12-MONTH PERIOD THAT EXCEEDS 25% OF THE FAMILY INCOME.

PROCEDURE:

IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, ALL EFFORTS

WILL BE MADE TO HELP THE PATIENT OBTAIN ASSISTANCE THROUGH APPROPRIATE

AGENCIES. IN THE EVENT THAT THE PATIENT HAS APPLIED FOR AND KEPT ALL

NECESSARY APPOINTMENTS AND THIRD-PARTY ASSISTANCE IS NOT AVAILABLE,

TIDALHEALTH WILL PROVIDE CARE AT REDUCED OR ZERO COST. WHEN NO

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THIRD-PARTY ASSISTANCE IS AVAILABLE TO COVER THE TOTAL BILL AND THE

PATIENT INDICATES THAT THEY HAVE INSUFFICIENT FUNDS, FINANCIAL

ASSISTANCE (FA) WILL BE OFFERED. THE UNIFORM FINANCIAL ASSISTANCE

APPLICATION, FINANCIAL ASSISTANCE POLICY, PATIENT COLLECTION PRACTICE

POLICY, AND PLAIN LANGUAGE SUMMARY, CAN BE OBTAINED BY ONE OF THE

FOLLOWING WAYS:

A. AVAILABLE FREE OF CHARGE AND UPON REQUEST BY CALLING (410) 543-7436

OR (877) 729-7762.

B. ARE LOCATED IN THE REGISTRATION AREAS.

C. DOWNLOADED FROM THE TIDALHEALTH WEBSITE:

[HTTPS://WWW.TIDALHEALTH.ORG/PATIENTFORMS](https://www.tidalhealth.org/patientforms)

[HTTPS://WWW.TIDALHEALTH.ORG/PATIENTBILLS](https://www.tidalhealth.org/patientbills)

D. THE PLAIN LANGUAGE SUMMARY IS INSERTED IN THE ADMISSION PACKET AND

WITH ALL PATIENT STATEMENTS.

E. ANNUAL NOTIFICATION IN THE LOCAL NEWSPAPER.

F. THE APPLICATION IS AVAILABLE IN ENGLISH, SPANISH, AND CREOLE. NO

OTHER LANGUAGE CONSTITUTES A GROUP THAT IS 5% OR MORE, OR MORE THAN

1,000 RESIDENTS (WHICHEVER IS LESS) OF THE POPULATION IN OUR PRIMARY

SERVICE AREA (WORCESTER, WICOMICO AND SOMERSET COUNTIES) FOR MARYLAND

BASED ON U.S. CENSUS DATA. FOR DELAWARE, THE HOSPITAL POPULATION

CONSIDERED WAS 5%.

G. FOR PATIENTS WHO HAVE DIFFICULTY IN FILLING OUT AN APPLICATION, THE

INFORMATION CAN BE TAKEN ORALLY BY CALLING (410) 912-6957 OR IN PERSON

AT THE FINANCIAL COUNSELOR'S OFFICE LOCATED IN THE FRANK B. HANNA

OUTPATIENT CENTER.

TIDALHEALTH PENINSULA REGIONAL, INC.:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 13H: SEE DISCLOSURE FOR SCHEDULE H, PART V,
LINE 13B.

TIDALHEALTH PENINSULA REGIONAL, INC.:

PART V, SECTION B, LINE 15E: PUBLICIZING THE FINANCIAL ASSISTANCE
POLICY

NEED ASSISTANCE: IF, AT ANY TIME, YOU HAVE QUESTIONS ABOUT OBTAINING
FINANCIAL ASSISTANCE, YOUR MEDICAL BILL, YOUR RIGHTS AND OBLIGATIONS
WITH REGARD TO THE BILL, OR APPLYING FOR THE MEDICAL ASSISTANCE
PROGRAM, PLEASE CONTACT THE TIDALHEALTH FINANCIAL SERVICES DEPARTMENT
AT (877) 729-7762. YOU CAN OBTAIN A COPY OF THE TIDALHEALTH FINANCIAL
ASSISTANCE POLICY AT:

WWW.TIDALHEALTH.ORG/FINANCIALASSISTANCE

TIDALHEALTH PENINSULA REGIONAL WILL GIVE NOTICE OF ITS FINANCIAL
ASSISTANCE POLICY BY PROVIDING ACCESS ON ITS WEBSITE AND PATIENT
PORTAL; PROVIDING HARD COPIES UPON REQUEST AND BY MAIL FREE OF CHARGE;
BY PROVIDING NOTICE AND INFORMATION ABOUT THE POLICY AS PART OF THE
PRE-ADMISSION, REGISTRATION, AND DISCHARGE PROCESSES; PROVIDING NOTICE
AND INFORMATION ON BILLING STATEMENTS; AND, BY DISPLAYING INFORMATION
ABOUT THE POLICY AT ALL HOSPITAL REGISTRATION POINTS, WHICH INCLUDES
THE EMERGENCY DEPARTMENT. ENGLISH, SPANISH AND CREOLE VERSIONS OF THE
FINANCIAL ASSISTANCE POLICY AND RELATED DOCUMENTS WILL BE MADE
AVAILABLE IN ALL LOCATIONS AND ON THE HOSPITAL WEBSITE. ALSO, UPON
REQUEST, TIDALHEALTH PENINSULA REGIONAL WILL TRANSLATE THE POLICY INTO
ALL OTHER PRIMARY LANGUAGES OF ALL SIGNIFICANT PATIENT POPULATIONS IN
THE COMMUNITY WITH LIMITED ENGLISH PROFICIENCY.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, ALL EFFORTS

WILL BE MADE TO HELP THE PATIENT OBTAIN ASSISTANCE THROUGH APPROPRIATE

AGENCIES. IN THE EVENT THAT THE PATIENT HAS APPLIED FOR AND KEPT ALL

NECESSARY APPOINTMENTS AND THIRD- PARTY ASSISTANCE IS NOT AVAILABLE,

TIDALHEALTH WILL PROVIDE CARE AT REDUCED OR ZERO COST. WHEN NO THIRD

-PARTY ASSISTANCE IS AVAILABLE TO COVER THE TOTAL BILL AND THE PATIENT

INDICATES THAT THEY HAVE INSUFFICIENT FUNDS, FINANCIAL ASSISTANCE (FA)

WILL BE OFFERED.

SIGNS WILL BE POSTED IN VARIOUS LOCATIONS THROUGHOUT TIDALHEALTH TO

INFORM PATIENTS WHERE TO CALL OR APPLY FOR FINANCIAL ASSISTANCE.

IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, ALL EFFORTS

WILL BE MADE TO HELP THE PATIENT OBTAIN ASSISTANCE THROUGH APPROPRIATE

AGENCIES. IN THE EVENT THAT THE PATIENT HAS APPLIED FOR AND KEPT ALL

NECESSARY APPOINTMENTS AND THIRD PARTY ASSISTANCE IS NOT AVAILABLE,

TIDALHEALTH PENINSULA REGIONAL WILL PROVIDE CARE AT REDUCED OR ZERO

COST.

THE PATIENT'S INCOME WILL BE COMPARED TO CURRENT FEDERAL POVERTY

GUIDELINES (ON FILE WITH THE COLLECTION COORDINATOR). THE COLLECTION

COORDINATOR REPRESENTATIVE WILL CONSULT WITH THE PATIENT AS NEEDED TO

MAKE ASSESSMENT OF ELIGIBILITY.

PART V, LINES 16A, 16B & 16C: FINANCIAL ASSISTANCE POLICY,

APPLICATION FORM, PLAIN LANGUAGE SUMMARY AVAILABLE ON THE HOSPITAL'S

WEBSITE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WWW.TIDALHEALTH.ORG/MEDICAL-CARE/FINANCIAL-ADMIN-SERVICES/BILLING/TIDALH

EALTH-FINANCIAL-ASSISTANCE

SCHEDULE H, PART V, LINE 22D: MAXIMUM CHARGE AMOUNTS FOR FAP-ELIGIBLE

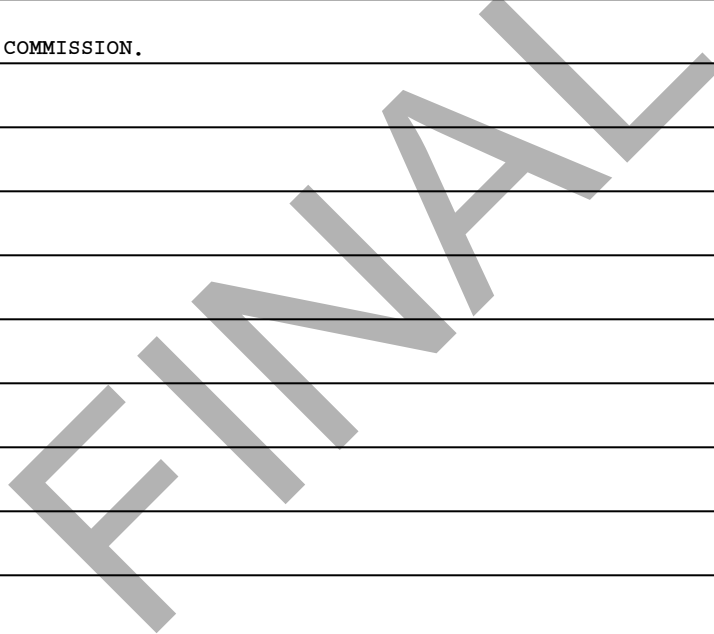
INDIVIDUALS

TIDALHEALTH PENINSULA REGIONAL IS A MARYLAND HOSPITAL. AS SUCH PATIENTS

AND ALL INSURANCE COMPANIES, INCLUDING MEDICARE & MEDICAID, PAY THE

SAME RATE. THIS RATE IS DETERMINED BY THE STATE AGENCY, THE MARYLAND

HEALTH SERVICES COST REVIEW COMMISSION.



Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____ 0 _____

Name and address	Type of Facility (describe)

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

OTHER METHOD USED IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE

N/A - TIDALHEALTH PENINSULA REGIONAL USES THE FPG IN DETERMINING

ELIGIBILITY FOR FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE IS ALSO

CONSIDERED IF A PATIENT IS OVER INCOME CRITERION BUT HAS FINANCIAL

HARDSHIP BASED ON MEDICAL DEBT. PATIENTS WHO ARE

BENEFICIARIES/RECIPIENTS OF CERTAIN MEANS-TESTED SOCIAL SERVICES

PROGRAM ADMINISTERED BY THE STATE OF THE PATIENT'S RESIDENCE ARE DEEMED

TO HAVE PRESUMPTIVE ELIGIBILITY FOR THPR'S FA PROGRAM.

PART I, LINE 6A:

COMMUNITY BENEFIT REPORT

TIDALHEALTH PENINSULA REGIONAL FILES ANNUALLY A COMMUNITY BENEFIT

REPORT WITH THE STATE OF MARYLAND. THE REPORT IS FILED WITH THE HSCRC

(HEALTH SERVICES COST REVIEW COMMISSION).

PART I, LINE 7, COLUMN (F)

Part VI Supplemental Information (Continuation)

FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST

THE AMOUNT OF BAD DEBT EXPENSE EXCLUDED FROM THE DENOMINATOR IN THE

COLUMN (F) PERCENTAGES IS \$7,802,301.

LINE 7B, COLUMN (C) & (F):

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL

PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES

COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A

RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY

THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.

MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING

UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE

MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED

TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID

REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO

THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID

ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL

GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE

RATE-SETTING SYSTEM.

THE COST METHODOLOGY FOR CHARITY CARE AND CERTAIN OTHER COMMUNITY

BENEFITS IS THE COST-TO-CHARGE RATIO USED FOR THE CHARITY CARE PROGRAMS

AND DIRECT COST METHOD FOR THE OTHER BENEFITS/PROGRAMS.

PART II, COMMUNITY BUILDING ACTIVITIES:

COMMUNITY BUILDING ACTIVITIES

TIDALHEALTH PENINSULA REGIONAL FUNDS A VARIETY OF PROGRAMS THAT WORK TO

Part VI Supplemental Information (Continuation)

PROMOTE THE HEALTH AND SAFETY OF OUR COMMUNITY. THESE PROGRAMS INCLUDE
ACTIVITIES IN THE AREAS OF HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY
SUPPORT, ENVIRONMENTAL IMPROVEMENTS, COALITION BUILDING, AND WORKFORCE
DEVELOPMENT.

THE NUMBER OF PERSONS SERVED BY THE COMMUNITY BUILDING ACTIVITIES WERE
NOT TRACKED FOR ALL PROGRAMS THROUGHOUT THE COURSE OF THE YEAR.

COALITION BUILDING

HISTORICALLY TIDALHEALTH PENINSULA REGIONAL HAS FACILITATED INVOLVEMENT
WITH HEALTH IMPROVEMENT ORGANIZATIONS TO IDENTIFY, ASSESS, AND CREATE
AGGREGATE ACTION PLANS TO ADDRESS LOCAL EMERGING AND CHRONIC COMMUNITY
BENEFIT SERVICE AREA HEALTHCARE ISSUES. KATHRYN FIDDLER (VICE PRESIDENT
OF POPULATION HEALTH) AND KATHERINE RODGERS (COMMUNITY HEALTH
INITIATIVES DIRECTOR) ATTEND THE FOLLOWING LOCAL HEALTH IMPROVEMENT
COALITIONS AND ADVISORY BOARDS FOCUSED ON IMPROVING POPULATION HEALTH.

- EASTERN SHORE AREA HEALTH EDUCATION CENTER BOARD
- LOWER SHORE VULNERABLE POPULATIONS TASK FORCE
- LOWER SHORE HEALTH INSURANCE ASSISTANCE PROGRAM STEERING COMMITTEE
- SWIFT ADVISORY COUNCIL
- SALISBURY UNIVERSITY PUBLIC HEALTH ADVISORY COUNCIL
- HEALTHCARE COUNCIL POPULATION HEALTH COMMITTEE
- SOMERSET COUNTY LHIC
- SOMERSET COUNTY LMB
- REACH COALITION FOR PATHWAYS TO HEALTH EQUITY
- WICOMICO COUNTY LHIC
- WORCESTER COUNTY LHIC

Part VI Supplemental Information (Continuation)

- TRI COUNTY ALLIANCE FOR THE HOMELESS

- PROJECT LIVING WELL ADVISORY COMMITTEE MAC (MAINTAINING ACTIVE CITIZENS)

ADDITIONALLY, TIDALHEALTH PARTICIPATES IN THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S INTERNATIONAL PURSUING EQUITY LEARNING COLLABORATIVE.

PHYSICIAN RECRUITING

TIDALHEALTH PENINSULA REGIONAL FEELS IT IS IMPORTANT TO CONTINUALLY MONITOR SPECIALTIES WHERE A SIGNIFICANT AMOUNT OF PATIENT CARE WITHIN

THE SERVICE AREA IS PROVIDED BY OLDER PHYSICIANS, AS A SUDDEN OR UNEXPECTED LOSS OF COVERAGE COULD HAVE AN ADVERSE EFFECT ON THE

PROVISION OF MEDICAL SERVICES TO THE COMMUNITY. SUCCESSION PLANNING AND RECRUITMENT GO HAND-IN-HAND, AS DOES SOCIO-DEMOGRAPHICS AND

GOVERNMENTAL INITIATIVES ALL OF WHICH MUST BE CONSIDERED TO ASSESS APPROPRIATE PHYSICIAN RECRUITMENT. KEY FINDINGS, ACCORDING TO

TIDALHEALTH'S MOST RECENT MEDICAL STAFF DEVELOPMENT PLAN (2021), THE CONSULTING ENGAGEMENT RECOMMENDED TIDALHEALTH EVALUATE RECRUITING 6-9

ADULT PRIMARY CARE PHYSICIANS IN OUR PRIMARY SERVICE AREA AND ALSO LOOK AT OPPORTUNITIES TO ALIGN WITH INDEPENDENT PHYSICIAN. COMMUNITY NEEDS

PLACES EMPHASIS ON PRIMARY, AND FAMILY PRACTICE PROVIDES TO ENGAGE IN CHRONIC DISEASE MANAGEMENT AS PART OF OUR POPULATION HEALTH

INITIATIVES. SUCCESSION PLANNING IS A KEY OBJECTIVE AS A SUBSTANTIAL NUMBER OF PRIMARY CARE PHYSICIANS ARE ABOVE THE AGE OF 55 WHICH WILL

LEAVE A VOID IN AN ALREADY UNDERSERVED AREA. DEMOGRAPHICS PLAYS A KEY ROLE AS THE MEDICARE POPULATION IS GROWING AT A FASTER RATE THAN THE

STATE OF MARYLAND AND THE NATION. AS A GROWING RETIREMENT COMMUNITY, THERE IS AN INCREASED NEED FOR ADDITIONAL PRIMARY CARE PHYSICIANS AND

CERTAIN SPECIALTIES. THERE WILL BE A 28% GROWTH OF SENIORS 65+ OVER THE

Part VI Supplemental Information (Continuation)

NEXT 5 YEARS WITHIN OUR TOTAL SERVICE AREA. TIDALHEALTH PHYSICIAN NETWORK OPTIMIZATION WAS DETERMINED BY CALCULATING USING THE CURRENT SUPPLY OF PHYSICIANS AND APPLYING PHYSICIAN TO-POPULATION RATIO BENCHMARKS, PHYSICIAN PATIENT VOLUMES, POPULATION DATA, AND OTHER DATA. MANAGEMENT CONSULTANTS RECOMMENDED EVALUATING POTENTIAL RECRUITMENT OF PRIMARY, CARE FAMILY MEDICINE, PRIMARY CARE INTERNAL MEDICINE AND PRIMARY CARE PEDIATRICS OVER THE NEXT FIVE YEARS. MEDICAL SPECIALTY NEEDS ARE DRIVEN BY THE OVERALL MARKET SUPPLY, WAIT TIMES FOR NEW PATIENT APPOINTMENTS, AND CALL COVERAGE AND INPATIENT CONSULTATION NEEDS. CURRENT MEDICAL SPECIALTY RECOMMENDATIONS INCLUDE RECRUITMENT OF THE FOLLOWING PHYSICIAN SPECIALTIES DUE TO COMMUNITY NEEDS ASSESSMENT, MARKET DEMAND AND RETIREMENT: ALLERGY/IMMUNOLOGY, DERMATOLOGY, ENDOCRINOLOGY, HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASE, INTERVENTIONAL RADIOLOGY, NEUROLOGY, OB/GYN, GENERAL SURGERY, ORTHOPAEDICS, OTOLARYNGOLOGY, PAIN MANAGEMENT, PSYCHIATRY AND RHEUMATOLOGY. OF THE MEDICAL STAFF, 30%+ IS EITHER AT OR ABOVE THE AGE OF 55, WHICH POSES SUCCESSION RISK. TIDALHEALTH PENINSULA REGIONAL A RURAL HOSPITAL, AND OTHER LIKE-KIND RURAL COMMUNITIES ARE TYPICALLY CHALLENGED IN BOTH RECRUITMENT AND RETENTION OF PHYSICIANS DUE TO NUMEROUS FACTORS. SOME OF THESE CHALLENGES ARE DUE TO THE LOCATION AND GEOGRAPHY OF THE AREA AND AVAILABILITY OF HEALTHCARE RESOURCES. RETAINING AND RECRUITING RESOURCES IN SUB-SPECIALTIES CAN BE HARD FOR REGIONAL RURAL HOSPITALS AND TIDALHEALTH PENINSULA REGIONAL IS NO EXCEPTION. TO ADDRESS SPECIFIC COMMUNITY HEALTHCARE NEEDS THE MEDICAL CENTER HAS HAD TO RECRUIT, RETAIN, EMPLOY AND SUBSIDIZE SOME OF THE FOLLOWING SUB-SPECIALTIES; NEONATOLOGY, PULMONARY, NEURO-HOSPITALIST, NEUROSURGERY, MEDICAL ONCOLOGY & HEMATOLOGY, RADIATION ONCOLOGY, GASTROENTEROLOGY, PEDIATRIC SPECIALTIES, ENDOCRINOLOGY, CARDIOLOGY, CARDIOVASCULAR SURGERY,

Part VI Supplemental Information (Continuation)

ANESTHESIOLOGY AND PAIN MANAGEMENT. RURAL COMMUNITIES LACK THE CULTURAL
 AND EDUCATIONAL RESOURCES THAT LARGER URBAN CENTERS PROVIDE MAKING IT
 HARDER TO RETAIN AND RECRUIT THESE PHYSICIANS. LOW POPULATION PATTERNS
 BY GEOGRAPHY MAKE IT MORE COSTLY AND HARDER FOR COMMUNITIES AND
 BUSINESSES TO PROVIDE VARIOUS TYPES OF SERVICES ESPECIALLY SPECIALTY
 PHYSICIAN SERVICES. OVERALL, OUR LOCAL ECONOMY IS NOT AS ROBUST AS THE
 URBAN CENTERS AS INDICATED BY OUR LOW AVERAGE HOUSEHOLD INCOME IN THE
 TRI-COUNTY AREA.

DISASTER READINESS

TIDALHEALTH PENINSULA REGIONAL IS A MEMBER OF DRHMAG (DELMARVA REGIONAL
 HEALTH MUTUAL AID GROUP) WHICH IS A COALITION OF LOCAL HEALTH
 DEPARTMENTS, HOSPITALS AND NURSING HOMES. THEY MEET QUARTERLY TO
 DISCUSS ISSUES OF DISASTER PREPAREDNESS IN THE DELMARVA REGION. THPR
 HAS AN INTERNAL EMERGENCY MANAGEMENT COMMITTEE THAT MEETS MONTHLY WHOSE
 MEMBERS INCLUDE THE SAFETY COORDINATOR, CHIEF OF SECURITY, EMERGENCY
 DEPARTMENT RN, RISK MANAGEMENT, INFECTION PREVENTION, EXECUTIVE TEAM
 REPRESENTATIVE, PHARMACIST, EMERGENCY MANAGEMENT COORDINATOR,
 FIREFIGHTER, AND A COUNTY HEALTH DEPARTMENT REPRESENTATIVE. THPR ALSO
 MEETS QUARTERLY WITH OUR LOCAL PARTNERS THAT INCLUDE FIRE, POLICE,
 EMERGENCY MEDICAL SERVICES, AND WICOMICO COUNTY EMERGENCY MANAGEMENT TO
 FACILITATE DISASTER PLANNING AND MOCK DRILLS WITHIN THE COMMUNITY.

PART III, LINES 2 AND 3:

SEE RESPONSE BELOW TO LINE 4 REGARDING THE METHODOLOGY USED BY THE
 ORGANIZATION REGARDING BAD DEBT.

PART III, LINE 4:

Part VI Supplemental Information (Continuation)

BAD DEBT FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS

A RECEIVABLE IS RECOGNIZED WHEN THERE IS AN UNCONDITIONAL RIGHT TO

PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME. PATIENT ACCOUNTS

RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS, WHICH HAVE

THE UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM

THIRD-PARTY PAYORS FOR RETROACTIVE ADJUSTMENTS, ARE RECORDED AS

RECEIVABLES SINCE THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY

THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS

DUE. THE ESTIMATED UNCOLLECTIBLE AMOUNTS ARE GENERALLY CONSIDERED

IMPLICIT PRICE CONCESSIONS THAT ARE RECORDED AS A DIRECT REDUCTION TO

PATIENT ACCOUNTS RECEIVABLE.

DISCOUNTS RANGING FROM 2.0% TO 7.7% OF CHARGES ARE GIVEN TO MEDICARE,

MEDICAID, AND CERTAIN APPROVED COMMERCIAL HEALTH INSURANCE AND HEALTH

MAINTENANCE ORGANIZATION PROGRAMS FOR REGULATED SERVICES. DISCOUNTS IN

VARYING PERCENTAGES ARE GIVEN FOR CERTAIN UNREGULATED SERVICES.

PART III, LINE 8:

MEDICARE COSTING METHODOLOGY

MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO.

TIDALHEALTH PENINSULA REGIONAL PROVIDES QUALITY MEDICAL SERVICES TO ALL

PATIENTS REGARDLESS OF WHAT INSURANCE THEY HAVE. APPROXIMATELY, 53.4%

OF THE MEDICAL CENTER'S REVENUE IS ATTRIBUTABLE TO MEDICARE PATIENTS

DURING THE YEAR ENDED JUNE 30, 2022.

PART III, LINE 9B:

COLLECTION POLICY

THE TIDALHEALTH PENINSULA REGIONAL COLLECTION POLICY INCLUDES

Part VI Supplemental Information (Continuation)

INFORMATION ABOUT OUR FINANCIAL ASSISTANCE POLICY (FAP) AND HOW TO FIND

THE FAP. THE DEBT COLLECTION POLICY APPLIES TO ALL PATIENTS.

ADDITIONALLY, OUR COLLECTION POLICY INSTRUCTS THAT EXTRAORDINARY

COLLECTION ACTIONS (ECA) WILL BE SUSPENDED WHEN A PATIENT REQUESTS

INFORMATION ON OUR FAP OR SUBMITS A FINANCIAL ASSISTANCE APPLICATION

WITHIN 240 DAYS OF THE FIRST POST-DISCHARGE BILLING STATEMENT. OUR

POLICY DESCRIBES WHAT TO DO IF THE FINANCIAL ASSISTANCE APPLICATION IS

INCOMPLETE AND WHAT IS REQUIRED TO BE REFUNDED (AMOUNTS OVER \$5) IF THE

PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE AFTER MAKING A PAYMENT. WE

INCLUDE CLARIFICATION OF WHAT DATES OF SERVICES ARE INCLUDED IN THE

FINANCIAL ASSISTANCE SO THAT WE UNDERSTAND WHEN NORMAL COLLECTION

EFFORTS ARE APPROPRIATE.

WITHIN OUR COLLECTION POLICY WE DESCRIBE THAT A PATIENT DENIED

FINANCIAL ASSISTANCE MAY REQUEST A RECONSIDERATION. FOR DATES OF

SERVICES APPROVED FOR FINANCIAL ASSISTANCE COLLECTIONS PROCESSES ARE

HALTED AS THE ACCOUNT IS ADJUSTED TO ZERO DUE FROM PATIENT. THE POLICY

STATES HOW TO PROCESS THE PATIENT BALANCE WHEN ONLY A PORTION OF THE

CHARGE QUALIFIED FOR FINANCIAL ASSISTANCE; COLLECTIONS WILL ONLY BE

PURSUED ON THE AMOUNT THAT DID NOT QUALIFY FOR FINANCIAL ASSISTANCE.

PART VI, LINE 2:

NEEDS ASSESSMENT

TIDALHEALTH PENINSULA REGIONAL ASSESSES COMMUNITY HEALTH NEEDS IN

PARTNERSHIP WITH THE LOCAL COUNTY HEALTH DEPARTMENTS (WICOMICO,

WORCESTER, SOMERSET). WE MEET ON A REGULAR BASIS TO DISCUSS AND

FORMULATE STRATEGIES AND ACTION PLANS IN WHICH WE COLLABORATE WITH EACH

OTHER AND LOCAL ENTITIES TO ADDRESS RESIDENTS' MOST UNDERSERVED AND

Part VI Supplemental Information (Continuation)

CRITICAL HEALTHCARE AND SOCIAL NEEDS. DEVELOPING RELATIONSHIPS WITH
 COMMUNITY PARTNERS IS CRITICAL TO CONTINUED IDENTIFICATION OF
 UNDERSERVED NEEDS AND POPULATION HEALTH MANAGEMENT SUCCESS; A
 CORNERSTONE OF TIDALHEALTH PENINSULA REGIONAL STRATEGY. THE FOLLOWING
 LOCAL RELATIONSHIPS, PARTNERSHIPS AND MEMBERSHIPS HAS CREATED SYNERGY
 PRODUCING LOCAL HEALTHCARE DIVIDENDS, EXAMPLES OF THESE RELATIONSHIPS
 INCLUDE THE FOLLOWING: TRI-COUNTY DIABETES ALLIANCE, SWIFT (SALISBURY
 WICOMICO INTEGRATED FIRSTCARE TEAM), FEDERALLY QUALIFIED HEALTH
 CENTERS, YMCA, PATIENT CARE ADVISORY COUNCIL, LOCAL SNFS, FAITH BASED
 ENTITIES, MAC (MAINTAINING ACTIVE CITIZENS), SHELTERS (HALO, HOPE),
 LOCAL COLLEGES & HIGH SCHOOLS. WORKING TOGETHER WITH DIVERSE AND
 DISPARATE LOCAL ENTITIES FOR THE UNITED BUT COMMON GOAL OF MEETING
 RESIDENTS' UNDERSERVED NEEDS- PLANNING TOGETHER, APPLYING RESOURCES OUR
 GOAL IS A HEALTHIER COMMUNITY.

IN ADDITION TO THE CHNA (DISCUSSED IN PREVIOUS SECTION), TIDALHEALTH
 PENINSULA REGIONAL HAS EMBARKED ON IDENTIFYING AND TARGETING "SUPER
 UTILIZERS" WITHIN OUR CBSA (COMMUNITY BENEFIT SERVICE AREA); THESE
 RESIDENTS WILL BE IDENTIFIED, AND TARGETED FOR POPULATION HEALTH
 MANAGEMENT.

- DEMOGRAPHICS (CENSUS TRACK, ZIP CODES)
- DISPARITIES AND HEALTH EQUITY, USING A DEPRIVATION INDEX
- RACE/ETHNICITY
- AGE-COHORTS
- CHRONIC CONDITIONS

THE TARGET POPULATION INCLUDES PATIENTS THAT HAVE CHRONIC CONDITIONS
 WHO HAVE DEMONSTRATED TO HAVE BEEN HIGH UTILIZERS AT TIDALHEALTH

Part VI Supplemental Information (Continuation)

PENINSULA REGIONAL OR ARE IDENTIFIED AS BEING AT RISK OF HIGH
 UTILIZATION BASED ON HIS/HER CHRONIC CONDITIONS AND PATTERNS OF CARE.
 CURRENT DATA INDICATES AN "OVERRELIANCE" BY LOCAL RESIDENTS ON
 TIDALHEALTH PENINSULA REGIONAL'S EMERGENCY ROOM FOR PRIMARY AND CHRONIC
 CONDITION NEEDS. IN RESPONSE, TIDALHEALTH PENINSULA REGIONAL HAS
 INTRODUCED INTERVENTIONS, CARE MANAGEMENT PROGRAMS, EDUCATION, AND
 FOLLOW-UP WITH MEASUREMENT AND OUTCOMES. BASED UPON A CURRENT
 ASSESSMENT THERE ARE MANY RESIDENTS THAT MEET THE CRITERIA OF "SUPER
 UTILIZERS" STRATIFIED BY SOCIO-DEMOGRAPHICS AND CHRONIC DISEASE.
 TIDALHEALTH PENINSULA REGIONAL IS TARGETING CBSA ZIP CODES BASED UPON
 SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH TO INCLUDE THE UNINSURED,
 INDIGENT POPULATION, RESIDENTS WHO LACK TRANSPORTATION, LACK OF
 EDUCATION AND AVAILABILITY OF HEALTHY FOODS. TARGETING THIS BY CLUSTER
 AND CENSUS TRACK, WE SEEK TO IMPACT THE HEALTH BY PROVIDING PRIMARY
 HEALTH SERVICES, EDUCATION, ACCESS AND MORE IMPORTANTLY BY FOSTERING
 RELATIONSHIPS WITHIN THE COMMUNITY WE SERVE. FOR EXAMPLE, OUR WAGNER
 WELLNESS VAN TRAVELS LOCALLY TO CENSUS TRACK WHERE THERE WAS AN
 IDENTIFIED NEED FOR BASIC HEALTH SERVICES, IN ADDITION TO PROVIDING
 HEALTH SERVICES AND EDUCATION TO LOCAL ETHNIC CHURCHES AND CIVIC
 ORGANIZATIONS.

WHILE IDENTIFYING BARRIERS AND DISPARITIES ARE CRITICAL COMPONENTS IN
 ASSESSING THE NEEDS OF A COMMUNITY, IT IS ALSO IMPORTANT TO UNDERSTAND
 THE SOCIAL DETERMINANTS OF HEALTH AND OTHER UPSTREAM FACTORS THAT
 INFLUENCE A COMMUNITY'S HEALTH AS WELL. THE CHALLENGES AND BARRIERS
 FACED BY A COMMUNITY MUST BE BALANCED BY IDENTIFYING PRACTICAL,
 COMMUNITY-DRIVEN SOLUTIONS. TOGETHER, THESE FACTORS COME TOGETHER TO
 INFORM AND FOCUS STRATEGIES TO POSITIVELY IMPACT A COMMUNITY'S HEALTH.

Part VI Supplemental Information (Continuation)

TIDALHEALTH AND PARTNERS ARE OUTLINING OPPORTUNITIES FOR ON-GOING WORK

AS WELL AS POTENTIAL FOR FUTURE IMPACT.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, ALL EFFORTS

WILL BE MADE TO HELP THE PATIENT OBTAIN ASSISTANCE THROUGH APPROPRIATE

AGENCIES. IN THE EVENT THAT THE PATIENT HAS APPLIED FOR AND KEPT ALL

NECESSARY APPOINTMENTS AND THIRD-PARTY ASSISTANCE IS NOT AVAILABLE,

TIDALHEALTH WILL PROVIDE CARE AT REDUCED OR ZERO COST. WHEN NO

THIRD-PARTY ASSISTANCE IS AVAILABLE TO COVER THE TOTAL BILL AND THE

PATIENT INDICATES THAT THEY HAVE INSUFFICIENT FUNDS, FINANCIAL

ASSISTANCE (FA) WILL BE OFFERED. THE UNIFORM FINANCIAL ASSISTANCE

APPLICATION, FINANCIAL ASSISTANCE POLICY, PATIENT COLLECTION PRACTICE

POLICY, AND PLAIN LANGUAGE SUMMARY, CAN BE OBTAINED BY ONE OF THE

FOLLOWING WAYS:

A. AVAILABLE FREE OF CHARGE AND UPON REQUEST BY CALLING (410) 543-7436

OR (877) 729-7762.

B. ARE LOCATED IN THE REGISTRATION AREAS.

C. DOWNLOADED FROM THE TIDALHEALTH WEBSITE:

[HTTPS://WWW.TIDALHEALTH.ORG/PATIENTFORMS](https://www.tidalhealth.org/patientforms)

[HTTPS://WWW.TIDALHEALTH.ORG/PATIENTBILLS](https://www.tidalhealth.org/patientbills)

D. THE PLAIN LANGUAGE SUMMARY IS INSERTED IN THE ADMISSION PACKET AND

WITH ALL PATIENT STATEMENTS.

E. ANNUAL NOTIFICATION IN THE LOCAL NEWSPAPER.

F. THE APPLICATION IS AVAILABLE IN ENGLISH, SPANISH, AND CREOLE. NO

OTHER LANGUAGE CONSTITUTES A GROUP THAT IS 5% OR MORE, OR MORE THAN

1,000 RESIDENTS (WHICHEVER IS LESS) OF THE POPULATION IN OUR PRIMARY

Part VI Supplemental Information (Continuation)

SERVICE AREA (WORCESTER, WICOMICO AND SOMERSET COUNTIES) FOR MARYLAND

BASED ON U.S. CENSUS DATA. FOR DELAWARE, THE HOSPITAL POPULATION

CONSIDERED WAS 5%.

G. FOR PATIENTS WHO HAVE DIFFICULTY IN FILLING OUT AN APPLICATION, THE

INFORMATION CAN BE TAKEN ORALLY BY CALLING (410) 912-6957 OR IN PERSON

AT THE FINANCIAL COUNSELOR'S OFFICE LOCATED IN THE FRANK B. HANNA

OUTPATIENT CENTER.

SIGNS WILL BE POSTED IN VARIOUS LOCATIONS THROUGHOUT TIDALHEALTH TO

INFORM PATIENTS WHERE TO CALL OR APPLY FOR FINANCIAL ASSISTANCE.

THE PATIENT'S INCOME WILL BE COMPARED TO CURRENT FEDERAL POVERTY

GUIDELINES (ON FILE WITH THE COLLECTION COORDINATOR). THE COLLECTION

COORDINATOR REPRESENTATIVE WILL CONSULT WITH THE PATIENT AS NEEDED TO

MAKE ASSESSMENT OF ELIGIBILITY.

IT IS THE INTENTION OF TIDALHEALTH TO MAKE AVAILABLE TO ALL PATIENTS

THE HIGHEST QUALITY OF MEDICAL CARE POSSIBLE WITHIN THE RESOURCES

AVAILABLE. IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES,

ALL EFFORTS WILL BE MADE TO HELP THE PATIENT OBTAIN ASSISTANCE THROUGH

APPROPRIATE AGENCIES, OR, IF NO HELP IS AVAILABLE, TO RENDER CARE AT A

REDUCED OR ZERO COST FOR EMERGENCY AND MEDICALLY NECESSARY CARE.

PART VI, LINE 4:

COMMUNITY INFORMATION

TIDALHEALTH PENINSULA REGIONAL AT 266 LICENSED BEDS FUNCTIONS AS THE

PRIMARY HOSPITAL PROVIDER FOR THE RURAL SOUTHERNMOST THREE COUNTIES OF

THE EASTERN SHORE OF MARYLAND, WHICH INCLUDES WICOMICO, WORCESTER AND

Part VI Supplemental Information (Continuation)

SOMERSET COUNTIES. APPROXIMATELY 77% OF THE PATIENTS DISCHARGED FROM THE MEDICAL CENTER ARE RESIDENTS OF THE PRIMARY SERVICE AREA, WHICH HAS AN ESTIMATED POPULATION OF APPROXIMATELY 182,039 IN 2023 AND IS EXPECTED TO INCREASE TO 184,705 OR BY 1% BY 2028. THE MEDICAL CENTER ALSO HAS A SECONDARY SERVICE AREA INCLUDING, DORCHESTER COUNTY, MARYLAND, THE SOUTHERN PORTION OF SUSSEX COUNTY, DELAWARE AND THE NORTHERN PORTION OF ACCOMACK COUNTY, VIRGINIA. WITH THE SECONDARY SERVICE AREA HAVING AN ESTIMATED POPULATION OF APPROXIMATELY 328,367 IN 2023 AND IS EXPECTED TO INCREASE TO 349,321 OR BY 6% BY 2028.

TIDALHEALTH PENINSULA REGIONAL'S COMMUNITY BENEFITS SERVICE AREA CONSISTS OF THOSE ZIP CODES WITHIN OUR PRIMARY SERVICE AREA. MOST OF THE POPULATION RESIDES IN WICOMICO COUNTY (105,869) WITH SALISBURY SERVING AS THE CAPITAL OF THE EASTERN SHORE. SALISBURY IS LOCATED ON THE HEADWATERS OF THE WICOMICO RIVER AND IT IS LOCATED AT THE CROSSROADS OF THE BAY AND THE OCEAN. THE REGION IS UNIQUE; THE CITY OF SALISBURY HAS SIMILAR SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF A LARGE CITY, HOWEVER, THE AREA SURROUNDING SALISBURY IS RURAL AND HAS LIKE-KIND CHARACTERISTICS OF SMALL-TOWN AMERICA. DUE TO THIS DICHOTOMY, SERVING BOTH SOMETIMES PRESENTS A CHALLENGE IN DELIVERING HEALTHCARE. THE TWO OTHER COUNTIES IN TIDALHEALTH PENINSULA REGIONAL'S CBSA INCLUDE WORCESTER COUNTY, WITH A POPULATION OF 53,480 AND SOMERSET COUNTY WITH A POPULATION OF 22,690.

THE GREATER "METROPOLITAN" SALISBURY AREA (ZIP CODES 21801, 21804) HAS A HIGHER POPULATION DENSITY THAN THE SURROUNDING RURAL AREAS. THIS AREA HAS A VULNERABLE POPULATION THAT INCLUDES THE INDIGENT AND A HIGHER MEDICAID MIX. MOVING EAST TOWARDS THE BEACH, LOCATED IN WORCESTER

Part VI Supplemental Information (Continuation)

COUNTY ARE SEVERAL LARGER TOWNS, LIKE BERLIN (21811) AND OCEAN CITY

(21842) THAT HAVE A HIGH POPULATION DENSITY. SOUTH OF SALISBURY,

LOCATED IN SOMERSET COUNTY, ARE THE LARGER TOWNS OF PRINCESS ANNE

(21853) AND CRISFIELD (21817). EXCLUDING THE GREATER SALISBURY AREA,

THE LANDSCAPE AND ENVIRONMENT IS CONSIDERED RURAL, MADE UP OF SMALL

BUSINESSES AND AGRICULTURE.

ALL THREE COUNTIES CAN BE CLASSIFIED AS RURAL WITH HISTORIC ECONOMIC

FOUNDATION IN AGRICULTURE, POULTRY AND TOURISM. WATERMEN AND FARMERS

HAVE ALWAYS COMPRISED A LARGE PERCENTAGE OF THE PENINSULA POPULATION,

HOWEVER, THEIR NUMBERS HAVE BEEN DECLINING WITH A GROWTH IN THE

POPULATION AND EXPANSION OF OTHER SMALL BUSINESSES. OCEAN CITY, MD

LOCATED IN WORCESTER COUNTY, IS A MAJOR TOURIST DESTINATION. DURING THE

SUMMER WEEKENDS, THE CITY HOSTS BETWEEN 320,000 AND 345,000

VACATIONERS, AND UP TO 8 MILLION VISITORS ANNUALLY.

THE THREE COUNTIES HAVE A DIVERSIFIED ECONOMIC BASE; HOWEVER, IT IS

PREDOMINATELY MADE UP OF SMALL EMPLOYERS (COMPANIES WITH LESS THAN 50

EMPLOYEES). MAJOR EMPLOYERS INCLUDE LOCAL HOSPITALS, THE POULTRY

INDUSTRY, LOCAL COLLEGES AND TEACHING INSTITUTIONS. THE MEDIAN INCOME

OF \$58,807 IN OUR COMMUNITY BENEFITS SERVICE AREA IS CONSIDERABLY LESS

THAN MARYLAND'S MEDIAN INCOME OF \$90,160. IN ADDITION, SEPTEMBER 2022

UNEMPLOYMENT RATES WERE HIGHER FOR MARYLAND'S MOST EASTERN SHORE

COUNTIES. THE UNEMPLOYMENT RATE IN MARYLAND WAS 5.8%, THE NATION 3.7%

COMPARED TO WICOMICO 6.1%; WORCESTER 8.2% AND SOMERSET 4.5%. RESEARCH

INDICATES LOWER MEDIAN INCOMES AND HIGHER UNEMPLOYMENT RATES CONTRIBUTE

TO A DISPARITY IN ACCESS TO MEDICAL CARE AND A PREVALENCE OF UNTREATED

CHRONIC DISEASE.

Part VI Supplemental Information (Continuation)

THE BABY BOOMER POPULATION (THOSE AGED 55+) REPRESENT A GREATER PORTION OF THE TOTAL POPULATION IN TIDALHEALTH PENINSULA REGIONAL'S CBSA AS COMPARED TO THE NATION. THE EASTERN SHORE OF MARYLAND IS BECOMING A POPULAR RETIREMENT DESTINATION AND THE TREND IS LIKELY TO CONTINUE. THE CHRONIC CONDITIONS OF THIS AGE GROUPING CONSUME HEALTHCARE RESOURCES AT MUCH HIGHER RATES THAN SOME OF THE OTHER YOUNGER AGE-COHORTS.

TIDALHEALTH PENINSULA REGIONAL'S PRIMARY SERVICE AREA (WICOMICO, WORCESTER, SOMERSET) REPRESENT SOME OF THE NEEDIEST COUNTIES IN THE STATE OF MARYLAND (WWW.COUNTYHEALTHRANKINGS.ORG/MARYLAND), BASED UPON A SOCIONEEDS INDEX INCOME, POVERTY, UNEMPLOYMENT, OCCUPATION, EDUCATIONAL ATTAINMENT AND LINGUISTIC BARRIERS THAT ARE ASSOCIATED WITH POOR HEALTH OUTCOMES, INCLUDING PREVENTABLE HOSPITALIZATIONS AND PREMATURE DEATH. PENINSULA REGIONAL HAS ZIP CODES IN EACH OF ITS PRIMARY SERVICE AREA COUNTIES WITH HIGH SOCIONEEDS INDEX LEVELS. DEPLOYMENT OF RESOURCES IS KEY IN THESE COMMUNITIES WITH HIGH SOCIOECONOMIC NEEDS AS WE FOCUS AND TARGET PREVENTION AND OUTREACH SERVICES.

TO MEET ITS MISSION OF IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES, TIDALHEALTH PENINSULA REGIONAL HAS DEVELOPED A POPULATION HEALTH DIVISION AND HAS ENGAGED IN POPULATION HEALTH STRATEGIES TO SUPPORT THE MARYLAND TOTAL COST OF CARE MODEL, WHICH AIMS TO IMPROVE OUTCOMES, IMPROVE THE PATIENT EXPERIENCE AND REDUCE THE TOTAL COST OF CARE. THE HOSPITAL IS COORDINATING CARE, INCLUDING MENTAL HEALTH AND POST-ACUTE CARE, ACROSS HOSPITAL AND NON-HOSPITAL SETTINGS. THE POPULATION HEALTH DIVISION INCORPORATES A MULTIDISCIPLINARY TEAM OF NURSES, SOCIAL WORKERS AND COMMUNITY HEALTH WORKERS SUPPORTING THE

Part VI Supplemental Information (Continuation)

COMMUNITY WITH A BROAD RANGE OF PRIMARY CARE SERVICES. THE DIVISION ALSO FOSTERS COMMUNITY PARTNERSHIPS WITH LOCAL HOSPITALS, IN ADDITION TO COMMUNITY-BASED ORGANIZATIONS INCLUDING LOCAL HEALTH DEPARTMENTS, FIRE DEPARTMENTS, THE MARYLAND STATE AREA AGENCY ON AGING AND OTHER AGENCIES TO PROVIDE PATIENT SUPPORT ALIGNED WITH SOCIAL DETERMINANTS OF HEALTH.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH

TIDALHEALTH PENINSULA REGIONAL IS COMMITTED TO THE HEALTH OF THE RURAL COMMUNITIES IT SERVES. IN FY 2022, THE HOSPITAL'S CHARITY CARE WAS \$11,598,149; COMBINED CHARITY AND BAD DEBT FOR FY 2022 WAS \$19,400,452.

AS PART OF TIDALHEALTH PENINSULA REGIONAL'S ONGOING COMMITMENT AND MISSION STATEMENT "TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE," WE CONTINUE TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY THROUGH BUILDING RELATIONSHIPS AND COLLABORATIONS WITH ORGANIZATIONS THAT ARE ADDRESSING UNMET HEALTH NEEDS.

TIDALHEALTH USES DATA FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT AND DATA FROM ITS EPIC EHR STRATIFIED BY RACE, ETHNICITY, AGE, LANGUAGE AND GENDER TO IDENTIFY SIGNIFICANT HEALTH DISPARITIES IN THE PATIENT POPULATION. THE POPULATION HEALTH DIVISION IN PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS, MANAGED CARE ORGANIZATIONS, THE LOCAL HEALTH IMPROVEMENT COALITIONS, AND LOCAL HEALTH DEPARTMENTS, HAS INITIATIVES UNDERWAY TO ADDRESS DISPARITIES AND HEALTH ISSUES PRIORITIZED AND INCLUDED IN THE CHNA AND COMMUNITY HEALTH IMPROVEMENT PLAN.

Part VI Supplemental Information (Continuation)

TIDALHEALTH WAS AWARDED A GRANT THROUGH THE MARYLAND COMMUNITY HEALTH

RESOURCES COMMISSION'S NEW PATHWAYS TO HEALTH EQUITY PROGRAM TO ENHANCE

AND EXPAND EFFORTS TO ADDRESS HEALTH DISPARITIES AND ADVANCE HEALTH

EQUITY. THE PROGRAM, RURAL EQUITY AND ACCESS TO COMMUNITY HEALTH

(REACH), LAUNCHED IN MAY 2022 AND IS A COLLABORATIVE, REGIONAL PROJECT

TO PREVENT AND REDUCE DISPARITIES PARTICULARLY AMONG BLACK/AFRICAN

AMERICAN RESIDENTS OF THE LOWER EASTERN SHORE WITH DIABETES AND/OR

HYPERTENSION.

REACH INVOLVES MULTI-LEVEL, CROSS-SECTOR APPROACHES TO ADDRESS

DISPARITIES AND IMPROVE POPULATION HEALTH. AT THE INDIVIDUAL LEVEL, THE

PROJECT INCLUDES INCREASED CARE COORDINATION AND FOLLOW-UP FOR HIGH

RISK PATIENTS WITH DIABETES AND/OR HYPERTENSION WHO HAVE BEEN

DISCHARGED FROM THE HOSPITAL. COMMUNITY HEALTH WORKERS ARE DEPLOYED TO

SCREEN AND ADDRESS SOCIAL DETERMINANTS OF HEALTH (SDOH).

AT THE COMMUNITY-LEVEL, TIDALHEALTH WORKS WITH COMMUNITY PARTNERS TO

INCREASE ACCESS TO EVIDENCE-BASED CHRONIC DISEASE PREVENTION AND

MANAGEMENT OR HEALTHY LIFESTYLE PROGRAMMING IN UNDERSERVED COMMUNITIES.

AT THE SYSTEM LEVEL, TIDALHEALTH AND COMMUNITY PARTNERS ARE WORKING ON

DEVELOPING A REGIONAL PLATFORM AND STANDARDIZED PROCESSES FOR SDOH

SCREENING AND REFERRALS.

IN FISCAL 2022, TIDALHEALTH WAS ALSO AWARDED A GRANT FROM THE RURAL

MARYLAND COUNCIL TO ADDRESS DISPARITIES AND SDOH FACTORS IMPACTING

RESIDENTS WITH ASTHMA, COPD, OR OTHER OBSTRUCTIVE LUNG DISEASE. THE

PROGRAM, EXHALE, INVOLVED COMMUNITY HEALTH WORKERS OF TIDALHEALTH

Part VI Supplemental Information (Continuation)

SCREENING AND ADDRESSING SDOH FACTORS OF ELIGIBLE PARTICIPANTS AND
WORKING WITH LOCAL NONPROFIT COMMUNITY-BASED ORGANIZATIONS CHESAPEAKE
HOUSING MISSION AND HABITAT FOR HUMANITY TO COMPLETE HOME REPAIRS TO
IMPROVE HEALTH AND QUALITY OF LIFE OF GRANT PROGRAM PARTICIPANTS.

ADDITIONALLY, THE FOLLOWING INITIATIVES CONTINUED IN FISCAL 2022 TO
REDUCE HEALTH DISPARITIES:
TIDALHEALTH OPERATES A MOBILE MULTIDISCIPLINARY TEAM THROUGH THE
COMMUNITY WELLNESS DEPARTMENT OF POPULATION HEALTH MANAGEMENT DIVISION.
COMMUNITY WELLNESS INCLUDES A NURSE PRACTITIONER, REGISTERED NURSES,
COMMUNITY HEALTH WORKERS, AND A SOCIAL WORKER. THE TEAM ALSO WORKS IN
PARTNERSHIP WITH THE SALISBURY FIRE DEPARTMENT TO OPERATE A MOBILE
INTEGRATED HEALTH PROGRAM CALLED SWIFT.

THE COMMUNITY WELLNESS TEAM CONDUCTS HOME VISITS OF HIGH-RISK PATIENTS
IN THE COMMUNITY. THESE ASSESSMENTS INCLUDE SCREENING FOR SDOH AND
ADDRESSING GAPS IDENTIFIED BY CONNECTING PATIENTS TO COMMUNITY-BASED
RESOURCES AND SUPPORTS AND CHRONIC DISEASE SELF-MANAGEMENT EDUCATION.
ADDITIONALLY, THE COMMUNITY WELLNESS TEAM OPERATES A MOBILE CLINIC
CALLED THE WAGNER WELLNESS VAN TO VISIT LOCAL SHELTERS, CHURCHES, AND
OTHER AREAS IN TIDALHEALTH PENINSULA REGIONAL 'S COMMUNITY BENEFITS
SERVICE AREA WHERE UNDERSERVED RESIDENTS CAN RECEIVE NON-EMERGENCY
MEDICAL CARE, CHRONIC CARE MANAGEMENT AND HEALTHY LIFESTYLES EDUCATION.
THE VAN VISITS AREAS WHERE THE SOCIAL DETERMINANTS OF HEALTH INDICATE
THE GREATEST AMOUNT OF NEED. IT PROVIDES CARE IN AREAS WITH A HIGHER
PREVALENCE OF ER VISITS, LOWER MEDIAN INCOMES, INDIGENT POPULATION,
ACCESS ISSUES, COMMUNICATION BARRIERS AND OVERALL POOR HEALTH OUTCOMES.

THE COMMUNITY WELLNESS TEAM STRIVES TO EDUCATE PATIENTS BY PROVIDING

Part VI Supplemental Information (Continuation)

NUTRITIONAL AND HEALTHY LIFESTYLE COUNSELING, IN ADDITION TO MEDICATION

COMPLIANCE TO CONTROL DIABETES AND HYPERTENSION. HEALTH SCREENINGS ARE

PERFORMED ON RESIDENTS TO HELP DETERMINE APPROPRIATE EDUCATION,

SELF-MANAGEMENT CLASS INFORMATION OR REFERRALS TO COMMUNITY RESOURCES

AND SERVICES. THESE SCREENINGS INCLUDE PRE-DIABETES, HYPERTENSION AND

OBESITY. WHEN WARRANTED, DRUG AND ALCOHOL MISUSE SCREENINGS ARE ALSO

CONDUCTED, AND COUNSELING IS AVAILABLE. NARCAN IS PROVIDED TO RESIDENTS

TO SUPPORT EFFORTS TO PREVENT OPIOID MISUSE AND OVERDOSE. FLU SHOTS AND

COVID SHOTS ARE PROVIDED TO COMMUNITY MEMBERS THROUGH THE COMMUNITY

WELLNESS OUTREACH EFFORTS TO UNDERSERVED COMMUNITIES AND HOMEBOUND

RESIDENTS.

SWIFT

SWIFT IS A MOBILE INTEGRATED HEALTH INITIATIVE IN PARTNERSHIP WITH THE

CITY OF SALISBURY AND THE WICOMICO COUNTY HEALTH DEPARTMENT. THE

PROGRAM REDUCES UNNECESSARY USE OF THE 911 EMS SYSTEM AND HEALTH SYSTEM

EMERGENCY DEPARTMENT BY ADDRESSING MEDICAL AND PSYCHOSOCIAL NEEDS OF

THOSE IDENTIFIED AS HIGH UTILIZERS OF EMS AND/OR THE ED. AN

INTERDISCIPLINARY TEAM INCLUDING A NURSE PRACTITIONER, REGISTERED

NURSE, PARAMEDIC, COMMUNITY HEALTH WORKER AND SOCIAL WORKER WORK

TOGETHER TO ADDRESS UNDERLYING CONDITIONS OR SOCIAL DETERMINANTS OF

HEALTH CONTRIBUTING TO EXCESSIVE CALLS TO 911 AND VISITS TO THE ED. THE

TEAM CONNECTS THE PROGRAM PARTICIPANTS TO PRIMARY CARE, BEHAVIORAL

HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MEDICATION

MANAGEMENT, AND SOCIAL DETERMINANTS OF HEALTH NEEDS SUCH AS HOUSING,

TRANSPORTATION, FOOD, UTILITY ASSISTANCE AND OTHER SERVICES. THE

PROGRAM SAVES LIVES BY TAKING A TEAM APPROACH TO SUPPORT PARTICIPANTS

IN ACHIEVING THEIR OWN GOALS FOR BETTER QUALITY OF LIFE. THE TEAM

Part VI Supplemental Information (Continuation)

BUILDS TRUST WITH PARTICIPANTS OVER TIME BY SHOWING UP, MEETING THEM WHERE THEY ARE, AND HELPING THEM GET THE SUPPORT THEY NEED TO STAY WELL. NEW FOR THE PROGRAM IN FISCAL 2022 WAS THE ADDITION OF THE MINOR DEFINITIVE CARE NOW (MDCN) MODEL WHICH INCLUDED A PARAMEDIC-NP TEAM RESPONDING TO LOW ACUITY 911 CALLS AND PROVIDING CARE AT HOME. THIS MODEL AVOIDS UNNECESSARY TRANSPORTS AND ED VISITS.

SMITH ISLAND TELEHEALTH - SMITH ISLAND IS KNOWN FOR ITS WATERMEN, SMITH ISLAND CAKE, EXCEPTIONAL SEAFOOD AND BEING ISOLATED WITH LIMITED CONTACT FROM MAINLAND VISITORS. FOR THIS REASON, TIDALHEALTH PENINSULA REGIONAL'S COMMUNITY WELLNESS NURSE PRACTITIONER COORDINATES WITH A MEDICAL ASSISTANT WHO RESIDES ON THE ISLAND TO PROVIDE PREVENTATIVE HEALTH SCREENING AND CONSULT WITH PATIENTS. THE GOAL OF THE PROGRAM IS TO IMPROVE THE HEALTH OF SMITH ISLAND RESIDENTS, WITH THE TARGET OF EFFECTIVELY REDUCING POTENTIALLY AVOIDABLE ED UTILIZATION. THE COMMUNITY WELLNESS TEAM AND PARTNERS SUCH AS A TIDALHEALTH PHARMACIST PROVIDE CHRONIC DISEASE EDUCATION, MANAGEMENT AND CONNECTS APPROXIMATELY 250 RESIDENTS OF SMITH ISLAND VIA TELEHEALTH FOR PRIMARY CARE PHYSICIAN VISITS. THE MEDICAL ASSISTANT WHO RESIDES ON THE ISLAND IS CROSS TRAINED AS A COMMUNITY HEALTH WORKER. SHE IS ABLE TO EFFECTIVELY BRIDGE RELATIONSHIPS WITH THE RESIDENTS OF SMITH ISLAND. IN HER COMMUNITY HEALTH WORKER ROLE, SHE IS ESSENTIALLY A PERSONAL HEALTH COACH THAT ASSISTS RESIDENTS WITH MEDICATION MANAGEMENT, TIMELY COMPLIANCE AND ULTIMATELY HELPING GUIDE RESIDENTS THROUGH PRESCRIBED HEALTHCARE PLANS. FLU SHOTS WERE ADMINISTERED ENSURING THE RESIDENTS OF SMITH ISLAND WERE PROTECTED DURING THE FLU SEASON, EFFECTIVELY REDUCING ED VISITS. THE TEAM ALSO WORKS WITH THE HEALTH DEPARTMENT TO PROVIDE COVID-19 SCREENING AND VACCINATIONS. SINCE INCEPTION, THE PARTNERSHIP

Part VI Supplemental Information (Continuation)

HAS HAD GREAT SUCCESSES. FOR EXAMPLE, THERE HAS BEEN SUBSTANTIAL
 REDUCTIONS IN A1C LEVELS IN RESIDENTS DIAGNOSED WITH DIABETES; A PRIME
 EXAMPLE OF THE "TRIPLE AIM" IMPROVING HEALTH, PROVIDING ACCESS, CHRONIC
 DISEASE EDUCATION, AND REDUCING THE PROBABILITY OF A FUTURE EMERGENCY
 DEPARTMENT VISIT. RESIDENTS ARE LEARNING HOW TO SELF-MANAGE THEIR
 CHRONIC DISEASES AND ARE BEING EXPOSED TO THE PRINCIPLES OF LEADING
 HEALTHY LIFESTYLES. A TEAM OF PROVIDERS INCLUDING A PHYSICIAN, NURSE
 PRACTITIONER AND PHARMACIST, VISIT THE ISLAND ON AVERAGE EVERY OTHER
 WEEK. NEW PRIMARY CARE PROVIDER APPOINTMENTS ARE OFFERED TO COMMUNITY
 MEMBERS WITHOUT A PCP. TELEHEALTH ACUTE VISITS OCCUR THROUGH A NURSE
 PRACTITIONER AT TIDALHEALTH.

PEARLS

PEARLS STANDS FOR PROGRAMS TO ENCOURAGE ACTIVE AND REWARDING LIVES.
 THIS PROGRAM, RUN BY MAC INC., THE AGENCY ON AGING, IS AN
 EVIDENCE-BASED PROGRAM THAT HELPS RESIDENTS AGED 60 AND OVER COMBAT
 DEPRESSION FROM LOSS OR FEELINGS OF ISOLATION. THE PROGRAM PROVIDES
 ONE-ON-ONE COUNSELING SESSIONS TO PARTICIPANTS WHO MAY FEEL DEPRESSED,
 FRUSTRATED, RESTLESS, OR ANXIOUS FROM DUE TO EVENTS IN THEIR LIFE. AS
 ONE AGES, THERE ARE LOSSES SUCH AS LOSS OF HEALTH, LOVED ONES, AND/OR
 INDEPENDENCE. A GRIEVING WIDOW WHO LOST THEIR SPOUSE OF FORTY YEARS MAY
 FEEL DEPRESSED AND LONELY NOW THAT THEIR PARTNER IS GONE. ANOTHER OLDER
 GENTLEMAN MAY FEEL FRUSTRATION AT NOT BEING ABLE TO BE AS INDEPENDENT
 AS HE ONCE WAS AT A YOUNGER AGE. PEARLS HELPS COUNSEL THE PATIENT AND
 PROVIDE GUIDANCE ON HOW TO MANAGE THEIR FEELINGS. ESPECIALLY DURING THE
 COVID-19 EPIDEMIC, MANY OLDER RESIDENTS IN THE TRI-COUNTY AREA ARE
 FEELING LONELY, DUE TO THE RESTRICTIONS ON NURSING HOMES AND FAMILIES
 NOT BEING ABLE TO GET TOGETHER WITH OLDER FAMILY MEMBERS. COVID-19

Part VI Supplemental Information (Continuation)

AFFECTS OLDER POPULATIONS WORSE THAN YOUNGER PEOPLE, AND BY THE ADVICE OF HEALTHCARE OFFICIALS, MANY FAMILIES ARE HAVING TO KEEP THEIR DISTANCE. WITH HELP FROM MAC, INC., THESE OLDER ADULTS CAN TALK TO A COUNSELOR AND IMPROVE THEIR QUALITY OF LIFE.

TO EXPAND OUR "HEALTHY LIVING" MESSAGE, TIDALHEALTH PENINSULA REGIONAL SPONSORS AND PARTICIPATES IN MANY COMMUNITY-BASED HEALTH FAIRS PROVIDING NUTRITION EDUCATION, WEIGHT LOSS, DIABETES ASSESSMENT, MULTIPLE SCREENINGS AND HEALTH LITERACY. PARTICIPATION IN HEALTH FAIRS INCLUDE UNDERSERVED AREAS LIKE SMITH ISLAND, AN ISLAND ON THE CHESAPEAKE BAY WITH A POPULATION OF ONLY 250, A HAITIAN-CREOLE HEALTH FAIR, HEALTHFEST, DRIVE THRU FLU CLINICS, HEALTH SCREENING AND OUTREACH EVENTS IN LOCAL CHURCHES AND UNDERSERVED NEIGHBORHOODS TRANSFORMING THE CULTURE THROUGH PARTICIPATION AND SPONSORSHIP OF HEALTHY LIFESTYLES AND SCREENINGS, MEETING RESIDENTS AT COMMUNITY EVENTS LOCATED THROUGHOUT THE TRI-COUNTY AREA. THESE ACTIVITIES IMPROVE TRUST AMONG UNDERSERVED RESIDENTS. HEALTH ASSESSMENTS AVAILABLE AT THESE EVENTS INCLUDE, BUT

ARE NOT LIMITED TO:

- CHOLESTEROL, HDL, TRIGLYCERIDES
- RESTING 12-LEAD EKG
- BODY FAT / MASS INDEX
- BLOOD PRESSURE TESTING
- PULSE OXIMETRY TESTING
- 10-YEAR RISK ANALYSIS
- REVIEW CURRENT MEDICATIONS
- FOLLOW-UP CARE PLAN
- EXERCISE/NUTRITION

Part VI Supplemental Information (Continuation)

WALK WICOMICO PROMOTES WALKING TRAILS, PERSONAL CHALLENGES, AND AVENUES

TO ENJOY THE OUTDOORS- THE PRIMARY OBJECTIVE IS TO INCREASE AWARENESS

OF AND ENGAGEMENT IN HEALTHY LIFESTYLE BEHAVIORS PROMOTING EXERCISE TO

HELP WITH WEIGHT LOSS, INCREASE ENERGY, REDUCE RISK OF CHRONIC DISEASE

AND MAKE PEOPLE FEEL HAPPIER. WALKWICOMICO IS PRIMARILY TARGETING THOSE

THAT RESIDE IN THE COUNTY (POP. 100,000+); HOWEVER, IT WOULD ALSO BE AN

ATTRACTION FOR ADJACENT COUNTIES INCLUDING VISITORS.

TIDALHEALTH PENINSULA REGIONAL, AS A PARTICIPANT, HAS A COMMON GOAL TO

TRANSFORM THE COMMUNITY'S CULTURE BY PROVIDING EDUCATION, GUIDANCE AND

RESOURCES TOWARDS PROMOTING EXERCISE THROUGH WALKABILITY AS AN INTEGRAL

PART OF A HEALTHY LIFESTYLE. THE COALITION'S INITIATIVES INCLUDED

CREATING A WEBSITE AND PHONE APP SPECIFIC TO WALKING IN WICOMICO

COUNTY; COMMUNICATING WITH THE COMMUNITY VIA SOCIAL MEDIA; WORKING WITH

CIVIC ORGANIZATIONS, CHURCHES, LOCAL BUSINESSES, TOWNS, COUNTY HEALTH

DEPARTMENTS AND OTHER GROUPS TO ENCOURAGE LOCAL WALKABILITY.

WALKWICOMICO HAS MARKED WALKING ROUTES, INCREASED THE NUMBER OF WALKING

ROUTES, PARTICIPATED IN AND LAUNCHED WALKING EVENTS, AND IS ENGAGED

WITH DECISION MAKERS THROUGH INPUT AND FEEDBACK ABOUT MAKING WALKING

SAFER EASIER AND MORE ACCESSIBLE.

MAC, INC. CHRONIC DISEASE PROGRAMS

MAC, INC. THE AREA AGENCY ON AGING OFFERS A PLETHORA OF SERVICES TO

HELP MORE ACTIVE SENIORS LIVE THEIR LIVES TO THE FULLEST. THE

COLLABORATION BETWEEN TIDALHEALTH PENINSULA REGIONAL AND MAC, INC., HAS

BEEN IN PLACE FOR SEVERAL YEARS. MAC, INC. OFFERS A VARIETY OF CLASSES,

EVENTS, ACTIVITIES, AND MEALS FOR THE SENIOR POPULATIONS OF THE AREA.

THE PROGRAMS RUN BY MAC INCLUDE CHRONIC DISEASE SELF-MANAGEMENT,

STEPPING ON FALLS PREVENTION, HEALTHY LIVING WITH HYPERTENSION, AND

Part VI Supplemental Information (Continuation)

OTHER EXERCISE AND NUTRITION CLASSES. THE CHRONIC DISEASE
 SELF-MANAGEMENT EDUCATION PROGRAMS, WHICH INCLUDES CHRONIC CONDITIONS,
 DIABETES, AND CHRONIC PAIN, WERE DEVELOPED BY STANFORD UNIVERSITY IN
 1990 AND HAVE GONE THROUGH RIGOROUS RANDOM CONTROLLED TRIALS TO SHOW
 EFFICACY AND EVIDENCE OF HEALTH IMPROVEMENT AMONG PARTICIPANTS.
 PARTICIPANTS LEARN TO COPE WITH THE FATIGUE, FRUSTRATION AND PAIN THAT
 ACCOMPANY CHRONIC DISEASE, AND EXERCISES FOR IMPROVING STRENGTH AND
 ENDURANCE, ALL WHICH HAVE BEEN SHOWN TO IMPROVE HEALTH AND DECREASE THE
 NUMBER OF HOSPITAL STAYS. THE STEPPING ON FALLS PREVENTION PROGRAM
 BUILDS SKILLS AND EXERCISES TO REDUCE FALLS AND INCREASE
 SELF-CONFIDENCE AND BEHAVIORAL CHANGE TO REDUCE RISK OF FALLING.
 STRENGTH AND BALANCE EXERCISES ARE TAUGHT BY PHYSICAL THERAPISTS
 OTHER PROGRAMS THAT MAC INC. OFFERS INCLUDE CHRONIC PAIN
 SELF-MANAGEMENT, DIABETES PREVENTION, DIABETES SELF-MANAGEMENT AND
 WALKING WITH EASE. THESE PROGRAMS HAVE A SIMILAR FORMAT TO THE CHRONIC
 DISEASE SELF-MANAGEMENT PROGRAM. MANY PARTICIPANTS ARE ENROLLED IN
 MULTIPLE EVIDENCE-BASED PROGRAMS THROUGH MAC.
 A SUBSTANTIAL NUMBER OF PARTICIPANTS IN THESE PROGRAMS HAVE
 COMORBIDITIES SUCH AS DIABETES, CHRONIC PAIN, HEART DISEASE, STROKE,
 HYPERTENSION, ETC. THE EVIDENCE-BASED PROGRAMS OFFERED BY MAC, INC. ARE
 ESSENTIAL TO IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE AND ARE A
 GOOD FIRST STEP IN HELPING PEOPLE BECOME MORE EDUCATED ABOUT THEIR
 HEALTH. THIS COLLABORATION BETWEEN MAC, INC. THE AREA AGENCY ON AGING
 AND TIDALHEALTH PENINSULA REGIONAL IS A COMMUNITY BENEFIT THAT HAS
 MULTIPLE TOUCH POINTS THAT AFFECT THE OVERALL HEALTH OF OUR SENIOR AND
 OLDER ADULT COMMUNITY IN THE TRI-COUNTY AREA.

ADULT DIABETES SUPPORT GROUP

Part VI Supplemental Information (Continuation)

THE ADULT DIABETES SUPPORT GROUP IS A PROGRAM GEARED TOWARDS ADULTS WITH DIABETES AND THEIR CAREGIVERS. THE PROGRAM HELPS TO PROVIDE SUPPORT, NETWORKING, EDUCATION, FELLOWSHIP AND TO PROMOTE COMMUNITY UNITY TO THESE ADULTS WITH DIABETES AND THEIR CAREGIVERS. THE PROGRAM WILL CONTINUE INTO FY 2022 WITH IN-PERSON MEETINGS.

KIDS AND TEENS DIABETES SUPPORT GROUP

THE KIDS AND TEENS DIABETES SUPPORT GROUP IS A PROGRAM GEARED TOWARDS KIDS, TEENS, AND THEIR CAREGIVERS. THE PROGRAM HELPS TO PROVIDE SUPPORT, NETWORKING, EDUCATION, FELLOWSHIP AND TO PROMOTE COMMUNITY UNITY TO THESE KIDS, TEENS, AND THEIR CAREGIVERS. THE PROGRAM STARTED IN FY 2021 WITH THE DIABETES AND NUTRITION TEAM AT TIDALHEALTH PENINSULA REGIONAL AND THEN TRANSITIONED INTO A LOCAL "HOME GROWN" COMMUNITY-BASED SUPPORT GROUP.

NUTRITION AND DIABETES EDUCATION COMMUNITY EDUCATION PRESENTATIONS NUTRITION AND DIABETES EDUCATION DEPARTMENT PROVIDES COMMUNITY PRESENTATIONS AND EDUCATIONAL OPPORTUNITIES TO INCREASE AWARENESS AND EFFICACY AMONG PARTICIPANTS TO UNDERSTAND THE RISKS OF DIABETES, PREDIABETES AND HOW TO BETTER MANAGE THE CONDITIONS. A MEMBER OF THE NUTRITION AND DIABETES EDUCATION TEAM WAS THE PRECEPTOR FOR A LOCAL COLLEGE'S DIETETIC INTERNSHIP PROGRAM TO EDUCATE ON THE IMPORTANCE OF DIABETES EDUCATION IN THE TRI-COUNTY AREA.

TRIBE

TRIBE STANDS FOR TRI-COUNTY BEHAVIORAL HEALTH ENGAGEMENT. THIS NEWLY FORMED COLLABORATION IS A REGIONAL PARTNERSHIP BETWEEN TIDALHEALTH PENINSULA REGIONAL, ATLANTIC GENERAL HOSPITAL AND NINE BEHAVIORAL

Part VI Supplemental Information (Continuation)

HEALTH COMMUNITY PARTNER AGENCIES IN SOMERSET, WICOMICO, AND WORCESTER

COUNTIES. THE IMMEDIATE GOAL IS TO DESIGN BEHAVIORAL HEALTH CRISIS

STABILIZATION CENTERS OR BEHAVIORAL HEALTH URGENT CARE CENTERS WITHIN

THE TRI-COUNTY AREA. THE PRIMARY OBJECTIVES OF THIS PROGRAM ARE TO

REDUCE ED UTILIZATION, HOSPITAL ADMISSIONS TO BOTH TIDALHEALTH

PENINSULA REGIONAL AND ATLANTIC GENERAL HOSPITAL AND READMISSIONS FOR

INDIVIDUALS EXPERIENCING BEHAVIORAL HEALTH ISSUES IN THE TRI-COUNTY

AREA. TRIBE MET THROUGHOUT THE YEAR TO DISCUSS AND IDENTIFY GAPS AND

FRAGMENTATION OF SERVICES IN THE AREA WITH THE GOAL OF PROVIDING MORE

SEAMLESS AND "REAL TIME" BEHAVIORAL HEALTH URGENT CARE AND BEHAVIORAL

HEALTH CARE SERVICES.

HEALING SEATED YOGA

A PROGRAM THROUGH WHICH CANCER PATIENTS AND THEIR CAREGIVERS PRACTICE

YOGA. STUDIES HAVE INDICATED THAT YOGA CAN COMPLEMENT CANCER TREATMENT

AND IT IS USEFUL IN HELPING HEAL THE BODY AND SPIRIT. THE GOAL IS TO

HELP THE PATIENT AND THEIR CAREGIVERS REDUCE STRESS, LOWER FATIGUE,

IMPROVE DAILY LIVING ACTIVITIES AND IMPROVE SLEEP.

WHAT'S COOKING

THE WHAT'S COOKING PROGRAM TEACHES CANCER PATIENTS AND THEIR CAREGIVERS

HOW TO MODIFY THEIR DIETS TO HELP BUILD STRENGTH TO WITHSTAND THE

EFFECT OF CANCER TREATMENTS. THIS EDUCATIONAL CLASS STRESSES THE

IMPORTANCE OF LIMITING SUGAR, ALCOHOL, AND SALT. A REGISTERED DIETICIAN

LEADS THE CLASS AND TEACHES CANCER PATIENTS AND THEIR CAREGIVERS HOW TO

PREPARE HEALTHY FOOD DISHES USING FRUITS, VEGETABLES, BEANS, AND

HEALTHY GRAINS. THE REGISTERED DIETICIAN ALSO HAS TOPICS OF DISCUSSION

DURING THESE SESSIONS AND THE PARTICIPANTS CAN TASTE TEST THE DISHES

Part VI Supplemental Information (Continuation)

AND ASK QUESTIONS.

TAI CHI FOR BETTER BALANCE

THE TAI CHI FOR BETTER BALANCE PROGRAM IMPROVES PHYSICAL STRENGTH, BALANCE, CIRCULATION, STRESS LEVELS AND AMBULATION AMONG CANCER PATIENTS. THE PROGRAM IS LED BY AN INSTRUCTOR WHO TEACHES HOUR LONG CLASSES FOR A VARIETY OF PATIENT LEVELS. TAI CHI CLASSES ARE OFFERED IN MANY HOSPITALS AND CANCER CENTERS. THE CLASSES HELP SUPPORT RECOVERY AND AMBULATION, WHICH IS CRITICAL FOR CANCER PATIENTS IN THEIR BATTLE.

PROSTATE CANCER SUPPORT GROUP

THIS PROGRAM MEETS BI-MONTHLY FOR PATIENTS AND THEIR CAREGIVERS WHO HAVE BEEN AFFECTED BY PROSTATE CANCER. THE GOAL OF THIS SUPPORT GROUP IS TO PROVIDE EMOTIONAL SUPPORT TO FAMILIES OF PROSTATE CANCER PATIENTS IN ADDITION TO HELPING LOVED ONES ADJUST TO SUPPORTING THEIR FAMILY MEMBER WHO HAS PROSTATE CANCER. IT HAS IMPROVED PSYCHOLOGICAL WELLBEING OF PATIENTS, REDUCED ANXIETY AND DEPRESSION, AND OVERALL IMPROVED THE QUALITY OF LIFE FOR THESE PATIENTS GOING THROUGH PROSTATE CANCER.

CANCER THRIVING AND SURVIVING

THIS CLASS IS FOR CURRENT CANCER PATIENTS AND THEIR CAREGIVERS TO EDUCATE ABOUT THE DIFFICULTIES ASSOCIATED WITH CANCER DIAGNOSIS AND CANCER TREATMENT. CANCER PATIENTS AND THEIR FAMILIES ARE PROVIDED WITH THE TOOLS NEEDED TO LIVE A HEALTHIER LIFE.

CANCER SURVIVOR CAREGIVER SUPPORT GROUP

THIS PROGRAM GATHERS SURVIVORS, CURRENT CANCER PATIENTS AND CAREGIVERS FROM PAST AND PRESENT TO OFFER SUPPORT AND CONNECT WITH EACH OTHER. THE WEEKLY SUPPORT GROUP'S FOCUSES ARE TO EDUCATE, NETWORK AND ENJOY

Part VI Supplemental Information (Continuation)

FELLOWSHIP WITH PAST AND PRESENT CANCER PATIENTS AND THEIR CAREGIVERS.

THIS NETWORK CAN PROVIDE ADVICE ABOUT CURRENT AND FUTURE DIFFICULTIES

THAT CURRENT CANCER PATIENTS AND THEIR CAREGIVERS MAY FACE.

FOOD DISTRIBUTION

THIS PROGRAM IS USED TO PROVIDE CLEAN, NUTRITIOUS FOOD TO NOURISH

PATIENTS IN THEIR FIGHT AGAINST CANCER. A SHARE OF ORGANIC VEGETABLES

IS PROVIDED TO CANCER PATIENTS AND CANCER SURVIVORS. DURING THE MONTHS

OF MAY-OCTOBER, VEGETABLES ARE PRIMARILY PROVIDED FROM THE HEALING ROSE

GARDEN. DURING THE MONTHS OF DECEMBER-APRIL OR DURING PERIODS OF LOW

VEGETABLE PRODUCTION, VEGETABLES ARE PURCHASED BY A LOCAL ORGANIZATION

TO PROVIDE FOR CANCER PATIENTS. THIS PROGRAM IS ESPECIALLY VALUABLE FOR

CANCER PATIENTS WHO HAVE FOOD INSECURITIES OR COME FROM A POORER

QUALITY OF LIFE AND CANNOT AFFORD THESE NUTRITIOUS FOODS. THESE

WHOLESOME, CLEAN FOOD HELPS TO OVERCOME FOOD INSECURITY AND GET CANCER

PATIENTS HEALTHIER.

TIDALHEALTH PENINSULA REGIONAL PARTICIPATES WITH MANY PARTNERS THAT

MAKE IT POSSIBLE TO CREATE AND DELIVER POPULATION PROGRAMS THAT IMPROVE

THE HEALTH OF THE COMMUNITIES WE SERVE. THESE PARTNERS HAVE PROVIDED

EXPERTISE AND ALLOCATED RESOURCES TO MEET THOSE URGENT HEALTHCARE NEEDS

WITHIN OUR COMMUNITY. SOME OF THESE PARTNERS INCLUDE: WICOMICO COUNTY

HEALTH DEPARTMENT, SOMERSET COUNTY HEALTH DEPARTMENT, WORCESTER COUNTY

HEALTH DEPARTMENT, WICOMICO COUNTY LOCAL HEALTH IMPROVEMENT COALITION,

THE CITY OF SALISBURY, YMCA, CRISFIELD CLINIC, CHESAPEAKE HEALTH CARE,

SWIFT, SALISBURY FIRE DEPARTMENT/EMS, ATLANTIC GENERAL HOSPITAL, FAITH

BASED ORGANIZATIONS, MAC (MAINTAINING ACTIVE CITIZENS), LOCAL COLLEGES/

AND SCHOOLS, C.O.A.T., NATIONAL KIDNEY FOUNDATION, PENINSULA REGIONAL

Part VI Supplemental Information (Continuation)

EMPLOYEES, POST-ACUTE CARE FACILITIES, HALO, WALK WICOMICO (COALITION),

LOWER SHORE CLINIC, WICOMICO COUNTY SHERIFF'S OFFICE, RESOURCE AND

RECOVERY CENTER AND OTHERS. SHERIFF'S OFFICE, RESOURCE AND RECOVERY

CENTER AND OTHERS.

REMOTE PATIENT MONITORING

THE REMOTE PATIENT MONITORING PROGRAM AT TIDALHEALTH HELPS MEDICARE

PATIENTS WITH CHRONIC CONDITIONS LIKE DIABETES, COPD, CHF, OR

RESPIRATORY FAILURE ADHERE TO PROTOCOLS, MEDICATIONS, AND MEDICAL

INSTRUCTIONS. EQUIPMENT IS RENTED TO THE PATIENT FREE OF CHARGE AFTER

DISCHARGE FROM THE HOSPITAL FOR 60 DAYS. DURING THE 60-DAY PERIOD,

HEALTHCARE WORKERS HELP TO EDUCATE THE PATIENT ON MONITORING THEIR

VITALS, MEDICATIONS, ETC. TO REDUCE READMISSION RATES TO THE HOSPITAL

AND INCREASE PATIENT/CAREGIVER ENGAGEMENT. AFTER THE 60-DAY PERIOD,

PATIENTS ARE ENCOURAGED TO PURCHASE THEIR OWN MONITORING EQUIPMENT

WHICH THEN CAN BE USED IN THE FUTURE FOR SELF-MONITORING.

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM ROLES

TIDALHEALTH IS ANCHORED BY TWO HOSPITALS, TIDALHEALTH PENINSULA

REGIONAL AND TIDALHEALTH NANTICOKE. IN ADDITION, TIDALHEALTH INCLUDES

AN EXPANSIVE PHYSICIAN NETWORK (TIDALHEALTH PENINSULA MEDICAL GROUP)

WITH MORE THAN 300 PROVIDERS IN 23 SPECIALTIES ACROSS 30 LOCATIONS.

TIDALHEALTH PENINSULA REGIONAL IS PART OF TIDALHEALTH. THE SYSTEM

INCLUDES A FOUNDATION AND ENTITIES WITH INTERESTS IN VARIOUS HEALTH

CARE JOINT VENTURES. IN ADDITION TO THE COMMUNITY BENEFITS PROVIDED BY

THE MEDICAL CENTER, THE HEALTH SYSTEM EVALUATES THE NEEDS OF THE

COMMUNITY AND WILL PARTICIPATE IN COMMUNITY BENEFIT PROGRAMS AS NEEDED

Part VI Supplemental Information (Continuation)

AS COLLABORATORS WITH OUR OTHER ENTITIES AND THOSE PARTNERS OUTSIDE OF

OUR SYSTEM.

PART VI, LINE 7:

COMMUNITY BENEFIT REPORT STATE FILINGS

STATE(S) WITH WHICH THE ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:

MARYLAND

FINAL

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **TIDALHEALTH PENINSULA REGIONAL, INC.** Employer identification number **52-0591628**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GOOD OLE BOYS FOUNDATION, INC 36111 PEAR TREE RD MILLSBORO, DE 19966	46-1526864	501(C)(3)	12,000.	0.			DONATION HOUSE FIRE FUND
JUNIOR ACHIEVEMENT OF THE EASTERN SHORE - 327 TILGHMAN RD STE 100 - SALISBURY, MD 21804	52-1461040	501(C)(3)	10,000.	0.			FINANCE VIRTUAL PARK AND INSPIRE CAMPAIGN DONATIONS
UNITED WAY OF THE LOWER EASTERN SHORE - 803 N SALISBURY BLVD SYE 2100 - SALISBURY, MD 21801	52-0646895	501(C)(3)	10,000.	0.			HEALTH LITERACY PROGRAM SUPPORT
YMCA OF THE CHESAPEAKE INC 111-1 E DOVER RD EASTON, MD 21601	52-0646895	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN DONATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4.

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION CHOOSES TO SUPPORT OTHER ORGANIZATIONS WHICH ALSO ARE WORKING TO IMPROVE THE LOCAL COMMUNITY SERVED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
TIDALHEALTH PENINSULA REGIONAL, INC.

Employer identification number
52-0591628

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVEN LEONARD PRESIDENT/CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	794,032.	194,656.	13,218.	196,583.	19,849.	1,218,338.	0.
(2) BRUCE I. RITCHIE CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	556,082.	96,637.	21,235.	145,343.	19,176.	838,473.	0.
(3) LURA LUNSFORD V.P OPERATIONS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	542,769.	87,520.	15,604.	58,693.	5,807.	710,393.	0.
(4) KARIN DIBARI, M.D. V.P. TH MEDICAL PARTNERS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	496,039.	86,194.	19,183.	64,659.	18,476.	684,551.	0.
(5) CHARLES SILVIA JR., M.D. V.P. CHIEF MEDICAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	503,636.	60,753.	1,218.	56,511.	11,814.	633,932.	0.
(6) TIMOTHY FEIST V.P CHIEF COMPLIANCE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	300,171.	39,473.	1,218.	97,325.	13,031.	451,218.	0.
(7) JAMES TRUMBLE, M.D. V.P. CLINICAL INTEGRATION	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	357,789.	45,329.	9,761.	14,752.	18,875.	446,506.	0.
(8) SARAH SCOTT V.P. PEOPLE & ORGANIZATON DEV	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	308,305.	41,582.	1,218.	55,184.	11,531.	417,820.	0.
(9) SARAH ARNETT CHIEF NURSING OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	274,600.	48,173.	15,199.	47,368.	4,331.	389,671.	0.
(10) KATHRYN FIDDLER V.P. POPULATION HEALTH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	263,956.	36,840.	1,218.	37,297.	2,332.	341,643.	0.
(11) STEPHANIE GARY V.P. FINANCE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	165,370.	0.	51,499.	9,718.	0.	226,587.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

PROCESS FOR DETERMINING COMPENSATION

A COMPENSATION COMMITTEE OF TIDALHEALTH INC. (THI), THE SOLE CORPORATE

MEMBER OF THE FILING ORGANIZATION, DETERMINES THE COMPENSATION OF THE

CEO/EXECUTIVE DIRECTOR OF THE ORGANIZATION. THE CEO OF THE ORGANIZATION HAS

A WRITTEN EMPLOYMENT CONTRACT. THE COMPENSATION COMMITTEE USES AN

INDEPENDENT CONSULTANT, COMPENSATION SURVEYS, AND OTHER ORGANIZATION'S FORM

990 IN THE DETERMINATION PROCESS AND KEEPS CONTEMPORANEOUS RECORDS OF

DECISIONS MADE.

PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

THI HAS A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN (UNDER SECTION 457

(F)). THIS PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE THI

BOARD OF DIRECTORS TO SUPPLEMENT THE EXECUTIVE'S RETIREMENT INCOME. THE

SUPPLEMENTAL RETIREMENT PLAN WAS DEVELOPED BASED ON AN INDEPENDENT

CONSULTANT REPORT ON MARKET-BASED PRACTICES FOR SUPPLEMENTAL RETIREMENT

PLANS. THE PERCENTAGE OF FINAL AVERAGE PAY, THE REQUIREMENTS FOR

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

VESTING, PARTICIPANTS, AND PAY-OUT PROVISIONS WERE ESTABLISHED,
REVIEWED, AND APPROVED BY THE COMPENSATION COMMITTEE. THE CONTRIBUTIONS
TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN
SCHEDULE J, PART II, COLUMN C OR IN SCHEDULE J, PART II, COLUMN B(III)
AS PART OF DEFERRED COMPENSATION.

THE FOLLOWING INDIVIDUALS PARTICIPATED IN THIS SUPPLEMENTAL
NON-QUALIFIED RETIREMENT PLAN:

- STEVEN LEONARD
- BRUCE RITCHIE
- KARIN DIBARI

THI PROVIDED THE FOLLOWING FUNDING AMOUNTS DURING 2021:

STEVEN LEONARD \$140,000

PART I, LINE 6A, 6B AND 7

CONTINGENT COMPENSATION AND NON-FIXED PAYMENTS

OFFICERS AND KEY EMPLOYEES OF THE FILING ORGANIZATION ARE PAID BY THI.

THE COMPENSATION IS DETERMINED BY A NUMBER OF VARIABLES INCLUDING BUT

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

NOT LIMITED TO INDIVIDUAL GOALS AS WELL AS ORGANIZATION OPERATIONAL

ACHIEVEMENTS IN SERVICE, QUALITY, SAFETY, EMPLOYEE SATISFACTION, AND

COST. THE FINAL DETERMINATION OF THE CONTINGENT COMPENSATION AMOUNT IS

DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL

COMPENSATION REVIEW OF OFFICERS AND KEY EMPLOYEES.



**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

TIDALHEALTH PENINSULA REGIONAL, INC.

Employer identification number

52-0591628

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TIDALHEALTH PENINSULA REGIONAL IS A NOT-FOR-PROFIT 501(C)(3) NON-STOCK

CORPORATION FOUNDED IN 1897 TO SERVE THE HEALTH CARE NEEDS OF THE

COMMUNITY. THE HOSPITAL'S PRIMARY PURPOSE IS TO PROVIDE THE HIGHEST

PRIMARY, SECONDARY, AND SELECTED TERTIARY HEALTH CARE SERVICES TO

RESIDENTS OF AND VISITORS TO THE MID-DELMARVA PENINSULA IN A COMPETENT,

COMPASSIONATE, AND COST-EFFECTIVE MANNER DESIGNED TO ELICIT A HIGH

DEGREE OF CUSTOMER SATISFACTION. THE HOSPITAL'S MISSION IS TO IMPROVE

THE HEALTH OF THE COMMUNITIES WE SERVE BY PROVIDING QUALITY MEDICAL

CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE.

IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, EFFORTS WILL

BE TAKEN TO ASSURE CARE AT AN AFFORDABLE COST, OR OBTAINED ASSISTANCE

THROUGH APPROPRIATE AGENCIES ON THE PATIENT'S BEHALF. EMERGENCY

SERVICES CARE WILL BE PROVIDED TO EVERYONE REGARDLESS OF ABILITY TO

PAY.

TIDALHEALTH PENINSULA REGIONAL SERVED OVER 16,000 INPATIENTS AND

PROVIDED MORE THAN 410,000 OUTPATIENT SERVICES DURING FISCAL 2022.

FOOD SERVICE PROVIDED MORE THAN 465,000 MEALS TO PATIENTS AND

EMPLOYEES.

ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE

OPERATION AND STABILITY OF TIDALHEALTH PENINSULA REGIONAL, IT IS

RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PAY FOR

ESSENTIAL MEDICAL SERVICES. THE HOSPITAL, IN KEEPING WITH THE

COMMITMENT TO SERVE ALL MEMBERS OF THE COMMUNITY, DURING FISCAL 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
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PROVIDED:

CHARITY AND OTHER ALLOWANCES TOTALING \$39,867,942

DISCOUNTS TO THIRD PARTY PAYORS INCLUDING PROGRAMS SUCH AS MEDICARE AND

MEDICAID \$35,146,265

WRITE-OFF OF UNCOLLECTIBLE ACCOUNTS \$7,802,301

THE TOTAL UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS IS

\$82,816,508

ALSO PROVIDED ARE MANY WELLNESS PROGRAMS, COMMUNITY EDUCATION AND FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES THAT TIDALHEALTH PENINSULA REGIONAL BELIEVES WILL SERVE A BONA FIDE COMMUNITY HEALTH NEED. SOME OF THE PROGRAMS ARE AS FOLLOWS:

- A VARIETY OF BROCHURES ARE DISPLAYED IN ALL HOSPITAL WAITING AREAS TO EDUCATE MEMBERS OF THE COMMUNITY REGARDING PROGRAMS AND SERVICES.
- WE PROVIDE CHILDBIRTH PREPARATION CLASSES, EXERCISE CLASSES FOR PRENATAL AND POSTPARTUM WOMEN AND CPR CLASSES.
- WE PROVIDE ASSISTANCE TO EDUCATORS THROUGH OUR WORK WITH STUDENT NURSES, RADIOLOGY, RESPIRATORY AND LABORATORY TECHNICIANS.

PROGRAM ACTIVITY

DURING FY 2022, TIDALHEALTH PENINSULA REGIONAL PERFORMED COMMUNITY OUTREACH ACTIVITIES ASSOCIATED WITH COVID-19 TESTING AND VACCINATION CLINICS, FLU CLINICS AND A MOBILE HEALTH INITIATIVE AIMED TO REDUCE UNNECESSARY USE OF THE 911 EMS SYSTEM AND EMERGENCY DEPARTMENT.

SPECIFIC EXAMPLES OF EDUCATION AND OUTREACH PROGRAMS, SUPPORT GROUPS,

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
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COMMUNITY HEALTH SCREENINGS, AND FITNESS AND WELLNESS ACTIVITIES

SUPPORTED BY TIDALHEALTH PENINSULA REGIONAL ARE AS FOLLOWS:

COMMUNITY EDUCATIONAL AND OUTREACH PROGRAMS

- CPR
- CHILDBIRTH PREPARATION CLASSES
- REFRESHER COURSE - CHILDBIRTH
- INFANT CARE CLASSES
- SAFE SITTER PROGRAM
- WOMEN'S HEALTH EDUCATION

SUPPORT GROUPS

- DIABETES SUPPORT GROUP
- HEAD AND NECK CANCER SUPPORT GROUP
- CAREGIVER SUPPORT GROUP

EVENTS:

- COMMUNITY SCREENINGS
- HEIGHT/WEIGHT, BLOOD PRESSURE
- SKIN CANCER SCREENINGS
- ORAL, HEAD AND NECK CANCER SCREENINGS
- HEARING SCREENINGS
- FLU CLINIC
- EDUCATIONAL EXHIBITS TO PROMOTE HEALTHY LIFESTYLES

BENEFITS:

- UNITED WAY

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
--	--

FITNESS/EXERCISE PROGRAMMING:

- CARDIAC REHABILITATION
- EXERCISES FOR STRENGTH AND ENDURANCE
- STEPPING ON FALLS PREVENTION PROGRAM

FORM 990, PART VI, SECTION A, LINE 2:

BUSINESS RELATIONSHIPS

STEVEN LEONARD AND MEMO DIRIKER ARE MEMBERS OF THE BOARD OF DIRECTORS OF PENINSULA HEALTH VENTURES, A WHOLLY-OWNED TAXABLE SUBSIDIARY OF TIDALHEALTH, INC.

BRUCE I. RITCHIE, TPR'S CFO, ALSO SERVES AS SECRETARY/TREASURER OF PENINSULA HEALTH VENTURES.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS

TIDALHEALTH, INC. IS THE SOLE CORPORATE MEMBER OF TIDALHEALTH PENINSULA REGIONAL, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTION OF MEMBERS OF GOVERNING BODY

IN ITS CAPACITY AS THE SOLE CORPORATE MEMBER OF THE ORGANIZATION, TIDALHEALTH, INC. HAS THE ABILITY TO ELECT MEMBERS OF THE ORGANIZATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS SUBJECT TO APPROVAL

AS THE SOLE CORPORATE MEMBER, TIDALHEALTH, INC. HAS THE ABILITY TO APPROVE

Name of the organization

TIDALHEALTH PENINSULA REGIONAL, INC.

Employer identification number

52-0591628

MAJOR EXPENDITURES AND LONG TERM BORROWINGS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW PROCESS

OVERSIGHT OF THE COMPLETION OF THE ORGANIZATION'S FORM 990 HAS BEEN

DELEGATED TO THE CHIEF FINANCIAL OFFICER OF TIDALHEALTH, INC. BY THE

PRESIDENT OF THE ORGANIZATION. ONCE THE FORM 990 AND ALL SCHEDULES HAVE

BEEN PREPARED BY THE ORGANIZATION'S INDEPENDENT TAX SERVICES PROVIDER, THEY

ARE REVIEWED BY THE PRESIDENT PRIOR TO FILING. A COPY OF THE FORM 990 WAS

MADE AVAILABLE TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO THE FILING

WITH IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

THE BOARD OF TRUSTEES ARE REQUIRED TO DISCLOSE ANNUALLY, IN WRITING, ANY

AND ALL INTEREST WHICH THEY OR ANY IMMEDIATE MEMBER OF THEIR FAMILY MAY

HAVE IN ANY BUSINESS ENTITY WHICH HAS OR SEEKS A CONTRACTUAL OR COMPETITIVE

RELATIONSHIP WITH THE ORGANIZATION. THE BOARD HAS THE AUTHORITY TO

DETERMINE IF A VIOLATION HAS OCCURRED AND WHETHER ANY INTEREST WHICH SHOULD

BE DISCLOSED SHOULD DISQUALIFY A DIRECTOR FROM PARTICIPATING IN ANY

SPECIFIC BOARD DISCUSSION OR BOARD MEMBERSHIP. ALL DISCLOSURES ARE REVIEWED

BY THE ORGANIZATION'S CHIEF COMPLIANCE OFFICER. ANY CONFLICTS ARE PRESENTED

TO THE BOARD. IF A PERSON IS CONFLICTED, THEY WILL RECUSE THEMSELVES FROM

ALL DISCUSSIONS AND DELIBERATIONS TO WHICH THEY WOULD APPEAR TO BE

CONFLICTED.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
--	--

A COMPENSATION COMMITTEE OF TIDALHEALTH INC. (THI), THE SOLE CORPORATE MEMBER OF THE FILING ORGANIZATION, DETERMINES THE COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR OF THE ORGANIZATION. THE CEO OF THE ORGANIZATION HAS A WRITTEN EMPLOYMENT CONTRACT. THE COMPENSATION COMMITTEE USES AN INDEPENDENT CONSULTANT, COMPENSATION SURVEYS, AND OTHER ORGANIZATION'S FORM 990 IN THE DETERMINATION PROCESS AND KEEPS CONTEMPORANEOUS RECORDS OF DECISIONS MADE.

FORM 990, PART VI, SECTION C, LINE 19:

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE PUBLIC INFORMATION OFFICE OF TIDALHEALTH PENINSULA REGIONAL AT 100 EAST CARROLL STREET, SALISBURY, MD 21801.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	56,881,403.
MANAGEMENT AND GENERAL EXPENSES	6,211,553.
FUNDRAISING EXPENSES	225,624.
TOTAL EXPENSES	63,318,580.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	63,318,580.

FORM 990, PART X, LINE 20:

TAX EXEMPT BONDS

IN FEBRUARY 2015 MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY ("MHHEFA") AUTHORIZED THE ISSUANCE OF \$126,665,000 AGGREGATE PRINCIPAL AMOUNT OF REVENUE BONDS (SERIES 2015 REVENUE BONDS) AT A

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
--	--

PREMIUM OF \$20,770,000. IN MAY 2020, MHHEFA AUTHORIZED THE ISSUANCE OF \$95,995,000 AGGREGATE PRINCIPAL AMOUNT OF REVENUE BONDS (SERIES 2020A REVENUE BONDS) AT A PREMIUM OF \$5,944,000.

THE OBLIGATED GROUP FOR THE 2020A AND 2015 BONDS (COLLECTIVELY THE "BONDS") CONSISTS OF TIDALHEALTH, INC., TPR, TN AND TPN AND THE OBLIGATED GROUP FOR THE SERIES 2021A AND B TAXABLE NOTES (COLLECTIVELY THE "TAXABLE NOTES"), CONSISTS OF TIDALHEALTH, TPR, TMP, TN, TPN AND MCCREADY FOUNDATION, INC.

SUPPLEMENTAL INFORMATION ON TAX-EXEMPT BONDS IS REPORTED ON SCHEDULE K OF FORM 990 FOR TIDALHEALTH INC., THE PARENT ORGANIZATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION ADJUSTMENT	-3,104,128.
CHANGE IN ENDOWMENT	547,694.
EQUITY TRANSFERS	77,145.
INVESTMENT IN SUBSIDIARIES	-54,897,829.
PARTNERSHIP INCOME - TAX ADJUSTMENT	97,106.
TOTAL TO FORM 990, PART XI, LINE 9	-57,280,012.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **TIDALHEALTH PENINSULA REGIONAL, INC.** Employer identification number **52-0591628**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
TIDALHEALTH, INC. - 52-2132761 100 EAST CARROLL STREET SALISBURY, MD 21801	PARENT	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
TIDALHEALTH FOUNDATION, INC. - 52-1851935 100 EAST CARROLL STREET SALISBURY, MD 21801	FUNDRAISING	MARYLAND	501(C)(3)	LINE 7	TIDALHEALTH, INC.		X
TIDALHEALTH PHYSICIAN NETWORK - 51-0224470 801 MIDDLEFORD ROAD SEAFORD, DE 19973	HEALTH SERVICES	DELAWARE	501(C)(3)	LINE 10	TIDALHEALTH, INC.		X
TIDALHEALTH NANTICOKE, INC. - 51-0069243 801 MIDDLEFORD ROAD SEAFORD, DE 19973	HOSPITAL	DELAWARE	501(C)(3)	LINE 3	TIDALHEALTH, INC.		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DELMARVA PENINSULA INSURANCE COMPANY - 98-1110617, PO BOX 1159, , GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	INSURANCE	CAYMAN ISLANDS	501(C)(3)		TIDALHEALTH, INC.	X	
PENINSULA GENERAL HOSPITAL INS TRUST - 52-6321234, 100 EAST CARROLL STREET, SALISBURY, MD 21801	INSURANCE	MARYLAND	501(C)(3)	LINE 12C, III-FI	TIDALHEALTH, INC.		X
MCCREADY FOUNDATION, INC. - 52-0607921 201 HALL HIGHWAY CRISFIELD, MD 21817	HOSPITAL	MARYLAND	501(C)(3)	LINE 10	TIDALHEALTH, INC.		X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
DELMARVA ENDOSC CTR - 83-1509115, 11103 CATHAGE ROAD, BERLIN, MD 21801	HEALTH CARE	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PENINSULA HEALTH VENTURES (PHV) - 52-2250012 100 EAST CARROLL STREET SALISBURY, MD 21801	P' SHIP INVESTMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
PRLTC, INC. - 52-2190588 100 EAST CARROLL STREET SALISBURY, MD 21801	LONG TERM CARE	MD	N/A	C CORP	N/A	N/A	N/A		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m	X	
1n	X	
1o	X	
1p		X
1q	X	
1r	X	
1s	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	DELMARVA PENINSULA INSURANCE COMPANY	R	6,226,734.	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

FINAL

Consolidated Financial Statements,
Supplementary Information and Report
of Independent Certified Public
Accountants

TidalHealth, Inc.

June 30, 2022 and 2021

FINAL



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GRANT THORNTON LLP

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Board of Directors
TidalHealth, Inc.

Opinion

We have audited the consolidated financial statements of TidalHealth, Inc. and subsidiaries, (the "Health System"), which comprise the consolidated balance sheets as of June 30, 2022 and 2021, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Health System as of June 30, 2022 and 2021, and the results of its operations 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 of the consolidated financial statements in accordance with auditing standards generally accepted in the United States of America ("US GAAS"). 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 Health System 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 consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS 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 made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the 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 Health System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System'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.

Supplementary Information

The accompanying consolidating balance sheet as of June 30, 2022 and the related consolidating statement of operations for the year then ended are presented for purposes of additional analysis, rather than to present the financial position, results of operations, and cash flows of the individual entities, and are not a required part of the consolidated financial statements. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Grant Thornton LLP

TidalHealth, Inc.

CONSOLIDATED BALANCE SHEETS

June 30,

(Dollar amounts in thousands)

	<u>2022</u>	<u>2021</u>
ASSETS		
Current assets		
Cash and cash equivalents	\$ 46,782	\$ 181,183
Short-term investments	7,244	7,436
Assets limited as to use	1,214	2,003
Patient accounts receivable	77,423	66,312
Supplies	17,000	15,125
Prepays and other	<u>22,473</u>	<u>13,407</u>
Total current assets	172,136	285,466
Investments	437,690	513,644
Assets limited as to use		
Under debt agreement	43,918	54,679
Self-insurance fund	36,878	37,088
Donor-restricted fund	<u>56,992</u>	<u>61,591</u>
	137,788	153,358
Property and equipment, net	299,887	323,179
Other assets	<u>46,611</u>	<u>53,609</u>
Total assets	<u>\$ 1,094,112</u>	<u>\$ 1,329,256</u>

The accompanying notes are an integral part of these consolidated financial statements.

TidalHealth, Inc.

CONSOLIDATED BALANCE SHEETS - CONTINUED

June 30,

(Dollar amounts in thousands)

	<u>2022</u>	<u>2021</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Current portion of long-term debt	\$ 5,843	\$ 5,597
Current portion of lease liability	1,379	1,779
Current portion of self-insurance liabilities	1,952	2,003
Accounts payable	29,692	40,726
Accrued liabilities	49,417	51,166
Advances from third-party payors	41,831	121,527
Total current liabilities	<u>130,114</u>	<u>222,798</u>
Long-term debt, less current portion	228,685	235,213
Lease liability, less current portion	3,912	5,090
Self-insurance liabilities	37,280	28,636
Accrued retirement benefits	1,098	777
Other liabilities	3,018	5,474
Total liabilities	<u>404,107</u>	<u>497,988</u>
Net assets		
Without donor restrictions	627,388	764,459
With donor restrictions	62,617	66,809
Total net assets	<u>690,005</u>	<u>831,268</u>
Total liabilities and net assets	<u>\$ 1,094,112</u>	<u>\$ 1,329,256</u>

The accompanying notes are an integral part of these consolidated financial statements.

TidalHealth, Inc.

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

Years ended June 30,
(Dollar amounts in thousands)

	<u>2022</u>	<u>2021</u>
NET ASSET WITHOUT DONOR RESTRICTIONS		
Revenue		
Patient service revenue	\$ 727,377	\$ 696,019
Other revenue	<u>35,900</u>	<u>33,707</u>
Total revenue	763,277	729,726
Expenses		
Salaries and wages	374,523	296,860
Supplies and other expenses	314,160	320,668
Employee benefits	77,333	80,032
Depreciation and amortization	44,445	40,686
Interest	<u>7,087</u>	<u>8,532</u>
Total expenses	<u>817,548</u>	<u>746,778</u>
Loss from operations before other items	(54,271)	(17,052)
Other items		
Investment return	(81,906)	105,591
Other pension gains	5,861	4,078
Loss on extinguishment of debt	<u>-</u>	<u>(3,660)</u>
Total other items	<u>(76,045)</u>	<u>106,009</u>
(Deficiency in) excess of revenue over expenses	(130,316)	88,957
Non-controlling interest in earnings of controlled subsidiary	<u>-</u>	<u>67</u>
(Deficiency in) excess of revenue over expenses attributable to TidalHealth, Inc.	(130,316)	89,024

The accompanying notes are an integral part of these consolidated financial statements.

TidalHealth, Inc.

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS - CONTINUED

Years ended June 30,
(Dollar amounts in thousands)

	<u>2022</u>	<u>2021</u>
Net assets without donor restrictions - continued		
(Deficiency in) excess of revenue over expenses attributable to TidalHealth, Inc. (from previous page)	\$ (130,316)	\$ 89,024
Other changes in net assets without donor restrictions:		
Net assets released from restrictions	112	44
Other	-	962
Change in non-controlling interest	-	(1,956)
Other changes in accrued retirement benefits	(6,867)	39,863
	<u>(137,071)</u>	<u>127,937</u>
(Decrease) increase in net assets without donor restrictions	(137,071)	127,937
Net assets with donor restrictions		
Contributions	2,083	2,417
Net realized gains on investments	6,096	6,277
Change in unrealized gains and losses on investments	(11,925)	5,783
Net assets released from restrictions	(446)	(152)
	<u>(4,192)</u>	<u>14,325</u>
(Decrease) increase in net assets with donor restrictions	(4,192)	14,325
(Decrease) increase in net assets	(141,263)	142,262
Net assets at beginning of year	<u>831,268</u>	<u>689,006</u>
Net assets at end of year	<u>\$ 690,005</u>	<u>\$ 831,268</u>

The accompanying notes are an integral part of these consolidated financial statements.

TidalHealth, Inc.

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years ended June 30,
(Dollar amount in thousands)

	<u>2022</u>	<u>2021</u>
Operating activities:		
(Decrease) increase in net assets	\$ (141,263)	\$ 142,262
Adjustments to reconcile (decrease) increase in net assets to net cash (used in) provided by operating activities:		
Loss on extinguishment of debt	-	3,660
Depreciation and amortization	44,445	40,686
Other changes in accrued retirement benefits	6,867	(39,863)
Amortization of original issue premium and financing costs	(730)	(502)
Equity in earnings of unconsolidated joint ventures	(2,438)	(2,543)
Losses on sale of property and equipment	4,063	9
Net realized and unrealized gains and losses on investments	92,337	(110,964)
Proceeds from restricted contributions	(2,083)	(2,417)
Changes in operating assets and liabilities:		
Patient accounts receivable	(11,111)	(9,292)
Supplies and other assets	(19,983)	5,350
Distributions from unconsolidated joint ventures	2,474	3,488
Accounts payable and accrued liabilities	(12,783)	24,661
Accrued retirement benefits	8,165	6,666
Other liabilities	6,137	2,485
Lease liability	(1,578)	(1,691)
Advances from third-party payors	198	(250)
Net cash (used in) provided by operating activities	<u>(27,283)</u>	<u>61,745</u>
Investing activities:		
Change in investments and assets limited as to use	168	1,789
Investment in unconsolidated joint ventures	(113)	(409)
Purchases of property and equipment, net	<u>(23,810)</u>	<u>(48,153)</u>
Net cash used in investing activities	<u>(23,755)</u>	<u>(46,773)</u>
Financing activities:		
Proceeds from restricted contributions	2,083	2,417
Advances from third-party payors - Medicare Advances	(79,894)	(11,282)
Debt issuance costs	-	(454)
Proceeds from long-term debt	-	132,462
Repayments of long-term debt	<u>(5,552)</u>	<u>(136,456)</u>
Net cash used in financing activities	<u>(83,363)</u>	<u>(13,313)</u>
Net (decrease) increase in cash and cash equivalents	<u>(134,401)</u>	<u>1,659</u>
Cash and cash equivalents at beginning of year	<u>181,183</u>	<u>179,524</u>
Cash and cash equivalents at end of year	<u>\$ 46,782</u>	<u>\$ 181,183</u>

The accompanying notes are an integral part of these consolidated financial statements.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2022 and 2021
(Dollar amounts in thousands)

NOTE 1 - ORGANIZATION AND MISSION

TidalHealth, Inc. ("TidalHealth") is a not-for-profit Maryland membership corporation, that serves as the parent company to a group of affiliated non-profit and for-profit entities (collectively the "Health System"). The Health System's mission is to improve the health of communities of the eastern shore of Maryland, southern Delaware, northern Virginia and portions of the Delaware-Maryland-Virginia Peninsula (the "Delmarva Peninsula"). The Health System's group of affiliated non-profit and for-profit entities are as follows:

TidalHealth Peninsula Regional, Inc. (the "TPR") is a not-for-profit, nonstock corporation founded in 1897 to serve the health care needs of its region. Service areas include the Maryland counties of Wicomico, Dorchester, Somerset, and Worcester; southern Delaware; and the northern Eastern Shore of Virginia.

TidalHealth Nanticoke, Inc. (the "TN"), a not-for-profit 99-licensed bed hospital in Seaford, Delaware, serving the health care needs of Sussex County.

TidalHealth Medical Partners, LLC ("TMP"), a not-for-profit physician practice organization which operates a physician network providing integrated physician services for the Health System, including the following supporting not-for-profit physician practice organizations: TidalHealth Primary Care, LLC, TidalHealth Specialty Care, LLC and TidalHealth Physician Network (the "TPN").

McCready Foundation, Inc., a not-for-profit that operates the Alice Byrd Tawes Nursing Home (the "Nursing Home"), a 76-licensed bed skilled nursing home and Chesapeake Cove Assisted Living Center (the "Rehab Center"), a rehabilitation center and assisted living facility.

Peninsula Health Ventures, Inc. ("Health Ventures") is a for-profit corporation organized for the purpose of owning, developing, operating, and investing in health care enterprises on the Delmarva Peninsula.

Peninsula Women's Center, LLC d/b/a TidalHealth Surgery Center, operates an ambulatory surgery center.

Peninsula Regional Clinically Integrated Network, LLC participates in the Medicare Shared Savings Program as an Accountable Care Organization ("ACO"), providing Medicare beneficiaries on the Delmarva Peninsula with access to coordinated care.

TidalHealth Foundation, Inc. (the "Foundation") is a not-for-profit, nonstock corporation organized to raise contributions exclusively for the benefit of charitable, educational, medical, and scientific purposes for the Health System.

Delmarva Peninsula Insurance Company ("DPIC"), a Cayman Island captive insurance company that provides professional and general liability insurance to related TidalHealth affiliates.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of the Health System and all affiliated non-profit and for-profit entities as described in Note 1, with the exception of joint ventures where there is less than 50% control or where the Health System does not have the ability to exercise significant influence (see Note 9). Joint ventures where the ownership is greater than 50% or are controlled are included in the accompanying consolidated financial statements and the non-controlling interest is recorded equal to the remaining ownership interest, during 2021, this entity ended its operations. All significant intercompany transactions have been eliminated.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America ("US GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. The most significant management estimates and assumptions are used in recording patient accounts receivable and patient service revenue, estimated settlements with third-party payors, useful lives of property and equipment, goodwill and other intangibles, actuarial estimates for the accrued retirement benefits, professional and general liabilities and workers' compensation costs, the reported fair value of certain assets and liabilities and the allocation of functional expenses. Actual amounts could differ from those estimates.

Fair Value of Financial Instruments

Financial instruments consist of cash equivalents, patient accounts receivable, investments and assets limited as to use, accounts payable, accrued liabilities, advances from third-party payors and long-term debt. The carrying amounts reported in the consolidated balance sheets for cash equivalents, patient accounts receivable, investments and assets limited as to use, accounts payable, accrued liabilities, advances from third-party payors, approximate fair value. Management's estimate of the fair value of other financial instruments is described elsewhere in the notes to the consolidated financial statements.

Cash and Cash Equivalents

Cash and cash equivalents include surplus operating funds invested in money market funds and highly liquid corporate, U.S. government, and agency obligations, all with maturities of less than three months when purchased.

Investments and Assets Limited as to Use

Fair values of all investments, including short-term investments, investments, and assets limited as to use are recorded as described in Notes 7 and 8. Short-term investments represent investments with contractual maturities within one year and current investments in money market funds that have been designated for investment purposes.

Assets limited as to use includes externally held assets held by trustees under a debt agreement and consists of those assets designated for the payments of construction projects, principal and interest due on indebtedness and cost of issuance, externally held assets held by trustees self-insurance programs and assets internally held to meet donor's intentions. Assets limited as to use required to meet current liabilities have been classified as current assets on the consolidated balance sheets.

Investment return, includes interest and dividend, realized gains and losses (the value of securities sold) is based on the specific-identification method and changes in unrealized gains and losses. Investment return on investments of restricted assets are added to or deducted from the appropriate restricted net assets when restricted as to use by the donor.

Patient Accounts Receivable

A receivable is recognized when there is an unconditional right to payment, subject only to the passage of time. Patient accounts receivable, including billed accounts and unbilled accounts, which have the unconditional right to payment, and estimated amounts due from third-party payors for retroactive adjustments, are recorded as receivables since the right to consideration is unconditional and only the passage of time is required before payment of that consideration is due. The estimated uncollectible amounts are generally considered implicit price concessions that are recorded as a direct reduction to patient accounts receivable.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

Discounts ranging from 2.0% to 7.7% of charges are given to Medicare, Medicaid, and certain approved commercial health insurance and health maintenance organization programs for regulated services. Discounts in varying percentages are given for certain unregulated services.

Supplies

Supplies are carried at the lower of cost or market, using the first-in, first-out method.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Construction in progress represents amounts expended or incurred toward property and equipment projects that have not been completed. No depreciation or amortization has been recorded for these items. Interest cost incurred, net of investment income earned on borrowed funds, during the period of construction is capitalized as a component of the cost of acquiring those assets.

Software development costs that are incurred in the preliminary project stage for internal use software are expensed as incurred. During the development stage, direct consulting costs and payroll and payroll-related costs for employees that are directly associated with each project are capitalized and amortized over the estimated useful life of the software once the software is ready for its intended use. Capitalized software is amortized using the straight-line method over its estimated useful life, which is generally seven years. Replacements and upgrades and enhancements to existing systems that result in added functionality are capitalized, while maintenance and repairs are charged to expense as incurred.

Gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted donations. Absent explicit donor stipulations about how long those assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Leases

Arrangements are determined if they are a lease at inception of the contract. Right of use assets represent the right to use the underlying assets for the lease term and lease liabilities represent the obligation to make lease payments arising from the leases. Right of use assets and lease liabilities are recognized at commencement date based on the present value of lease payments over the lease term. An estimated incremental borrowing rate, which is derived from information available at the lease commencement date, in determining the present value of lease payments. The rate is determined based on information obtained from its bankers, its secured debt fair value and publicly available data for instruments with similar characteristics.

The operating leases are primarily for real estate, including off-campus outpatient facilities, medical office buildings, and corporate and other administrative offices, as well as medical and office equipment. The real estate lease agreements typically have initial terms of 5 to 10 years, and equipment lease agreements typically have initial terms of three to five years. Leases with an initial term of 12 months or less ("short-term leases") are not recorded in the consolidated balance sheets.

Real estate leases may include one or more options to renew, with renewals that typically can extend the lease term from 5 to 10 years. The exercise of lease renewal options is at the Health System's sole discretion. In general, these renewal options are not considered to be reasonably likely to be exercised, therefore, renewal options are generally not recognized as part of right of use assets and lease liabilities. The useful life of assets and leasehold improvements are limited by the expected lease term, unless there is a transfer of title or purchase option reasonably certain of exercise. The majority of the medical equipment leases have terms of three years with no renewal options or bargain purchase options, so these assets are depreciated over their lease term.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

Certain lease agreements for real estate include payments based on actual common area maintenance expenses. These variable lease payments are recognized in other operating expenses, net, but are not included in the right-of-use asset or liability balances. The lease agreements do not contain any material residual value guarantees, restrictions or covenants.

Impairment of Long-Lived Assets

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. If long-lived assets are deemed to be impaired, the impairment to be recognized is the amount by which the carrying amount of the assets exceeds the fair value. Assets to be disposed of are reported at the lower of the carrying amount or the fair value less costs to sell. As of June 30, 2022, management believes that no revisions to the remaining useful lives or write-down of long-lived assets are required.

Other Assets

Other assets are comprised of:

	June 30,	
	2022	2021
Investments in unconsolidated joint ventures (Note 9)	\$ 17,634	\$ 17,557
Right to use assets (Note 12)	5,224	6,788
Accrued retirement asset (Note 13)	1,664	16,375
Reinsurance receivable (Note 14)	12,804	6,796
Contributions receivable, net (Note 15)	2,005	1,595
Other	7,280	4,498
	<u>\$ 46,611</u>	<u>\$ 53,609</u>

Estimated Self-Insurance Liabilities

The provision for estimated professional liability claims, general liability claims, and workers' compensation claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Net Assets with Donor Restrictions

Certain net assets are temporarily restricted and whose use has been limited by donors to a specific time period or purpose.

Certain net assets have been permanently restricted by donors to be maintained by the Health System in perpetuity.

Performance Indicator

The performance indicator for is the (deficiency in) of excess of revenue over expenses, which excludes net assets released from restrictions for property acquisitions net of transfers to restricted net assets, changes in non-controlling interest, and other changes in accrued retirement benefits.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or the purpose of the restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported on the consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as contributions in net assets without donor restrictions in the accompanying consolidated financial statements.

Patient Service Revenue

The Health System has the following agreements for patient services: for those provided at the TPR hospital campus, all payors are required to pay the Maryland Health Services Cost Review Commission ("HSCRC") approved rates; and for all other locations, patient services are based on negotiated agreements with third-party payors, including health insurance companies and rates set by government regulations (for payors such as Medicare and Medicaid) that provide for reimbursement at amounts different from established charges. Reimbursement methodologies include prospectively determined rates per discharge, per diem rates, reimbursed costs, and discounted charges.

Patient service revenues are recorded at the amounts that reflect the consideration to which the Health System expects to be entitled to in exchange for providing patient care for both the hospital and any employed physicians. These amounts are due from patients, third-party payors (including managed care organizations and government programs, i.e., Medicare and Medicaid), and others and they include variable consideration for retroactive adjustments due to settlement of future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Generally, patients and third-party payors are billed several days after the services are performed or shortly after discharge. Patient service revenue is recognized in the period in which the performance obligations are satisfied under contracts by transferring services to patients.

Performance obligations are determined based on the nature of the services provided. Revenues are recognized for performance obligations satisfied over time based on actual charges incurred in relation to total expected charges. This method provides an appropriate depiction of the transfer of services over the term of performance obligations based on the inputs needed to satisfy the obligations. Generally, performance obligations are satisfied over time related to patients receiving inpatient acute care services. Performance obligations are measured from admission to the point when there are no further services required for the patient, which is generally the time of discharge. Revenues are recognized for performance obligations satisfied at a point in time, which generally relate to patients receiving outpatient services, when: (1) services are provided; and (2) when it is believed the patient does not require additional services.

Estimates of contractual adjustments and discounts based on government regulations, contractual agreements, discount policies and historical experience, as applicable. The estimates of implicit price concessions based on historical collection experience within each class of patients using a portfolio approach as a practical expedient to account for patient contracts as collective groups rather than individually. The consolidated financial statement effects of using this practical expedient are not materially different from an individual contract approach.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

Advertising Costs

The Health System expenses advertising costs as incurred. For the years ended June 30, 2022 and 2021, advertising costs were \$1,428 and \$1,877, respectively, which are included in supplies and other expenses in the accompanying consolidated statements of operations and changes in net assets.

Income Taxes

TidalHealth has been recognized as supporting organizations exempt from federal income tax under Section 501(c)(3) as described in Section 509(a)(3) of the Internal Revenue Code (the "Code"). TPR and TN have been recognized organizations exempt from federal income tax under Section 501(c)(3) as described in Sections 509(a)(1) and Section 170(b)(1)(A)(iii) of the Code. The Foundation has been recognized as an organization exempt from federal income tax under Section 501(c)(3) as described in Sections 509(a)(1) and Section 170(b)(1)(A)(vi) of the Code. TPN and the McCready Foundation, Inc. have been recognized as organizations exempt from federal income tax under Section 501(c)(3) as described in Section 509(a)(2) of the Code. The Health System is subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code. Each organization has processes presently in place to ensure the maintenance of its tax-exempt status; to identify and report unrelated income; to determine its filing and tax obligations in jurisdictions for which it has nexus; and to identify and evaluate other matters that may be considered tax positions

Peninsula Women's Center, LLC, Peninsula Regional Clinically Integrated Network, LLC, and TMP are limited liability companies with TidalHealth as sole member and are disregarded for income tax purposes. Health Ventures is a for-profit corporation, wholly owned by the Health System. DPIC is a Cayman Island captive insurance company. Under Cayman Islands tax regulations, no tax is imposed on DPIC for premium and investment income.

The Health System follows guidance that clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a tax return, including issues relating to financial statement recognition and measurement. This guidance provides that the tax effects from an uncertain tax position can only be recognized in the financial statements if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged.

The Health System has determined that there are no material uncertain tax positions that require recognition or disclosure in the consolidated financial statements at June 30, 2022 and 2021.

Reclassifications

Certain amounts in the prior-year consolidated financial statements have been reclassified to be consistent with the current-year presentation.

NOTE 3 - IMPACT OF THE COVID-19 PANDEMIC

In March 2020, the World Health Organization declared COVID-19, the disease caused by the novel coronavirus, a pandemic, which started to and continues to spread throughout the United States of America. As a result of the COVID-19 pandemic, the Health System experienced a decline in patient visits, admissions, and medical procedures performed. Elective medical procedures were suspended by state and local governments at varying time periods beginning in mid-March through late May 2020, contributing to a significant decline in patient service revenue due to COVID-19 when compared to historic and forecasted results. Additionally, in response to the pandemic, the Health System incurred additional costs for testing, personal protective equipment, third-party contract services and other operating costs associated with

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

ensuring employee and patient safety while operating during a pandemic. Since late May 2020, the Health System has begun to see increases in its patient visits, admissions, and medical procedures, however, volumes have not returned to pre-pandemic levels. Management is actively monitoring operating revenues, and expenses and based on the continuing uncertainties of COVID-19, it is unable to determine if it will have a material impact on its operations for the year ending June 30, 2023.

The Health System received grant payments, which are considered nonexchange transactions, from the federal government distributed under the Coronavirus Aid, Recovery and Economic Security (“CARES”) Act. For the years ended June 30, 2022 and 2021, payments received of \$14,155 and \$24,449, respectively, and are included in other revenue in the consolidated statements of operations and changes in net assets. These payments are subject to audit and compliance with federal regulations. The Health System believes it has met the conditions to retain these funds, and no amounts are reserved for repayment at June 30, 2022 and 2021. Future grant payments are uncertain at this time.

The CARES Act also provided for an expansion of the Medicare Accelerated and Advance Payment Program for patient services. Under the program, the Health System received \$123,055 in April 2020, and recorded these payments in advances from third-party payors in the consolidated balance sheet. The recoupment period began in April 2021 and amounts billed to Medicare for services provided are offset against the advanced payments received until the advance is fully recouped by the Medicare program. During the years ended June 30, 2022 and 2021, Medicare recouped \$79,894 and \$11,282, respectively, which results in a \$31,879 and \$111,773 of advances from third-party payors in the consolidated balance sheets at June 30, 2022 and 2021, respectively. The Health System repaid the remaining amount in September 2022.

Additionally, the Internal Revenue Service (“IRS”) allowed the Health System to defer remittance of payroll taxes. The deferred tax liability of \$5,228 and \$9,790 at June 30, 2022 and 2021, respectively, is included in accrued liabilities on the consolidated balance sheets. Fifty percent of the deferred payroll taxes was paid by December 31, 2021, with the remaining balance due by December 31, 2022.

NOTE 4 - LIQUIDITY AND AVAILABILITY OF RESOURCES

As of June 30, 2022 and 2021, the adjusted working capital was \$479,047 and \$574,309, respectively, and the adjusted average days of cash on hand was 229 and 359 days, respectively, both of which include long-term investments.

The financial assets available for general expenditure within one year of the consolidated balance sheet date consist of the following:

	June 30,	
	2022	2021
Cash	\$ 46,782	\$ 181,183
Short-term investments	7,244	7,436
Patient accounts receivable	77,423	66,312
Investments	437,690	513,644
	<u>\$ 569,139</u>	<u>\$ 768,575</u>

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

NOTE 5 - CHARITY CARE

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

The Health System maintains records to identify and monitor the level of charity care and community service it provides. These records include the amount of charges foregone based on established rates for services and supplies furnished under its charity care and community service policies and the number of patients receiving services under these policies. The Health System provided \$12,659 and \$12,512 for the years ended June 30, 2022 and 2021, respectively, of charity care at full cost including direct and indirect costs, based on the actual charity population using its cost to charge ratio. The HSCRC includes components within the rates to partially compensate eligible providers for uncompensated care.

Additionally, the Health System provides a wide range of community services to the general public. These include but are not limited to the following: free health screenings for breast cancer, prostate cancer, skin cancer, diabetes, high blood pressure, high blood cholesterol, hearing loss and glaucoma; free educational programs on a variety of health care topics; health fairs and demonstrations; and networking and coordination of services for the needy, elderly, and disabled. These community services are offered at the Health System and at schools, businesses, and other locations throughout the Health System's service area.

NOTE 6 - PATIENT SERVICE REVENUE

The Health System disaggregates revenues from contracts with customers by type of service and payor source as this depicts the nature, amount, timing and uncertainty of its revenues and cash flows as affected by economic factors. Tables providing details of these factors are presented below.

Patient service revenue recognized from major payer sources based on primary insurance designation, is as follows:

	Years ended June 30,	
	2022	2021
Medicare	51%	52%
Medicaid	20	19
Managed care	3	3
CareFirst Blue Cross Blue Shield	12	12
Other, including self-pay	14	14
	<u>100%</u>	<u>100%</u>

The composition of patient care service revenues by type of service for is as follows:

	Years ended June 30,	
	2022	2021
Inpatient	35%	35%
Outpatient	45	50
Physician services	20	15
	<u>100%</u>	<u>100%</u>

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

For services provided at the TPR hospital campus, all payors are required to pay the Maryland Health Services Cost Review Commission (“HSCRC”) approved rates. Management believes that this program will remain in effect at least through June 30, 2023. The major third-party payors, as recognized by the HSCRC, are allowed discounts of up to 7.7% on approved rates. These charges are subject to review and approval by the HSCRC. The total rate of reimbursement for services to patients under the Medicare and Medicaid programs is based on a waiver arrangement between the Centers for Medicare and Medicaid Service and the HSCRC. This waiver arrangement will be in place as long as Maryland hospitals achieve certain savings and improvements, as defined. TPR has an agreement with the HSCRC to participate in its Global Budgeted Revenue (“GBR”) program. GBR methodology encourages hospitals to focus on population health strategies by establishing a fixed annual revenue cap for each GBR hospital. The agreement is evergreen in nature and covers both regulated inpatient and outpatient revenues.

Under GBR, hospital revenue is known at the beginning of each fiscal year, and for the year ending June 30, 2023, is expected to be approximately \$554,025. Annual revenue is calculated from a base year and is adjusted annually for inflation, infrastructure requirements, population changes, performance in quality-based programs, and changes in levels of uncompensated care. Revenue may also be adjusted annually for market levels and shifts of services to unregulated services. The HSCRC’s rate-setting methodology for hospital service centers that provide both inpatient and outpatient services and only outpatient services, consists of establishing an acceptable unit rate for defined inpatient and outpatient service centers within a hospital. The actual average unit charge for each service center is compared to the approved rate monthly and annually. Overcharges and undercharges due to either patient volume or price variances, adjusted for penalties where applicable, are applied to decrease (in the case of overcharges) or increase (in the case of undercharges) in future approved rates on an annual basis. TPR undercharged for the years ended June 30, 2022 and 2021, within the allowable corridor as specified in the GBR Agreement.

The timing of the HSCRC’s rate adjustments for TPR could result in an increase or reduction in rates due to the variances and penalties described above in a year subsequent to the year in which such items occurred, and there is at least a possibility that the amounts may be material. For both the years ended June 30, 2022 and 2021, approximately 45% and 47% of the Health System’s patient service revenue was subject to the HSCRC’s regulations.

Inpatient acute care and outpatient services not located on the TPR hospital campus, including TN and certain other services not regulated by the HSCRC provided to Medicare and Medicaid program beneficiaries, are paid at prospectively determined rates per discharge or outpatient service. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Additionally, there are certain defined Medicare program pass-through items, and certain other costs provisionally reimbursed by Medicare, are paid based on a cost reimbursement methodology or tentative rate. These are ultimately subjected to certain cost limitations or contingent on actual data for the year, with final settlement determined after submission of annual cost reports by TN and audits thereof, by the programs’ fiscal intermediaries.

The TN Medicare cost reports have been audited and finalized through June 30, 2018. Differences between the estimated settlements and the amounts settled are recorded in the year of settlement. Estimated favorable results of appeal items are recorded when realization is reasonably assured. These estimates are included in advances from third-party payors in the consolidated balance sheets. Management uses the expected-value method when determining these amounts. In the opinion of management, adequate provision has been made for any adjustment, which may result from the final settlement of these cost reports, and any appeal issues. For the years ended June 30, 2022 and 2021, patient service revenue includes net losses for settlements and adjustments related to cost reports, audit and appeal items from prior years of \$1,000 and \$251, respectively.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

Laws and regulations governing the HSCRC, Medicare and Medicaid programs, which represent a substantial portion of the patient service revenues, are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Health System believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While there are no currently known regulatory inquiries, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action.

The following table sets forth the detail of patient service revenue:

	Years ended June 30,	
	2022	2021
Gross patient service revenue	\$ 1,156,563	\$ 1,096,176
Less: revenue deductions:		
Charity care	(17,918)	(20,342)
Contractual and other allowances	(386,523)	(360,733)
Implicit price concessions	(24,745)	(19,082)
	<u>\$ 727,377</u>	<u>\$ 696,019</u>

NOTE 7 - INVESTMENTS AND ASSETS LIMITED AS TO USE

Fair value of investments and assets limited as to use is summarized as follows:

	June 30,	
	2022	2021
Cash and cash equivalents	\$ 22,955	\$ 13,640
U.S. Treasury securities	158,293	173,886
Corporate bonds	107,047	117,478
Equity securities	238,456	367,441
Private placement funds		
Hedge	52,242	1,977
Private equity	4,943	1,798
Fixed income	-	221
	<u>583,936</u>	<u>676,441</u>
Less amounts required for current liabilities	<u>(1,214)</u>	<u>(2,003)</u>
	<u>\$ 582,722</u>	<u>\$ 674,438</u>

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

	Years ended June 30,	
	2022	2021
Investment return		
Interest and dividend income	\$ 5,318	\$ 5,992
Realized gains, net	36,064	45,072
Changes in unrealized gains and losses	(122,572)	53,832
Other	(716)	695
	<u>\$ (81,906)</u>	<u>\$ 105,591</u>

NOTE 8 - FAIR VALUE MEASUREMENTS

U.S. GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below.

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Health System has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Health System 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.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

The fair value of private placement funds has been determined using the net asset value (“NAV”) of the funds as provided by the respective fund managers. The NAV is used as a practical expedient to estimate fair value and is excluded from the fair value hierarchy. The underlying investments of these funds consist of securities with readily determinable market values. As of June 30, 2022 and 2021, there were no withdrawal restrictions or unfunded commitments on investments reported at NAV.

The following tables present assets measured at fair value, aggregated by level in the fair value hierarchy within which those measurements fall:

	June 30, 2022			
	Total	Level 1	Level 2	Level 3
Assets				
Cash and cash equivalents	\$ 22,955	\$ 22,955	\$ -	\$ -
U.S. government securities	158,293	130,597	27,696	-
Corporate bonds	107,047	-	107,047	-
Equity securities	238,456	238,456	-	-
	526,751	\$ 391,008	\$ 134,743	\$ -
Private placement funds (at NAV):				
Hedge	52,242			
Private equity	4,943			
	57,185			
	\$ 583,936			
	June 30, 2021			
	Total	Level 1	Level 2	Level 3
Assets				
Cash and cash equivalents	\$ 13,640	\$ 13,640	\$ -	\$ -
U.S. government securities	173,886	148,059	25,827	-
Corporate bonds	117,478	-	117,478	-
Equity securities	367,441	367,441	-	-
	672,445	\$ 529,140	\$ 143,305	\$ -
Private placement funds (at NAV):				
Hedge	1,977			
Private equity	1,798			
Fixed income	221			
	3,996			
	\$ 676,441			

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
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The fair values of securities are determined by third-party service providers utilizing various methods depending on the specific type of investment. Where quoted prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Where significant inputs, including benchmark yields, broker-dealer quotes, issuer spreads, bids, offers, the London Interbank Offered Rate curve, and measures of volatility, are used by these third-party dealers or independent pricing services to determine fair values, the securities are classified within Level 2.

NOTE 9 - INVESTMENT IN UNCONSOLIDATED JOINT VENTURES

The Health System and physicians located throughout Maryland and Delaware have joined together, along with other non-related for-profit investors, to expand surgical and certain other services within the local communities through jointly owned ventures, as follows:

	Membership Percentage		Investment in Unconsolidated Joint Ventures		Equity Earnings (Losses) in Unconsolidated Joint Ventures	
	June 30,		June 30,		Years ended June 30,	
	2022	2021	2022	2021	2022	2021
TidalHealth:						
Advanced Health Collaborative II, LLC	-%	25%	\$ -	\$ 132	\$ (245)	\$ (76)
			-	132	(245)	(76)
Health Ventures:						
Peninsula Imaging, LLC	50%	50%	5,223	5,014	1,209	1,818
AHP Delmarva, LLP	50%	50%	1,084	1,111	496	214
Genesis Healthcare - Salisbury, LLC	50%	50%	3,608	3,721	(112)	(303)
Peninsula Home Care, LLC	50%	50%	419	498	(28)	583
PHC at Nanticoke, LLC	33%	33%	192	283	(9)	101
YDI, Inc.	50%	50%	383	93	306	(19)
Corelife, Inc.	-%	-%	-	-	-	(466)
Delmarva Endoscopy Center, LLC	-%	-%	-	-	-	(10)
Deerpointe	26.3%	26.3%	6,725	6,705	821	701
			17,634	17,425	2,683	2,619
			\$ 17,634	\$ 17,557	\$ 2,438	\$ 2,543

Regardless of the proportionate ownership of capital investment in these ventures, all decisions are made by the respective venture's operating board. In each case, the operating board is composed equally of members appointed by the TidalHealth/Health Ventures and the other investors as a group. Accordingly, these are accounted for on the equity method of accounting.

Equity for earnings (losses) in unconsolidated joint ventures for TidalHealth are included in investment return and for Health Ventures are included in other revenue on the consolidated statements of operations and changes in net assets, due to the type of operations of the joint venture.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

NOTE 10 - PROPERTY AND EQUIPMENT

A summary of property and equipment follows:

	Estimated Useful Lives (in Years)	June 30,	
		2022	2021
Land	-	\$ 18,512	\$ 18,872
Land improvements	20	13,787	13,814
Buildings and improvements	15 - 40	357,287	347,903
Fixed equipment	20	42,071	41,885
Movable equipment	5 - 7	335,107	301,348
		766,764	723,822
Less accumulated depreciation and amortization		(481,600)	(440,683)
		285,164	283,139
Construction in progress		14,723	40,040
		\$ 299,887	\$ 323,179

Depreciation and amortization expense related to property and equipment for the years ended June 30, 2022 and 2021 was \$43,039 and \$40,686, respectively.

As of June 30, 2022, the Health System was committed to building and equipment purchases totaling approximately \$13,845.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

NOTE 11 - LONG-TERM DEBT

Long-term debt consists of the following:

	June 30,	
	2022	2021
Maryland Health and Higher Educational Facilities Authority ("MHHEFA") Revenue Bonds:		
Series 2020A 4.00% to 5.00% serial and term bonds due in annual amounts ranging from \$1,105 to \$13,130 on July 1 of each year through 2048	\$ 93,905	\$ 94,965
Series 2015 5.00% serial and term bonds due in annual amounts ranging from \$2,665 to \$2,800 on July 1 of each year through 2023	5,465	8,005
Bank Taxable Notes:		
Series 2021A 2.40% taxable note due in annual amounts ranging from \$1,045 to \$6,895 on July 1 of each year through 2045	121,260	122,215
Series 2021B 2.46% taxable note due in annual amounts ranging from \$245 to \$435 on July 1 of each year through 2045	8,145	8,360
Bank loan due monthly through May 2025 with a 4.60% fixed rate of interest	1,071	1,433
Delaware Economic Development Authority Strategic Fund Loan, maturing in varying annual amounts through 2023, no stated interest rate	594	1,014
	<u>230,440</u>	<u>235,992</u>
Less: current portion of long-term debt	<u>(5,843)</u>	<u>(5,597)</u>
	224,597	230,395
Plus: unamortized original issue premiums, net	6,078	6,917
Less: unamortized debt issue costs, net	<u>(1,990)</u>	<u>(2,099)</u>
Long-term debt, less current portion	<u>\$ 228,685</u>	<u>\$ 235,213</u>

The premiums and related financing costs on the Bonds are being amortized over the life of the bonds.

Series 2021A Taxable Note

In February 2021, TidalHealth entered into a note agreement with a bank for \$123,325. The proceeds of the issue were used primarily to advance refund \$104,955 of the Series 2015 Revenue Bonds. The advance refunding generated a loss on extinguishment of debt of \$3,660, consisting of the call premium and the write off of the original issue premium and costs of issuance.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

Series 2021B Taxable Note

In February 2021, TidalHealth entered into a note agreement with a bank for \$8,405. The proceeds of the issue were used primarily: (i) to repay in full a USDA second mortgage and a Bank mortgage; and (ii) to pay the cost of issuance.

Series 2020A Revenue Bonds

In May 2020, MHHEFA authorized the issuance of \$95,995 aggregate principal amount of Revenue Bonds (Series 2020A Revenue Bonds) at a premium of \$5,944. The proceeds of the issue, after payment of financing costs, were used primarily: (i) to advance refund TN's debt obligations with the USDA and the 2013 Delaware Health and Facilities Authority Bonds; and (ii) to finance \$58,500 of capital purchases.

Series 2015 Revenue Bonds

In February 2015, MHHEFA authorized the issuance of \$126,665 aggregate principal amount of Revenue Bonds (Series 2015 Revenue Bonds) at a premium of \$20,770. The proceeds of the issue, after payment of financing costs, were used primarily: (i) to advance TPR's 2006 bonds and (ii) to finance \$25,000 of capital purchases.

Covenants

The Obligated Group for the 2020A and 2015 Bonds (collectively the "Bonds") consists of TidalHealth, TPR, TMP and TN and the Obligated Group for the Series 2021A and B Taxable Notes (collectively the "Taxable Notes"), consists of TidalHealth, TPR, TMP, TN, and McCready Foundation, Inc., are required to make semiannual payments to the trustee and the bank sufficient to meet the annual debt service requirements.

As security for the debt service requirements of the Bonds and Taxable Notes, MHHEFA and the bank have a first lien and claim on all receipts of the Obligated Groups. The terms of the indenture agreements restrict the Obligated Groups' ability to create additional indebtedness and its use of the facilities and require the Obligated Groups to maintain stipulated insurance coverage and a rate structure in each year sufficient to meet certain rate covenant requirements. The Obligated Groups have complied with these financial covenants for the years ended June 30, 2022 and 2021.

Scheduled principal repayments on long-term debt for the years ending June 30, are as follows:

2023	\$	5,853
2024		6,066
2025		5,971
2026		6,750
2027		6,925
Thereafter		198,875
	\$	<u>230,440</u>

Fair Value

The Health System uses quoted market prices in estimating the fair value of its long-term debt. The fair value of the long-term debt outstanding as of June 30, 2022 and 2021, was approximately \$231,234 and \$256,951, respectively.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

NOTE 12 - LEASES

The following table presents the components of the right of use assets and liabilities related to leases and their classification in the consolidated balance sheets:

Component of Lease Balances	Classification in Consolidated Balance Sheets	June 30,	
		2022	2021
Assets			
Operating lease	Other assets	\$ 5,224	\$ 6,788
		<u>\$ 5,224</u>	<u>\$ 6,788</u>
Liabilities			
Operating lease			
Current	Current portion of lease liability	\$ 1,379	\$ 1,779
Long-term	Lease liability, net of current portion	<u>3,912</u>	<u>5,090</u>
		<u>\$ 5,291</u>	<u>\$ 6,869</u>

The following table presents the components of lease expense and their classification in the consolidated statements of operations and changes in net assets:

Component of Lease Balances	Classification in Consolidated Statements of Operations and Changes in Net Assets	Years ended June 30,	
		2022	2021
Operating lease expense	Supplies and other	\$ 6,032	\$ 5,338
Variable and short-term lease expense	Supplies and other	<u>946</u>	<u>1,841</u>
		<u>\$ 6,978</u>	<u>\$ 7,179</u>

The weighted-average lease terms and discount rates for operating and finance leases are as follows:

	June 30,	
	2022	2021
Weighted-average remaining lease term (years)		
Operating leases	5.85 years	5.75 years
Weighted-average discount rate		
Operating leases	2.31%	2.84%

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

Cash flow related to leases is as follows:

	Years ended June 30,	
	2022	2021
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash outflows related to operating leases	\$ 6,898	\$ 5,128
Financing cash outflows related to finance leases	-	1,236

There were no right-of-use assets (operating or financing leases) obtained in exchange for lease obligations for the years ended June 30, 2022 or 2021.

The future minimum rental commitments for all noncancelable operating leases are as follows:

<u>Years ending June 30,</u>	
2023	\$ 1,504
2024	1,083
2025	815
2026	787
2027	987
Thereafter	<u>738</u>
	5,914
Less: Imputed interest	<u>(623)</u>
	5,291
Less: Current portion	<u>1,379</u>
	<u>\$ 3,912</u>

NOTE 13 - RETIREMENT BENEFIT PLANS

The Health System has a cash balance-type defined benefit pension plan, The Peninsula Regional Medical Center Pension Plus Plan (the "Plan"), covering substantially all of its employees. The Plan was remeasured on January 1, 2020, due to the significant number of new participants entering the Plan as a result of the acquisition of TN. Plan benefits are based on years of service and the employees' compensation during the last five years of covered employment. The Health System's funding policy is to make sufficient contributions to the Plan to comply with the minimum funding provisions of the Employee Retirement Income Security Act of 1974. Contributions are intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future.

The Plan provides annual allocations to a participant's hypothetical account. When a participant retires, the participant has the choice to receive a lump-sum distribution equal to the value of the hypothetical account or to receive an annuity based on the value of the hypothetical account.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

(Dollar amounts in thousands)

The Plan provides three different allocations: (i) a service-related allocation; (ii) an age-related allocation; and (iii) a matching allocation for certain employees. Both the service-related allocation and the age-related allocation are determined by multiplying a participant's annual compensation by a certain percentage. The matching allocation operates to provide an annual allocation in the Plan based on the participant's contribution to the Health System's 403(b) plan.

TN has a qualified noncontributory defined benefit pension plan (the "TN Plan") that was frozen effective January 1, 2009. The funding policy is to make sufficient contributions to comply with the minimum funding requirements of the Employee Retirement Income Security Act (ERISA). The TN Plan was amended and terminated at June 30, 2022.

FINAL

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

The following provides a reconciliation of the changes in the projected benefit obligations and the fair value of plans assets, and plans funded status:

	June 30,			
	2022 The Plan	2022 TN Plan	2021 The Plan	2021 TN Plan
Accumulated benefit obligation	\$ 138,543	\$ 17,626	\$ 158,021	\$ 20,641
Projected benefit obligation, beginning of year	\$ 175,775	\$ -	\$ 169,785	\$ 22,200
Service cost	13,408	-	13,826	-
Interest cost	4,270	437	3,875	314
Actuarial gain	(29,408)	(1,800)	(2,014)	(216)
Settlements	(10,519)	(680)	(8,999)	(795)
Benefits paid	(771)	(972)	(698)	(862)
Projected benefit obligation, end of year	152,755	17,626	175,775	20,641
Fair value of plan assets, beginning of year	192,150	20,591	156,685	18,470
Actual (loss)/gain on plan assets	(26,441)	(1,823)	42,162	3,778
Employer contributions	-	-	3,000	-
Settlements	(10,519)	(680)	(8,999)	(795)
Benefits paid	(771)	(972)	(698)	(862)
Fair value of plan assets, end of year	154,419	17,116	192,150	20,591
Funded status	\$ 1,664	\$ (510)	\$ 16,375	\$ (50)
Amounts recognized in the consolidated balance sheets:				
Other assets	\$ 1,664	\$ -	\$ 16,375	\$ -
Accrued retirement benefits	\$ -	\$ (510)	\$ -	\$ (50)
Net amounts recognized in net assets without donor restrictions:				
Net actuarial (gain) loss	\$ (3,358)	\$ 995	\$ (9,774)	\$ (108)

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

Components of net periodic benefit cost and changes in net asset without donor restrictions are as follows:

	Year ended June 30,			
	2022	2022	2021	2021
	The Plan	TN Plan	The Plan	TN Plan
Components of net periodic benefit cost recognized in employee benefits:				
Service cost	\$ 13,408	\$ -	\$ 13,826	\$ -
Components of net periodic benefit cost (gain) recognized in other items:				
Interest cost	4,270	437	3,875	314
Expected return on plan assets	(9,991)	(1,184)	(9,461)	(1,118)
Recognized net actuarial loss	609	104	2,218	94
	<u>(5,112)</u>	<u>(643)</u>	<u>(3,368)</u>	<u>(710)</u>
Net periodic benefit cost (gain)	8,296	(643)	10,458	(710)
Recognized in net assets without donor restrictions as other changes in other changes in accrued retirement benefits:				
Net actuarial loss (gain)	<u>6,415</u>	<u>1,103</u>	<u>(36,935)</u>	<u>(2,969)</u>
Total recognized in net periodic benefit cost (gain) and change in net assets without donor restrictions	<u>\$ 14,711</u>	<u>\$ (643)</u>	<u>\$ (26,477)</u>	<u>\$ (3,679)</u>

The estimated net actuarial loss for the Plan and TN Plan that will be amortized from net assets without donor restrictions into net periodic benefit cost over the next fiscal year is \$609 and \$104, respectively.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

Weighted-average assumptions used to determine projected benefit obligations and net periodic benefit costs were as follows:

	June 30,			
	2022	2022	2021	2021
	The Plan	TN Plan	The Plan	TN Plan
Projected benefit obligation:				
Discount rate	4.55%	4.25%	2.50%	2.25%
Rates of increase in compensation levels:				
Service:				
<11	12.00%	N/A	8.00%	N/A
11<21	4.50%	N/A	5.00%	N/A
21=<	2.50%	N/A	3.00%	N/A

	June 30,			
	2022	2022	2021	2021
	The Plan	TN Plan	The Plan	TN Plan
Net periodic benefit cost:				
Discount rate	2.50%	2.25%	2.35%	1.50%
Expected long-term return on plan assets	6.50%	6.12%	6.75%	6.50%
Rate of increase in compensation levels:				
Service:				
<11	8.00%	N/A	8.00%	N/A
11<21	5.00%	N/A	5.00%	N/A
21=<	3.00%	N/A	3.00%	N/A

The defined benefit pension plan asset allocation as of the measurement date and the target asset allocation, presented as a percentage of total plan assets, were as follows:

	June 30,				
	2022	2022	2021	2021	Target
	The Plan	TN Plan	The Plan	TN Plan	Allocations
Debt securities	36%	67%	28%	47%	25% - 50%
Equity securities	46	33	70	53	30% - 65%
Alternative investments	13	-	-	-	20% - 30%
Cash and cash equivalents	5	-	2	-	-% - 5%
Total	100%	100%	100%	100%	

The Health System's defined benefit plan invests in a diversified mix of traditional asset classes. Investments in U.S. equity securities and fixed income securities are made to maximize long-term results while recognizing the need for adequate liquidity to meet ongoing benefit and administrative obligations. Risk tolerance of unexpected investment and actuarial outcomes is continually evaluated by understanding

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

the pension plan's liability characteristics. This is performed through forecasting and assessing ranges of investment outcomes over short-term and long-term horizons, and by assessing the Health System's financial condition and its future potential obligations from both the pension and general operational requirements. Complementary investment styles, such as growth and value equity investing techniques, are utilized by the Health System's investment advisors to further improve portfolio and operational risk characteristics. Equity investments, both actively and passively managed, are used primarily to increase overall plan returns. Fixed income investments provide diversification benefits and liability hedging attributes that are desirable, especially in falling interest rate environments.

Asset allocations and investment performance are formally reviewed at regularly scheduled meetings of the Health System's Financial Resources Committee.

The overall rate of expected return on assets assumption was based on historical returns, with adjustments made to reflect expectations of future returns. The extent to which the future expectations were recognized included the target rates of return for the future, which have not historically changed.

The fair values of assets as of June 30, by asset category (see Note 8 for a description of the asset categories), are as follows:

	June 30, 2022			
	Total	Level 1	Level 2	Level 3
Assets - The Plan				
investments at fair value:				
Cash and cash equivalents	\$ 7,492	\$ 7,492	\$ -	\$ -
U.S. Treasuries	24,331	24,331	-	-
Government-sponsored mortgage-backed securities	3,898	-	3,898	-
Corporate debt securities	27,469	-	27,469	-
Publicly traded equity securities	71,224	70,828	396	-
Total	134,414	\$ 102,651	\$ 31,763	\$ -
Private placement funds (at NAV):				
Hedge funds	20,005			
Total	\$ 154,419			

	June 30, 2022			
	Total	Level 1	Level 2	Level 3
Assets - TN Plan				
Investments at fair value:				
Cash and cash equivalents	\$ 121	\$ 121	\$ -	\$ -
Bond mutual funds	11,319	11,319	-	-
Equity mutual funds	5,676	5,676	-	-
Total	\$ 17,116	\$ 17,116	\$ -	\$ -

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Health System 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.

Cash Flows

The Health System does not expect to make voluntary contributions to the Plan or the TN Plan, for the year ending June 30, 2023. This funding level exceeds any regulatory requirements. The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows for the years ending June 30:

	The Plan	TN Plan
2023	\$ 8,411	\$ 18,226
2024	8,686	-
2025	10,061	-
2026	10,414	-
2027	10,958	-
2028 - 2032	60,039	-

Defined Contribution Plans

The Health System has a 403(b) defined contribution savings plan that includes all full-time and part-time employees. The Health System matches participant contributions for active participants as of December 31 who have completed at least 975 hours of service during the calendar year. The match is 25% of the first 1% of compensation for participants with 1 - 15 years of service and 50% of the first 2% for participants with more than 15 years of service. The Health System's contribution expense for the years ended June 30, 2022 and 2021 was \$2,219 and \$1,663, respectively.

During the year ended June 30, 2022, the Health System and a key executive entered into a jointly owned split dollar agreement through an insurance company. Total funding as of June 30, 2022 was \$4,283, which is recorded in other assets on the consolidated balance sheet. The value held by the insurance company along with additional security on the policy is collateral held to secure the return on the Health System's funding plus interest. The agreements allow for the key executives to borrow specified amounts to be repaid by the proceeds of the life insurance policies. Any remaining death proceeds are distrusted to the executive's beneficiary as agreed upon by the parties.

NOTE 14 - COMMITMENTS AND CONTINGENCIES

Self-Insurance Liabilities and Litigation

DPIC provides Primary Medical Professional Liability ("MPL") and Primary General Liability ("GL") coverage to the Health System and its employed physicians on a mature claims-made basis. The primary MPL policy provides limits of liability of \$2,000 per occurrence with an \$8,000 annual aggregate. The primary GL policy provides limits of liability of \$1,000 per occurrence with a \$3,000 annual aggregate. The employed physicians are covered with retro dates consistent with their date of hire. This policy is retrospectively rated.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

(Dollar amounts in thousands)

DPIC provides excess umbrella liability coverage on a mature claims-made basis with a retroactive date of March 1, 2005. The excess MPL coverage follows the form of the underlying MPL coverage providing a total of \$30,000 limits of liability. The umbrella liability coverage provides \$30,000 limits of liability in excess of scheduled underlying coverages. The excess umbrella liability coverage is 100% reinsured with an unrelated commercial insurance company for the first \$10,000 limit and another unrelated commercial insurance company for the second \$20,000 limit.

DPIC assumed the MPL and GL coverage previously included under the Health System's self-insurance plan (the "LPT"), for incidents occurring between March 1, 1986 and June 30, 2013 for MPL and for occurrences between March 1, 2004 and June 30, 2013 for GL, that were reported to the Hospital prior to June 30, 2013. The policy provides MPL coverage limits varying from \$1,000 to \$2,000 per occurrence, with policy aggregates varying from \$3,000 to \$8,000. The policy provides GL coverage limits of \$1,000 per occurrence and \$3,000 annual aggregates.

DPIC also provides employee benefit plan stop loss coverage to the Health System on a claims-made basis. DPIC covers liability in excess of \$350 per covered person with a \$100 deductible. DPIC's liability above \$250 is fully reinsured with an unrelated commercial reinsurance company.

The reserve for reported professional liability claims and claims incurred but not reported ("IBNR") are reported gross of expected insurance recoveries. The reserves for reported claims and claims IBNR are reported within the self-insured liabilities in the consolidated balance sheets. In addition, the expected insurance recoveries are reported as reinsurance receivable in other assets in the consolidated balance sheets.

The loss reserves are management's best estimate based on actuarial estimates of the ultimate net cost of settling losses on incurred claims. The estimates are reviewed and adjusted, as necessary, as experience develops or new information becomes known. Management believes that the loss reserves are adequate; however, the ultimate settlement of losses may vary significantly from the amounts recorded in the accompanying consolidated financial statements.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

Accrued claims activity related to MPL, GL and employee benefit plan, is as follows:

	Years ended June 30,	
	2022	2021
Accrued claims and IBNR - beginning of the year	\$ 25,109	\$ 25,329
Less: reinsurance receivable	<u>(6,796)</u>	<u>(10,408)</u>
Accrued claims and IBNR, net - beginning of the year	18,313	14,921
Incurred related to:		
Current year	4,700	5,506
Prior year	<u>(231)</u>	<u>8,324</u>
Total incurred	4,469	13,830
Paid related to:		
Current year	(23)	(83)
Prior year	<u>(1,652)</u>	<u>(10,355)</u>
Total paid	<u>(1,675)</u>	<u>(10,438)</u>
Accrued claims and IBNR, net - end of the year	21,107	18,313
Add: reinsurance receivable	<u>12,804</u>	<u>6,796</u>
Accrued claims and IBNR - end of the year	<u>\$ 33,911</u>	<u>\$ 25,109</u>

The Health System is also self-insured for workers' compensation up to an annual limit of \$500 per occurrence. The Health System carries an excess liability insurance policy for workers' compensation claims above this limit. As of June 30, 2022 and 2021, \$4,314 and \$3,496, respectively, have been reserved for workers' compensation loss contingencies.

The Health System has been named as a defendant in various lawsuits arising from the performance of its normal activities. In the opinion of the Health System's management, after discussion with legal counsel, the amount, if any, of the Health System's ultimate liability under these lawsuits will not have a material adverse effect on the consolidated financial statements.

A portion of the Health System's revenues is received from health maintenance organizations and other managed care payors. Managed care payors generally use case management activities to control utilization. These payors also have the ability to select providers offering the most cost-effective care. Management does not believe that the Health System has undue exposure to any one managed care payor.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

NOTE 15 - NET ASSETS WITH DONOR RESTRICTIONS

Restricted net assets are available for the following purposes:

	June 30,	
	2022	2021
Subject to expenditure for specific purpose or time:		
Capital purposes	\$ 27,767	\$ 31,514
Patient services	20,608	20,542
Educational purposes	6,698	6,188
	<u>54,073</u>	<u>58,244</u>
Investments to be held in perpetuity, the income from which is expendable to support health care services	8,544	8,565
	<u>8,544</u>	<u>8,565</u>
Total	<u>\$ 62,617</u>	<u>\$ 66,809</u>

The Foundation has ongoing fundraising campaigns, which include pledges and contributions receivable included in other assets on the consolidated balance sheets. Scheduled payments on pledges receivable are as follows:

	June 30,	
	2022	2021
Due:		
Within one year	\$ 917	\$ 680
2 to 5 years	1,418	1,102
Greater than 5 years	-	47
	<u>2,335</u>	<u>1,829</u>
Less:		
Impact of discounting of pledges receivable to net present value	(47)	(32)
Allowance for uncollectible pledges	(283)	(202)
	<u>(330)</u>	<u>(234)</u>
Net pledges receivable, for capital purposes	<u>\$ 2,005</u>	<u>\$ 1,595</u>

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

NOTE 16 - CONCENTRATIONS OF CREDIT RISK

The Health System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of accounts receivable from patients and third-party payors is as follows:

	Years ended June 30,	
	2022	2021
Medicare	52%	52%
Medicaid	19	19
Managed care	14	13
CareFirst Blue Cross Blue Shield	12	12
Other, including self-pay	3	4
	<u>100%</u>	<u>100%</u>

NOTE 17 - FUNCTIONAL EXPENSES

The Health System considers health care services and general and administrative to be its primary functional categories for purposes of expense classification. The operating expenses by functional classification:

	Year ended June 30, 2022		
	Health Care Services	General and Administrative	Total
Salaries and wages	\$ 333,890	\$ 40,633	\$ 374,523
Supplies and other expenses	280,759	33,401	314,160
Employee benefits	68,917	8,416	77,333
Depreciation and amortization	39,667	4,778	44,445
Interest	6,326	761	7,087
	<u>\$ 729,559</u>	<u>\$ 87,989</u>	<u>\$ 817,548</u>
	Year ended June 30, 2021		
	Health Care Services	General and Administrative	Total
Salaries and wages	\$ 266,304	\$ 30,556	\$ 296,860
Supplies and other expenses	288,227	32,441	320,668
Employee benefits	71,917	8,115	80,032
Depreciation and amortization	36,585	4,101	40,686
Interest	7,677	855	8,532
	<u>\$ 670,710</u>	<u>\$ 76,068</u>	<u>\$ 746,778</u>

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021
(Dollar amounts in thousands)

NOTE 18 - SUBSEQUENT EVENTS

The Health System has evaluated its June 30, 2022 consolidated financial statements for subsequent events through October 5, 2022, the date the consolidated financial statements were issued. Management is not aware of any subsequent events which require recognition or disclosure in the consolidated financial statements.

FINAL

FINAL

SUPPLEMENTAL INFORMATION

TidalHealth, Inc.
CONSOLIDATING BALANCE SHEET
 June 30, 2022
 (Dollar amounts in thousands)

	TidalHealth	TidalHealth Peninsula Regional	TidalHealth Nanticoke	Combined TidalHealth Medical Partners	McCready Foundation	Peninsula Health Ventures	TidalHealth Surgery Center	Peninsula Regional Clinically Integrated Network	TidalHealth Foundation	Delmarva Peninsula Insurance Company	Eliminations	Consolidated
ASSETS												
CURRENT ASSETS												
Cash and cash equivalents	\$ 697	\$ 27,535	\$ 1,555	\$ 1,704	\$ 826	\$ 7,466	\$ 114	\$ 4,250	\$ 1,918	\$ 717	\$ -	\$ 46,782
Short-term investments	-	6,617	-	-	-	-	-	-	-	627	-	7,244
Assets limited as to use	-	1,119	-	-	-	-	-	-	-	95	-	1,214
Intercompany receivables	-	312	119	-	-	-	-	-	-	-	(431)	-
Patient accounts receivable	-	49,903	16,686	9,256	732	143	703	-	-	-	-	77,423
Supplies	-	12,023	4,661	-	39	-	277	-	-	-	-	17,000
Prepays and other	400	11,068	937	2,440	24	19	-	-	-	7,585	-	22,473
Total current assets	1,097	108,577	23,958	13,400	1,621	7,628	1,094	4,250	1,918	9,024	(431)	172,136
INVESTMENTS	502	396,151	41,037	-	-	-	-	-	-	-	-	437,690
INVESTMENTS IN SUBSIDIARIES	737,257	-	-	-	-	-	-	-	-	-	(737,257)	-
ASSETS LIMITED AS TO USE:												
Under debt agreement	43,918	-	-	-	-	-	-	-	-	-	-	43,918
Self-insurance fund	-	5,557	-	-	-	-	-	-	-	31,321	-	36,878
Donor-restricted fund	-	47,687	-	-	-	-	-	-	9,305	-	-	56,992
	43,918	53,244	-	-	-	-	-	-	9,305	31,321	-	137,788
PROPERTY AND EQUIPMENT, net	-	185,715	83,482	14,896	10,815	4,478	501	-	-	-	-	299,887
OTHER ASSETS	6,114	6,654	207	1,192	-	17,635	-	-	2,005	12,804	-	46,611
Total assets	\$ 788,888	\$ 750,341	\$ 148,684	\$ 29,488	\$ 12,436	\$ 29,741	\$ 1,595	\$ 4,250	\$ 13,228	\$ 53,149	\$ (737,688)	\$ 1,094,112

TidalHealth, Inc.
CONSOLIDATING BALANCE SHEET - CONTINUED
 June 30, 2022
 (Dollar amounts in thousands)

	TidalHealth	TidalHealth Peninsula Regional	TidalHealth Nanticoke	Combined TidalHealth Medical Partners	McCready Foundation	Peninsula Health Ventures	TidalHealth Surgery Center	Peninsula Regional Clinically Integrated Network	TidalHealth Foundation	Delmarva Peninsula Insurance Company	Eliminations	Consolidated
LIABILITIES AND NET ASSETS												
CURRENT LIABILITIES												
Current portion of long-term debt	\$ 1,105	\$ 3,685	\$ 419	\$ -	\$ 255	\$ 379	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,843
Current portion of lease liability	-	815	116	448	-	-	-	-	-	-	-	1,379
Current portion self-insurance liabilities	-	946	173	-	-	-	-	-	-	833	-	1,952
Intercompany payables	85	-	-	-	-	-	-	-	346	-	(431)	-
Accounts payable	6,305	16,335	3,411	1,526	866	861	-	47	-	341	-	29,692
Accrued liabilities	12,998	17,475	4,328	14,161	305	36	114	-	-	-	-	49,417
Advances from third-party payors	-	35,781	5,871	121	58	-	-	-	-	-	-	41,831
Total current liabilities	20,493	75,037	14,318	16,256	1,484	1,276	114	47	346	1,174	(431)	130,114
Long-term debt, less current portion	96,455	123,499	175	-	7,863	693	-	-	-	-	-	228,685
Lease liability, less current portion	-	3,070	75	767	-	-	-	-	-	-	-	3,912
Self-insured liabilities	-	2,496	873	-	-	-	-	-	-	33,911	-	37,280
Accrued retirement benefits	-	-	1,098	-	-	-	-	-	-	-	-	1,098
Other liabilities	56	1,988	-	-	-	1,098	-	-	35	17,964	(18,123)	3,018
Total liabilities	117,004	206,090	16,539	17,023	9,347	3,067	114	47	381	53,049	(18,554)	404,107
NET ASSETS												
Without donor restrictions:	609,267	492,944	132,145	12,465	3,089	26,674	1,481	4,203	1,537	100	(656,517)	627,388
With donor restrictions	62,617	51,307	-	-	-	-	-	-	11,310	-	(62,617)	62,617
Total net assets	671,884	544,251	132,145	12,465	3,089	26,674	1,481	4,203	12,847	100	(719,134)	690,005
Total liabilities and net assets	\$ 788,888	\$ 750,341	\$ 148,684	\$ 29,488	\$ 12,436	\$ 29,741	\$ 1,595	\$ 4,250	\$ 13,228	\$ 53,149	\$ (737,688)	\$ 1,094,112

TidalHealth, Inc.
CONSOLIDATING STATEMENT OF OPERATIONS
Year ended June 30, 2022
(Dollar amounts in thousands)

	TidalHealth	TidalHealth Peninsula Regional	TidalHealth Nanticoke	Combined TidalHealth Medical Partners	McCreedy Foundation	Peninsula Health Ventures	TidalHealth Surgery Center	Peninsula Regional Clinically Integrated Network	TidalHealth Foundation	Delmarva Peninsula Insurance Company	Eliminations	Consolidated
NET ASSETS WITHOUT DONOR RESTRICTIONS												
Revenue												
Patient service revenue	\$ -	\$ 472,128	\$ 136,681	\$ 105,573	\$ 7,413	\$ 1,270	\$ 4,312	\$ -	\$ -	\$ -	\$ -	\$ 727,377
Other revenue	16	5,692	8,538	9,471	1,946	3,008	-	1,827	-	5,402	-	35,900
Net assets released from restrictions	-	-	-	-	-	-	-	-	412	-	(412)	-
Total revenue	16	477,820	145,219	115,044	9,359	4,278	4,312	1,827	412	5,402	(412)	763,277
Expenses												
Salaries and wages	-	190,790	64,251	108,380	7,077	823	2,022	1,180	-	-	-	374,523
Supplies and other expenses	23	185,736	67,996	50,505	3,443	2,576	3,238	400	4	239	-	314,160
Employee benefits	2	42,296	14,876	17,356	1,783	196	566	258	-	-	-	77,333
Depreciation and amortization	-	30,822	10,033	1,911	845	353	481	-	-	-	-	44,445
Interest	-	4,601	2,228	-	200	58	-	-	-	-	-	7,087
Contributions to Hospital	-	-	-	-	-	-	-	-	412	-	(412)	-
Total expenses	25	454,245	159,384	178,152	13,348	4,006	6,307	1,838	416	239	(412)	817,548
Income (loss) from operations before other item	(9)	23,575	(14,165)	(63,108)	(3,989)	272	(1,995)	(11)	(4)	5,163	-	(54,271)
Other items												
Investment return	(1,092)	(70,635)	(5,031)	-	(35)	64	-	-	(14)	(5,163)	-	(81,906)
Other pension gains	-	4,461	908	481	11	-	-	-	-	-	-	5,861
Total other items	(1,092)	(66,174)	(4,123)	481	(24)	64	-	-	(14)	(5,163)	-	(76,045)
(Deficiency in) excess of revenue over expenses	\$ (1,101)	\$ (42,599)	\$ (18,288)	\$ (62,627)	\$ (4,013)	\$ 336	\$ (1,995)	\$ (11)	\$ (18)	\$ -	\$ -	\$ (130,316)