

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization TIDALHEALTH PENINSULA REGIONAL, INC.		D Employer identification number 52-0591628
	Doing business as		E Telephone number (302) 536-5203
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	100 EAST CARROLL STREET		G Gross receipts \$ 1,024,704,580.
	City or town, state or province, country, and ZIP or foreign postal code SALISBURY, MD 21801		
	F Name and address of principal officer: STEVEN LEONARD SAME AS C ABOVE		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527			
J Website: WWW.TIDALHEALTH.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 1897	M State of legal domicile: MD

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	137
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,956,351.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	2,160,111.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,537,218.	Current Year 7,351,201.
	9 Program service revenue (Part VIII, line 2g)	543,698,925.	599,875,072.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,738,082.	33,558,637.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,493,548.	2,841,265.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	575,467,773.	643,626,175.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	59,625.
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)		226,301,489.	265,180,769.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		1,390,728.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		276,779,126.	319,529,714.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		503,140,240.	584,710,483.
19 Revenue less expenses. Subtract line 18 from line 12	72,327,533.	58,915,692.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 746,869,059.	End of Year 792,062,928.
	21 Total liabilities (Part X, line 26)	214,258,711.	169,557,610.
	22 Net assets or fund balances. Subtract line 21 from line 20	532,610,348.	622,505,318.

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 BENNY STOVER, CFO		Date 5/15/2026
	Type or print name and title		
Paid Preparer Use Only	Preparer's name MARY TORRETTA	Preparer's signature Mary Torretta	Date 5/15/2026
	Firm's name GRANT THORNTON ADVISORS LLC	Firm's EIN 99-1856619	Check if self-employed ☐ PTIN P00847851
Firm's address 1000 WILSON BOULEVARD, SUITE 1500 ARLINGTON, VA 22209		Phone no. (703) 847-7500	

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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

OMB No. 1545-0047

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

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.

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, 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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of DEAN SWINGLE - DIRECTOR OF FINANCE
100 EAST CARROLL STREET - 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, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning JUL 1, 20 24, and ending JUN 30, 20 25

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.

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

Form **8868** (Rev. 1-2025)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 523,598,206. including grants of \$ 0.) (Revenue \$ 590,251,950.)
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 523,598,206.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	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>	4	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>	5	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>	6	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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b	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>	11c	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>	11d 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>	11e 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>	11f 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>	12a	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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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. See instructions</i>	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b 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>	21	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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	X
b 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>	25b	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>	26	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>	27	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b 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>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

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

X

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

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

	1a	1b	12	10	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.						
b Enter the number of voting members included on line 1a, above, who are independent						
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?		
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	
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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed 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 SWINGLE - DIRECTOR OF FINANCE - (302) 297-2444
 613 HIGH STREET, SEAFORD, DE 19973

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, box 6 of 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	50.00 2.00	X		X				0.	1,341,372.	309,149.
(2) LURA LUNSFORD V.P. OPERATIONS	50.00 2.00			X				0.	926,642.	88,352.
(3) TRUDY HALL, M.D. V.P. CHIEF MEDICAL OFFICER	50.00 2.00			X				0.	699,113.	65,960.
(4) STEPHANIE GARY V.P. FINANCE/CFO	50.00 4.00			X				0.	656,804.	61,476.
(5) JAMES TRUMBLE, M.D. V.P. CLINICAL INTEGRATION	50.00 1.00				X			0.	517,310.	39,860.
(6) SARAH SCOTT - V.P. PEOPLE & ORGANIZATIONAL DEVELOPMENT	50.00 0.00				X			0.	422,258.	93,166.
(7) DAVID SECHLER, M.D. BOARD MEMBER/PHYSICIAN	40.00 0.00	X						0.	429,849.	59,542.
(8) ANGELA BRITTINGHAM CHIEF NURSING OFFICER	50.00 1.00				X			0.	373,531.	80,434.
(9) KATHRYN FIDDLER V.P. POPULATION HEALTH	50.00 2.00				X			0.	397,266.	49,119.
(10) CHARLES DOLAN V.P. CLINICAL OPERATIONS FROM 07/24	50.00 0.00				X			0.	237,619.	19,884.
(11) SARAH ARNETT FORMER CHIEF NURSING OFF TO 04/22	50.00 0.00						X	0.	190,788.	11,041.
(12) JAMES HARTSTEIN CHAIRPERSON	5.00 3.00	X		X				0.	0.	0.
(13) SUSAN WILGUS-MURPHY SECRETARY	1.00 1.00	X		X				0.	0.	0.
(14) RONDALL ALLEN, PHARM.D. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(15) MARY DIBARTOLO BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(16) KATHLEEN HARRISON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(17) PERCY J. PURNELL BOARD MEMBER	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) ERICA JOSPEH BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) JASON MORRIS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) MICHAEL MURPHY, M.D. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) NICHOLAS OGBURN, M.D. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) DIANE TURNER BOARD MEMBER THRU 12/24	1.00 1.00	X						0.	0.	0.
1b Subtotal								0.	6,192,552.	877,983.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	6,192,552.	877,983.

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

- 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*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		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
NONE		
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	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	683,888.					
	e Government grants (contributions)	1e	6,667,313.					
	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							7,351,201.
Program Service Revenue	2 a NET PATIENT SERVICES	Business Code 621500		571,298,245.	565,502,570.	5,795,675.		
	b AMBULATORY PHARMACY	456110		18,256,076.	14,428,629.	3,827,447.		
	c SPECIALTY PHARMACY	456110		10,320,751.	10,320,751.			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			599,875,072.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			9,460,968.		-9,310.	9,470,278.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
6 a Gross rents		6a	(i) Real 393,182.					
b Less: rental expenses ...		6b	433,002.					
c Rental income or (loss)		6c	-39,820.					
d Net rental income or (loss)				-39,820.			-39,820.	
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities 404,418,028.	(ii) Other 325,044.				
b Less: cost or other basis and sales expenses		7b	380,645,403.	0.				
c Gain or (loss)		7c	23,772,625.	325,044.				
d Net gain or (loss)				24,097,669.			24,097,669.	
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		1,749,772.			1,749,772.	
	b COMMUNITY CONNECT SERV	900099		788,774.			788,774.	
	c MANAGEMENT FEES	561000		247,014.		247,014.		
	d All other revenue	532283		95,525.		95,525.		
	e Total. Add lines 11a-11d			2,881,085.				
	12 Total revenue. See instructions			643,626,175.	590,251,950.	9,956,351.	36,066,673.	

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 ...				
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	6,433,950.	5,779,682.	638,917.	15,351.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	203,040.	182,393.	20,163.	484.
7 Other salaries and wages	203,313,456.	182,638,511.	20,189,839.	485,106.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	40,221,051.	36,130,973.	3,994,111.	95,967.
10 Payroll taxes	15,009,272.	13,482,979.	1,490,481.	35,812.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying	25,538.		25,538.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,840,198.		1,840,198.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	102,169,484.	91,802,811.	10,122,836.	243,837.
12 Advertising and promotion	577,863.	519,100.	57,384.	1,379.
13 Office expenses	27,430,183.	24,640,808.	2,723,927.	65,448.
14 Information technology	1,684,662.	1,513,348.	167,294.	4,020.
15 Royalties				
16 Occupancy	9,541,950.	8,571,629.	947,554.	22,767.
17 Travel	953,650.	856,674.	94,701.	2,275.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	9,331.	8,382.	927.	22.
20 Interest	4,475,504.	4,020,390.	444,435.	10,679.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,695,389.	20,387,495.	2,253,743.	54,151.
23 Insurance	5,995,534.	5,385,848.	595,381.	14,305.
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	77,287,792.	69,428,396.	7,674,987.	184,409.
b DRUG SUPPLIES	47,837,051.	42,972,501.	4,750,411.	114,139.
c BAD DEBT	15,282,133.	13,728,093.	1,517,577.	36,463.
d MISC EXPENSES	1,723,452.	1,548,193.	171,145.	4,114.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	584,710,483.	523,598,206.	59,721,549.	1,390,728.
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 SheetCheck 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	9,876,756.	1	9,775,341.
	2 Savings and temporary cash investments	23,652,893.	2	7,873,253.
	3 Pledges and grants receivable, net	0.	3	258,756.
	4 Accounts receivable, net	69,302,232.	4	69,382,253.
	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	13,489,176.	8	12,287,072.
	9 Prepaid expenses and deferred charges	10,295,735.	9	10,381,586.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 687,983,190.		
	b Less: accumulated depreciation	10b 517,309,119.		
	11 Investments - publicly traded securities	162,589,395.	10c	170,674,071.
	12 Investments - other securities. See Part IV, line 11	354,721,425.	11	390,265,372.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	102,941,447.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	746,869,059.	15	121,165,224.	
17 Accounts payable and accrued expenses	7,898,954.	16	792,062,928.	
18 Grants payable		17	10,421,171.	
19 Deferred revenue	29,726.	18	0.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties	118,827,397.	23		
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	87,502,634.	24	115,234,038.	
26 Total liabilities. Add lines 17 through 25	214,258,711.	25	43,902,401.	
27 Net assets or fund balances		26	169,557,610.	
28 Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.				
29 Net assets without donor restrictions	468,830,863.	27	552,386,481.	
30 Net assets with donor restrictions	63,779,485.	28	70,118,837.	
31 Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
32 Capital stock or trust principal, or current funds		29		
33 Paid-in or capital surplus, or land, building, or equipment fund		30		
34 Retained earnings, endowment, accumulated income, or other funds		31		
35 Total net assets or fund balances	532,610,348.	32	622,505,318.	
36 Total liabilities and net assets/fund balances	746,869,059.	33	792,062,928.	

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	643,626,175.
2	Total expenses (must equal Part IX, column (A), line 25)	2	584,710,483.
3	Revenue less expenses. Subtract line 2 from line 1	3	58,915,692.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	532,610,348.
5	Net unrealized gains (losses) on investments	5	14,828,970.
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	16,150,308.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	622,505,318.

Part XII Financial Statements and Reporting

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

☐

	Yes	No
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		X
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	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
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 _____	X	

Form **990** (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. 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		☐
b 33 1/3% support test - 2023. 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		☐
17a 10% -facts-and-circumstances test - 2024. 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		☐
b 10% -facts-and-circumstances test - 2023. 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		☐
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		☐

Schedule A (Form 990) 2024

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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 on line 12 of 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)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
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 of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
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 of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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 (explain in detail in Part VI):		
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			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	☐ 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 - <i>provide details in Part VI</i>)	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 (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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.)

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors****Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

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 foundationCheck 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization	Employer identification number
TIDALHEALTH PENINSULA REGIONAL, INC.	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		\$ 5,391,682.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 779,445.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 683,888.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 241,383.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		\$ 171,535.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		\$ 60,409.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
TIDALHEALTH PENINSULA REGIONAL, INC.	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
7		\$ 14,718.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 5,671.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

52-0591628

Part II

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

Name of organization	Employer identification number
TIDALHEALTH PENINSULA REGIONAL, INC.	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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2024

Open to Public
Inspection

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

52-0591628

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 EINs 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-.

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

Schedule C (Form 990) 2024

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><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN 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:	THEN 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:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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					

Schedule C (Form 990) 2024

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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?	X		25,538.
j Total. Add lines 1c through 1i			25,538.
2a Did the activities in line 1 cause the organization to not be 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 expenditures 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:

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 A PERCENTAGE OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV AS LOBBYING ACTIVITIES.

SCHEDULE D

(Form 990)

(Rev. December 2024)

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

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No		

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) (Rev. 12-2024)

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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 in 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	99,244,284.	87,652,533.	87,537,245.	102,246,212.	79,165,301.
b Contributions					
c Net investment earnings, gains, and losses	10,361,771.	11,952,711.	10,561,995.	-14,214,441.	23,584,799.
d Grants or scholarships	14,010.	19,029.	54,474.	8,774.	92,960.
e Other expenditures for facilities and programs			10,000,000.		
f Administrative expenses	375,992.	341,932.	392,233.	485,752.	410,928.
g End of year balance	109,216,053.	99,244,283.	87,652,533.	87,537,245.	102,246,212.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 39.5500 %

b Permanent endowment 7.9300 %

c Term endowment 52.5200 %

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:

(i) Unrelated organizations? ☐

(ii) Related organizations? ☐

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		X
3a(ii)	X	
3b	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		14,898,301.		14,898,301.
b Buildings		303,078,498.	184,997,300.	118,081,198.
c Leasehold improvements				
d Equipment		357,903,885.	322,025,580.	35,878,305.
e Other		12,102,506.	10,286,239.	1,816,267.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				170,674,071.

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, line 12, col. (B))		

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, line 13, col. (B))		

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	66,027,789.
(2) BOARD DESIGNATED INVESTMENTS	43,201,186.
(3) RIGHT OF USE ASSETS	10,262,268.
(4) INTERCOMPANY RECEIVABLES	1,661,932.
(5) OTHER ASSETS	12,049.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	121,165,224.

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) EMPLOYEE COMP RELATED PAYROLL TAXES	23,618,159.
(3) ADVANCES FROM THIRD PARTY PAYORS	10,881,548.
(4) LONG-TERM LEASE LIABILITY	9,349,281.
(5) ACCRUED SELF INSURANCE LIABILITY	53,413.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	43,902,401.

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. AND FOUNDATION.

PART X, LINE 2:

THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF
TIDALHEALTH, INC. THE RELEVANT TEXT OF THE INCOME TAX FOOTNOTE FROM THOSE
FINANCIALS IS:

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, 2025 AND 2024.

Part XIII	Supplemental Information <i>(continued)</i>
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**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

TIDALHEALTH PENINSULA REGIONAL, INC.

Employer identification number

52-0591628

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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:	X	
☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %		
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:	X	
☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %		
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 FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	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)			15,378,200.	13,764,256.	1,613,944.	.28%
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			15,378,200.	13,764,256.	1,613,944.	.28%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,044,475.	1,861,679.	4,182,796.	.73%
f Health professions education (from Worksheet 5)			23,475,773.	6,064,737.	17,411,036.	3.06%
g Subsidized health services (from Worksheet 6)			88,394,110.	36,565,398.	51,828,712.	9.10%
h Research (from Worksheet 7)			2,044,900.	924,254.	1,120,646.	.20%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			84,437.		84,437.	.01%
j Total. Other benefits			120,043,695.	45,416,068.	74,627,627.	13.10%
k Total. Add lines 7d and 7j			135,421,895.	59,180,324.	76,241,571.	13.38%

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 REGIONALLine 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 (CHNA)		
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?	1	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	2	X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 25</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	5	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	6a	X
b 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	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b ☒ Other website (list url): <u>HTTP://HEALTHYDELMARVA.ORG</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ 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	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 25</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	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?	10b	
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)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a ☒ FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>300</u> %		
b ☒ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☐ Underinsurance status		
g ☐ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 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 ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a ☒ The FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFO</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ 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 ☒ 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 ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ 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 ☐ Other (describe in Section C)		

Schedule H (Form 990) 2024

Part V Facility Information (continued)**Billing and Collections**

Name of hospital facility or letter of facility reporting group: TIDALHEALTH PENINSULA REGIONAL

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written 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 ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ 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 ☐ Actions that require a legal or judicial process		
e ☐ Other similar actions (describe in Section C)		
f ☒ 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 ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ 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 ☐ Actions that require a legal or judicial process		
e ☐ 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) on line 19 (check all that apply):		
a ☒ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)		
d ☒ Made presumptive eligibility determinations (if not, describe in Section C)		
e ☐ Other (describe in Section C)		
f ☐ 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 FAP?	X	
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions		
b ☐ The hospital facility's policy was not in writing		
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d ☐ 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

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) 2024

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:

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

IN 2024, TIDALHEALTH RETAINED ASCENDIENT HEALTHCARE ADVISORS, A HEALTHCARE CONSULTING FIRM, TO FACILITATE AND SUPPORT A NEW COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT WILL COVER THE MARYLAND COMMUNITY BENEFITS SERVICE AREA OF SOMERSET, WICOMICO AND WORCESTER COUNTIES AND SUSSEX COUNTY, DELAWARE. THE CHNA WAS COMPLETED BY ASCENDIENT IN MAY 2025 AND PLACED ON TIDALHEALTH'S WEBSITE ALONG WITH THE PREVIOUS VERSION FOR PUBLIC ACCESS AFTER APPROVAL BY THE BOARDS OF DIRECTORS IN JULY.

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 32 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 PHYSICIAN NETWORK PROVIDES OUTPATIENT MEDICAL 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,

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.

AND MADE AVAILABLE FOR ANALYSIS.

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, ONLINE STAKEHOLDER SURVEY, ONLINE AND IN-PERSON FOCUS GROUPS, AND KEY INFORMANT INTERVIEWS. THE FINDINGS FROM THIS DATA EXPANDED UPON INFORMATION GATHERED FROM THE SECONDARY DATA ANALYSIS TO FORM THIS COMMUNITY HEALTH NEEDS ASSESSMENT.

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 FLYERS. VIRTUAL FOCUS GROUPS WERE HELD FOR RESIDENTS IN EACH OF THE REGION'S FOUR COUNTIES. ADDITIONALLY, IN-PERSON FOCUS GROUPS WERE HELD WITH INDIVIDUALS REPRESENTING THE HISPANIC, HAITIAN, AND OLDER ADULT RESIDENTS OF THE DELMARVA REGION. COMMUNITY MEMBERS WERE ASKED TO SPEAK ABOUT BARRIERS AND ASSETS TO THEIR HEALTH AND ACCESS TO HEALTHCARE. A TOTAL OF 53 PEOPLE PARTICIPATED IN THE FOCUS GROUPS. FACILITATORS IMPLEMENTED TECHNIQUES TO ENSURE THAT EVERYONE WAS ABLE TO PARTICIPATE IN THE DISCUSSIONS.

KEY INFORMANT INTERVIEWS

ASCENDIENT HEALTHCARE ADVISORS' CONSULTANTS CONDUCTED KEY LEADER INTERVIEWS. 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 9 KEY INFORMANT INTERVIEWS WERE CONDUCTED DURING THE PRIMARY DATA COLLECTION PHASE BETWEEN NOVEMBER 2024 AND FEBRUARY 2025. INTERVIEWEES WERE ASKED QUESTIONS ABOUT THE COMMUNITY THEY SERVE, SPECIFICALLY RELATING TO HEALTH, SOCIAL, AND ENVIRONMENTAL ISSUES, AND ACCESS TO HEALTHCARE CHALLENGES AND BARRIERS.

COMMUNITY SURVEY

COMMUNITY INPUT WAS COLLECTED VIA AN ONLINE COMMUNITY SURVEY. COMMUNITY MEMBERS AGED 18 OR OLDER WERE INVITED TO PARTICIPATE IN THE ONLINE SURVEY. INPUT FROM RESIDENTS WAS GATHERED ON A VARIETY OF TOPICS INCLUDING PERCEPTIONS ABOUT THE MOST SIGNIFICANT HEALTH AND SOCIAL NEEDS IN THE COMMUNITY, PERSONAL HEALTH STATUS, EXPERIENCES SEEKING AND RECEIVING HEALTHCARE SERVICES, PERCEIVED BARRIERS TO ACCESSING HEALTHCARE SERVICES, WHERE THEY SEEK AND RECEIVE HEALTH INFORMATION, AND HEALTH LITERACY. A TOTAL OF 1,274 RESIDENTS PARTICIPATED IN THE SURVEY.

KEY LEADER SURVEY

A KEY LEADER SURVEY WAS DISSEMINATED TO KEY LEADERS ACROSS THE REGION TO GATHER INSIGHTS ON SEVERAL TOPICS. THIS SURVEY ASKED RESPONDENTS FOR PERCEPTIONS AROUND GREATEST HEALTH AND SOCIAL CHALLENGES IMPACTING THE REGION, WHETHER THESE ISSUES HAVE BEEN CHANGING OVER THE PAST SEVERAL

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.

YEARS, BARRIERS TO HEALTHCARE AND OTHER SERVICES, RESOURCES CURRENTLY AVAILABLE IN THE COMMUNITY TO ADDRESS KNOWN CHALLENGES, AND MORE. A TOTAL OF 28 PEOPLE PARTICIPATED IN THE KEY LEADER SURVEY.

TIDALHEALTH PENINSULA REGIONAL:

PART V, SECTION B, LINE 6A:

THE ORGANIZATION'S CHNA WAS CONDUCTED AS PART OF TIDALHEALTH'S CHNA OF THE GREATER AREA WHICH INCLUDED TIDALHEALTH NANTICOKE.

TIDALHEALTH PENINSULA REGIONAL:

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 (WICH D) FOR THE BENEFIT OF THE COMMUNITY. THESE ORGANIZATIONS HAVE BEEN PARTNERING TOGETHER ON LOCAL HEALTH ASSESSMENT EFFORTS SINCE 1995. TWO OF THE ORGANIZATIONS ARE REQUIRED TO COMPLETE A CHNA; TIDALHEALTH PENINSULA REGIONAL IS A NON-PROFIT HOSPITAL AND WICH D AS AN ACCREDITED HEALTH DEPARTMENT. SCHD IS IN THE EARLY PHASE OF PUBLIC HEALTH ACCREDITATION.

IN MAY OF 2025, TIDALHEALTH, SCHD, AND WICH D PUBLISHED THEIR 2025 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 WICH D PARTNERED WITH ASCENDIENT HEALTHCARE ADVISORS 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/COMMUNITY-OUTREACH-PARTNERS/COMMUNITY-HEALTH-RESEARCH-DATA](https://www.tidalhealth.org/community-outreach-partners/community-health-research-data)

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

A PAPER COPY IS MADE AVAILABLE TO THE PUBLIC AT SEVERAL LOCATIONS WITHIN THE HOSPITAL FOR PUBLIC INSPECTION. 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. THIS IS AVAILABLE VIA A WEBSITE: [HTTPS://WWW.HEALTHYDELMARVA.ORG](https://www.healthydeltmarva.org).

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

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

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.

-RESEARCH-DATA

TIDALHEALTH PENINSULA REGIONAL HAS FINALIZED ITS 2026-2028 COMMUNITY HEALTH IMPROVEMENT PLAN, WHICH IS NOW PUBLISHED ON THE HOSPITAL'S WEBSITE. SOME NEW INITIATIVES HAVE BEEN INCLUDED IN THE UPDATED IMPLEMENTATION PLAN. SUCCESSFUL PROGRAMS AND INITIATIVES HAVE BEEN CARRIED OVER FROM THE PREVIOUS PLAN AS THEY HAVE PROVEN TO SUBSTANTIALLY IMPROVE THE HEALTH OF OUR COMMUNITIES. LOCAL HEALTH PARTNERSHIPS WILL ALSO REMAIN INTACT.

TIDALHEALTH PENINSULA REGIONAL:

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 WHERE 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 2026-2028 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 WAS PRESENTED AND APPROVED BY THE HOSPITAL'S BOARD OF DIRECTORS AND LOCAL HEALTH IMPROVEMENT COALITIONS AND WAS PUBLISHED IN SUMMER OF 2025.

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:

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

TIDALHEALTH PENINSULA REGIONAL:

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

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.

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 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 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/PATIENTS-VISITORS/BILLING-INSURANCE-MEDICAL-RECORDS/BILLING/TIDALHEALTH-FINANCIAL-ASSISTANCE](https://www.tidalhealth.org/patients-visitors/billing-insurance-medical-records/billing/tidalhealth-financial-assistance)

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

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.

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.

PART V, LINES 16A, 16B & 16C: FINANCIAL ASSISTANCE POLICY,
APPLICATION FORM, PLAIN LANGUAGE SUMMARY AVAILABLE ON THE HOSPITAL'S
WEBSITE

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 <i>(continued)</i>
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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

[illegible]

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 FAP.
- 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 (for example, 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
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)

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 \$15,282,133.

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.

Part VI Supplemental Information (Continuation)

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 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. KATHERINE RODGERS (COMMUNITY HEALTH INITIATIVES DIRECTOR) AND ADDITIONAL REPRESENTATIVES OF TIDALHEALTH PENINSULA REGIONAL'S POPULATION HEALTH MANAGEMENT DEPARTMENT ATTEND THE FOLLOWING LOCAL HEALTH IMPROVEMENT COALITIONS AND ADVISORY BOARDS FOCUSED ON IMPROVING POPULATION HEALTH.

- EASTERN SHORE CANCER COMMUNITY ADVISORY GROUP
- 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
- TRI COUNTY ALLIANCE FOR THE HOMELESS
- MARYLAND HEALTH BENEFIT EXCHANGE BOARD OF TRUSTEES
- PROJECT LIVING WELL ADVISORY COMMITTEE MAC (MAINTAINING ACTIVE CITIZENS)

ADDITIONALLY, TIDALHEALTH PARTICIPATED IN THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S INTERNATIONAL PURSUING EQUITY ACTION COMMUNITY COLLABORATIVE.

WELLNESS VAN

THE WELLNESS VAN IS A MOBILE MEDICAL UNIT THAT PROVIDES COMMUNITY-BASED HEALTH SCREENINGS. SERVICES MAY INCLUDE BLOOD PRESSURE, DIABETES ASSESSMENT, REFERRALS AND LINKS TO PRIMARY CARE, CANCER SCREENINGS, SEASONAL FLU SHOTS, AND MORE. OVER THE COURSE OF FY2025, THE WELLNESS VAN WAS PRESENT AT NUMEROUS COMMUNITY EVENTS AND ROUTINELY VISITED MEDICALLY UNDERSERVED, LOW-INCOME NEIGHBORHOODS.

HEALTH SCREENINGS

HEALTHCARE WORKERS ALSO TRAVELED INTO THE COMMUNITY TO PROVIDE HEALTHCARE SCREENINGS AT NUMEROUS LOCATIONS THROUGHOUT THE YEAR. THE COMMUNITY HEALTH TEAM HOSTED A COMMUNITY HEALTHFEST EVENT FOR NUMEROUS

Part VI Supplemental Information (Continuation)

SCREENINGS IN AN UNDERSERVED NEIGHBORHOOD.

SUPPORT GROUPS

TIDALHEALTH PENINSULA REGIONAL ALSO HOSTS A NUMBER OF SUPPORT GROUPS FOR VARIOUS CHRONIC HEALTH CONDITIONS AND PEOPLE WHO HAVE RECEIVED CERTAIN MEDICAL DIAGNOSES. GROUPS HELD IN FY2025 INCLUDED THE BETTER BREATHERS CLUB FOR THOSE AFFECTED BY CHRONIC LUNG DISEASES, DIABETES SUPPORT GROUPS, HEART FAILURE SUPPORT GROUPS, LYMPHEDEMA SUPPORT GROUPS, STROKE SUPPORT GROUPS, CANCER SUPPORT GROUPS, AND WEIGHT LOSS SEMINARS.

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. ACCORDING TO TIDALHEALTH'S MOST RECENT MEDICAL STAFF DEVELOPMENT PLAN (2024), THE CONSULTING ENGAGEMENT RECOMMENDED TIDALHEALTH EVALUATE RECRUITING 6-18 ADULT PRIMARY CARE PHYSICIANS IN OUR PRIMARY AND SECONDARY SERVICE AREAS IN THE NEXT FIVE YEARS AND ALSO LOOK AT OPPORTUNITIES TO ALIGN WITH INDEPENDENT PHYSICIANS. TIDALHEALTH ENGAGED ECG MANAGEMENT CONSULTANTS, A HEALTHCARE CONSULTING FIRM, TO CONDUCT AN ANALYSIS OF PHYSICIAN REQUIREMENTS, ENCOMPASSING BOTH PRIMARY AND SPECIALTY CARE, THROUGHOUT OUR ENTIRE SERVICE AREA. ECG OFFERS AN EXTENSIVE RANGE OF SERVICES THAT SUPPORT STRATEGIC DECISION-MAKING, FOCUSING ON THE OPTIMAL GEOGRAPHIC PLACEMENT OF PROVIDERS AND THE ENGAGEMENT OF PATIENTS WITHIN THEIR OWN COMMUNITIES.

COMMUNITY NEEDS PLACES EMPHASIS ON PRIMARY AND FAMILY PRACTICE PROVIDERS 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 20%-28% GROWTH OF SENIORS 65+ OVER THE 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, ORTHOPEDICS, OTOLARYNGOLOGY, PAIN

Part VI Supplemental Information (Continuation)

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, 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. TIDALHEALTH PENINSULA REGIONAL HAS AN INTERNAL MULTI-DISCIPLINARY EMERGENCY MANAGEMENT COMMITTEE WITH REPRESENTATION FROM PUBLIC SAFETY, EMERGENCY SERVICES, EMERGENCY MANAGEMENT, THE EXECUTIVE TEAM, AND LOCAL RESPONSE PARTNERS. THPR ALSO MEETS REGULARLY WITH OUR LOCAL PARTNERS THAT INCLUDE FIRE, POLICE, EMERGENCY MEDICAL SERVICES, AND WICOMICO COUNTY EMERGENCY MANAGEMENT TO FACILITATE DISASTER PLANNING AND MOCK DISASTER 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:

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

Part VI Supplemental Information (Continuation)

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, 54.25% OF THE MEDICAL CENTER'S REVENUE IS ATTRIBUTABLE TO MEDICARE PATIENTS DURING THE YEAR ENDED JUNE 30, 2025.

PART III, LINE 9B:

COLLECTION POLICY

THE TIDALHEALTH PENINSULA REGIONAL COLLECTION POLICY INCLUDES 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 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: 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. WE ARE WORKING WITH DIVERSE AND DISPARATE LOCAL ENTITIES FOR THE UNITED BUT COMMON GOAL OF MEETING RESIDENTS' UNDERSERVED NEEDS. OUR GOAL IS A HEALTHIER COMMUNITY.

IN ADDITION TO THE CHNA (DISCUSSED IN PREVIOUS SECTION), TIDALHEALTH

Part VI Supplemental Information (Continuation)

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 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 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 WHICH 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. 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:

Part VI Supplemental Information (Continuation)

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/PATIENTS-VISITORS/BILLING-INSURANCE-MEDICAL-RECORDS/BILLING/TIDALHEALTH-FINANCIAL-ASSISTANCE](https://www.tidalhealth.org/patients-visitors/billing-insurance-medical-records/billing/tidalhealth-financial-assistance)

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.

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 275 LICENSED BEDS, FUNCTIONS AS THE PRIMARY ACUTE TERTIARY CARE HOSPITAL PROVIDER FOR THE RURAL SOUTHERNMOST THREE COUNTIES OF THE EASTERN SHORE OF MARYLAND, WHICH INCLUDES WICOMICO, WORCESTER AND 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 183,321 IN 2024 AND IS EXPECTED TO DECREASE TO 182,983 (-0.7%) BY 2029. THE MEDICAL CENTER ALSO HAS A SECONDARY SERVICE AREA INCLUDING, DORCHESTER COUNTY, MARYLAND, SUSSEX COUNTY, DELAWARE AND ACCOMACK COUNTY, VIRGINIA. WITH THE SECONDARY SERVICE AREA HAVING AN ESTIMATED POPULATION OF APPROXIMATELY 329,555 IN 2024 AND IS EXPECTED TO INCREASE TO 351,020 OR BY 6.5% BY 2029.

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 (105,394) 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

Part VI Supplemental Information (Continuation)

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 53,531 AND SOMERSET COUNTY WITH A POPULATION OF 24,396.

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 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 TO MIDSIZE 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 HOUSEHOLD INCOME OF \$65,197 IN OUR COMMUNITY BENEFITS SERVICE AREA IS CONSIDERABLY LESS THAN MARYLAND'S MEDIAN INCOME OF \$91,431. IN ADDITION, 2024 UNEMPLOYMENT RATES WERE HIGHER FOR MARYLAND'S MOST EASTERN SHORE COUNTIES. THE UNEMPLOYMENT RATE IN MARYLAND WAS 3.1%, THE NATION 4.1% COMPARED TO WICOMICO 4.0% WORCESTER 4.9% AND SOMERSET 4.9% (US BUREAU OF LABOR STATISTICS). 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.

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 ([HTTPS://WWW.COUNTYHEALTHRANKINGS.ORG/HEALTH-DATA/MARYLAND?YEAR=2024](https://www.countyhealthrankings.org/health-data/maryland?year=2024)), 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

Part VI Supplemental Information (Continuation)

IN EACH OF ITS PRIMARY SERVICE AREA COUNTIES WITH HIGH SOCIOECONOMIC NEEDS 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 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:

THE MAJORITY OF THE ORGANIZATION'S BOARD MEMBERS ARE INDEPENDENT INDIVIDUALS THAT RESIDE OR WORK IN THE HOSPITAL'S PRIMARY SERVICE AREA. ADDITIONALLY, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO A MAJORITY OF THE QUALIFIED PHYSICIANS IN OUR COMMUNITY THAT MEET THE ORGANIZATION'S CREDENTIALING CRITERIA. LASTLY, THE HEALTH SYSTEM INVESTS ANY SURPLUS FUNDS BACK INTO THE COMMUNITY THROUGH MEDICAL EQUIPMENT, BUILDING ADDITIONS AND IMPROVEMENTS, PATIENT EDUCATION AND MEDICAL TRAINING FOR ALL MEDICAL STAFF.

PROMOTION OF COMMUNITY HEALTH

TIDALHEALTH PENINSULA REGIONAL IS COMMITTED TO THE HEALTH OF THE RURAL COMMUNITIES IT SERVES. IN FY 2025, THE HOSPITAL'S CHARITY CARE WAS \$14,174,010; COMBINED CHARITY AND BAD DEBT FOR FY 2025 WAS \$29,456,143. 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.

TIDALHEALTH WAS AWARDED A FIVE-YEAR GRANT THROUGH THE MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION'S NEW HEALTH EQUITY RESOURCE COMMUNITY TO ENHANCE AND EXPAND EFFORTS TO ADDRESS HEALTH DISPARITIES AND ADVANCE HEALTH EQUITY. THE PROGRAM, RURAL EQUITY AND ACCESS TO COMMUNITY HEALTH (REACH), ORIGINALLY LAUNCHED IN MAY 2022 THROUGH AN

Part VI Supplemental Information *(Continuation)*

INITIAL TWO-YEAR PILOT GRANT. THE NEW GRANT INITIATED JULY 2024 AND IS A COLLABORATIVE, REGIONAL PROJECT TO PREVENT AND REDUCE DISPARITIES PARTICULARLY AMONG BLACK/AFRICAN AMERICAN AND HAITIAN 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 USE A SOCIAL CARE COORDINATION PLATFORM TO IMPROVE PROCESSES FOR SDOH SCREENING AND REFERRALS.

THE POPULATION HEALTH DIVISION INCLUDES THE COMMUNITY WELLNESS DEPARTMENT AND IS FOCUSED ON ADDRESSING DISPARITIES AND SDOH FACTORS THROUGH COMMUNITY-INTEGRATED STRATEGIES. COMMUNITY WELLNESS INCLUDES A NURSE PRACTITIONER, REGISTERED NURSES, COMMUNITY HEALTH WORKERS, AND A SOCIAL WORKER.

THE COMMUNITY WELLNESS TEAM

THE COMMUNITY WELLNESS TEAM CONDUCTS HOME VISITS OF HIGH-RISK PATIENTS IN THE COMMUNITY. THESE ASSESSMENTS INCLUDE SCREENING FOR SDOH (SOCIAL DETERMINANTS OF HEALTH) AND ADDRESSING GAPS IDENTIFIED BY CONNECTING PATIENTS TO COMMUNITY-BASED RESOURCES AND SUPPORTS CHRONIC DISEASE SELF-MANAGEMENT EDUCATION. ADDITIONALLY, THE COMMUNITY WELLNESS TEAM OPERATES A MOBILE CLINIC CALLED THE WAGNER WELLNESS VAN THAT VISITS 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 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 DIABETES RISK ASSESSMENTS, 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 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

Part VI Supplemental Information *(Continuation)*

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 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. SWIFT EXPANDED TWO YEARS AGO TO INCLUDE OPERATING AN EXTENSION OF THE MOBILE INTEGRATED HEALTH PROGRAM, CALLED 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. THE EXPANSION IS FUNDED THROUGH A GRANT FROM THE RURAL MARYLAND COUNCIL.

SMITH ISLAND HEALTH CLINIC

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, ACUTE VISITS, 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 200 RESIDENTS OF SMITH ISLAND VIA TELEHEALTH AND IN-PERSON 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. SINCE INCEPTION, THE PARTNERSHIP 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 FROM APRIL - NOVEMBER. NEW PRIMARY CARE PROVIDER APPOINTMENTS ARE OFFERED TO COMMUNITY MEMBERS WITHOUT A PCP. IN FISCAL 2023 TIDALHEALTH BROUGHT BACK ITS ANNUAL HEALTH FAIR WHICH INCLUDED ACCESS TO A WIDE RANGE OF SCREENINGS, HEALTH PROMOTION INFORMATION, AND COMMUNITY RESOURCES.

Part VI Supplemental Information (Continuation)

PEARLS

PEARLS STANDS FOR PROGRAMS TO ENCOURAGE ACTIVE AND REWARDING LIVES. THIS PROGRAM, ADMINISTERED BY MAC INC., THE AGENCY ON AGING, PROVIDES EVIDENCE -BASED, ONE-ON-ONE COUNSELING FOR ADULTS 60 PLUS EXPERIENCING DEPRESSION, ANXIETY, OR FRUSTRATION DUE TO LIFE CHANGES. THE PROGRAM HELPS SENIORS COPY WITH LOSSES OF HEALTH, LOVED ONES, AND INDEPENDENCE. THIS SERVICE BECAME ESPECIALLY VITAL DURING COVID-19, WHEN ISOLATION SIGNIFICANTLY INCREASED AMONG ELDERLY RESIDENTS IN THE TRI-COUNTY AREA DUE TO VISITATION RESTRICTIONS AND FAMILY SEPARATION.

TO EXPAND OUR "HEALTHY LIVING" MESSAGE, TIDALHEALTH PENINSULA REGIONAL SPONSORS AND PARTICIPATES IN MANY COMMUNITY-BASED HEALTH FAIRS THROUGHOUT THE TRI-COUNTY AREA. THEY PROVIDE NUTRITION AND WEIGHT LOSS, EDUCATION, DIABETES ASSESSMENT, VARIOUS 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 AND OUTREACH EVENTS IN LOCAL CHURCHES. 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

TIDALHEALTH IS A COMMUNITY PARTNER WITH WALK WICOMICO, WHICH IS COMMITTED TO IMPROVE WALKABILITY IN WICOMICO COUNTY. THE ORGANIZATION 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

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, EXERCISE AND NUTRITION CLASSES, CHRONIC PAIN SELF-MANAGEMENT, DIABETES PREVENTION, DIABETES SELF-MANAGEMENT AND WALKING WITH EASE. 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

Part VI Supplemental Information (Continuation)

EDUCATED ABOUT THEIR HEALTH.

TRIBE

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

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.

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.

GRADUATE MEDICAL EDUCATION

TIDALHEALTH'S GRADUATE MEDICAL EDUCATION (GME) PROGRAM REFLECTS THE HEALTH SYSTEM'S CONTINUED EVOLUTION INTO A TEACHING SYSTEM, WITH BENEFITS THAT EXTEND BEYOND THE HOSPITAL WALLS. AS GME GROWS, TIDALHEALTH PENINSULA REGIONAL IS ALSO STRENGTHENING TERTIARY AND COMPLEX CARE CAPABILITIES, BRINGING MORE ADVANCED SPECIALTY CARE CLOSER TO HOME FOR PATIENTS AND REFERRING PRACTITIONERS. THE FIRST CLASS OF 10 INTERNAL MEDICINE RESIDENTS BEGAN IN 2022 AND HAS NOW GRADUATED, AND TODAY TIDALHEALTH SUPPORTS 90 RESIDENTS AND FELLOWS ACROSS THE SYSTEM. TIDALHEALTH CURRENTLY HAS 17 ACGME-ACCREDITED TRAINING PROGRAMS, INCLUDING SIX RESIDENCY PROGRAMS AND 11 FELLOWSHIP PROGRAMS. RESIDENCY TRAINING INCLUDES ANESTHESIOLOGY, FAMILY MEDICINE, GENERAL SURGERY, INTERNAL MEDICINE, PSYCHIATRY AND TRANSITIONAL YEAR, AND FELLOWSHIP TRAINING INCLUDES CARDIOVASCULAR DISEASE, ENDOCRINOLOGY, DIABETES &

Part VI Supplemental Information (Continuation)

METABOLISM, GASTROENTEROLOGY, HEALTHCARE ADMINISTRATION, LEADERSHIP & MANAGEMENT, HEMATOLOGY & MEDICAL ONCOLOGY, HOSPICE & PALLIATIVE MEDICINE, INFECTIOUS DISEASE, NEPHROLOGY, PULMONARY DISEASE & CRITICAL CARE MEDICINE, RHEUMATOLOGY AND SLEEP MEDICINE. LEARNERS TRAIN NOT IN JUST ONE LOCATION, BUT THROUGHOUT THE HEALTH SYSTEM, BUILDING BROAD EXPERIENCE ACROSS THE CONTINUUM OF CARE. LOOKING AHEAD, TIDALHEALTH EXPECTS CONTINUED GROWTH, WITH SOME PROGRAMS ACCEPTING THEIR FIRST LEARNERS IN 2026 AND ADDITIONAL EXPANSION PLANNED. ACCREDITATION IS ANTICIPATED FOR A CARDIOTHORACIC ANESTHESIOLOGY FELLOWSHIP, CRITICAL CARE FELLOWSHIP, GERIATRICS FELLOWSHIP, NEUROLOGY RESIDENCY, OBSTETRICS & GYNECOLOGY RESIDENCY AND ORTHOPAEDIC SURGERY RESIDENCY, WITH ANTICIPATED START DATES IN JULY 2026. THIS GROWTH IS SUPPORTED BY THE TIDALHEALTH CENTER FOR MEDICAL TRAINING AND SIMULATION, WHERE RESIDENTS PRACTICE SKILLS, REVIEW RECORDED SESSIONS WITH FACULTY AND STRENGTHEN COMMUNICATION AND TEAMWORK, AND IT ALIGNS WITH THE PROGRAM'S LONG-TERM GOAL OF TRAINING PHYSICIANS WHO CHOOSE TO BUILD THEIR CAREERS ON DELMARVA AND CARE FOR THE COMMUNITIES TIDALHEALTH SERVES.

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM ROLES

TIDALHEALTH IS ANCHORED BY THREE HOSPITALS, TIDALHEALTH PENINSULA REGIONAL, TIDALHEALTH NANTICOKE AND ATLANTIC GENERAL HOSPITAL. IN ADDITION, TIDALHEALTH INCLUDES AN EXPANSIVE PHYSICIAN NETWORK (TIDALHEALTH MEDICAL PARTNERS) WITH MORE THAN 300 PROVIDERS IN 24 SPECIALTIES ACROSS 32 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 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

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

Open to Public
Inspection

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.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ 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.

- | | |
|--|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

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) 924,564.	272,213.	144,595.	282,575.	26,574.	1,650,521.	99,583.
(2) LURA LUNSFORD V.P. OPERATIONS	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 716,742.	144,331.	65,569.	80,702.	7,650.	1,014,994.	0.
(3) TRUDY HALL, M.D. V.P. CHIEF MEDICAL OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 561,293.	121,478.	16,342.	40,569.	25,391.	765,073.	0.
(4) STEPHANIE GARY V.P. FINANCE/CFO	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 541,898.	113,688.	1,218.	38,612.	22,864.	718,280.	0.
(5) JAMES TRUMBLE, M.D. V.P. CLINICAL INTEGRATION	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 446,487.	70,823.	0.	22,304.	17,556.	557,170.	0.
(6) SARAH SCOTT - V.P. PEOPLE & ORGANIZATIONAL DEVELOPMENT	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 360,902.	60,138.	1,218.	77,480.	15,686.	515,424.	0.
(7) DAVID SECHLER, M.D. BOARD MEMBER/PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 384,549.	44,082.	1,218.	43,356.	16,186.	489,391.	0.
(8) ANGELA BRITTINGHAM CHIEF NURSING OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 305,133.	50,183.	18,215.	65,565.	14,869.	453,965.	0.
(9) KATHRYN FIDDLER V.P. POPULATION HEALTH	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 337,964.	57,750.	1,552.	46,274.	2,845.	446,385.	0.
(10) CHARLES DOLAN V.P. CLINICAL OPERATIONS FROM 07/24	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 203,722.	26,825.	7,072.	10,479.	9,405.	257,503.	0.
(11) SARAH ARNETT FORMER CHIEF NURSING OFF TO 04/22	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 174,107.	16,681.	0.	9,074.	1,967.	201,829.	0.
	(i)						
	(ii)						
	(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 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 4A-B:

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 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

TIDALHEALTH PROVIDED THE FOLLOWING FUNDING AMOUNT DURING 2024:

STEVEN LEONARD \$209,040

THE FOLLOWING INDIVIDUAL RECEIVED A DISTRIBUTION DURING 2024 BASED ON

THEIR PLAN'S VESTING DATE:

STEVEN LEONARD \$99,583

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

NOT LIMITED TO INDIVIDUAL GOALS AS WELL AS ORGANIZATION OPERATIONAL

Part III	Supplemental Information
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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.

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)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number	52-0591628
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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 18,500 INPATIENTS AND PROVIDED MORE THAN 450,000 OUTPATIENT SERVICES DURING FISCAL 2025. FOOD SERVICE PROVIDED MORE THAN 570,000 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 2025 PROVIDED:

CHARITY AND OTHER ALLOWANCES TOTALING \$56,100,052
DISCOUNTS TO THIRD PARTY PAYORS INCLUDING GOVERNMENT PROGRAMS SUCH AS MEDICARE AND MEDICAID \$56,941,180
WRITE-OFF OF UNCOLLECTIBLE ACCOUNTS \$15,282,131
THE TOTAL UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS IS \$128,323,363

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 2025, TIDALHEALTH PENINSULA REGIONAL PERFORMED COMMUNITY OUTREACH ACTIVITIES ASSOCIATED WITH FLU CLINICS AND WELLNESS ACTIVITIES AND A MOBILE HEALTH INITIATIVE AIMED TO REDUCE UNNECESSARY USE OF THE 911 EMS SYSTEM AND EMERGENCY DEPARTMENT.

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

SPECIFIC EXAMPLES OF EDUCATION AND OUTREACH PROGRAMS, SUPPORT GROUPS, COMMUNITY HEALTH SCREENINGS, AND FITNESS AND WELLNESS ACTIVITIES SUPPORTED BY TIDALHEALTH PENINSULA REGIONAL ARE AS FOLLOWS:

CLASSES AND EDUCATIONAL SUPPORT GROUPS:

-CHILD BIRTH CLASSES
 -DIABETES SUPPORT GROUP
 -CANCER SUPPORT CLASSES AND SUPPORT GROUPS
 -FAMILY SUPPORT GROUP
 -PARKINSON'S SUPPORT GROUP
 -STRESS REDUCTION AND RESILIENCY TRAINING

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

FITNESS/EXERCISE PROGRAMMING:

-CARDIAC REHABILITATION
 -EXERCISES FOR STRENGTH AND ENDURANCE
 -HEALTH AND WELLNESS FOR SENIORS

FORM 990, PART V, LINES 1A & 2A:

THE FILING ORGANIZATION HAS ENTERED "0" IN PART V, LINE 1A AND LINE 2A BECAUSE THE ORGANIZATION'S 1099 AND W-2 RETURNS ARE FILED BY AND UNDER THE NAME AND EIN OF TIDALHEALTH, INC., A RELATED ENTITY, UNDER A SHARED SERVICES AGREEMENT. ACCORDINGLY, THE REQUIRED DISCLOSURES RELATED TO EMPLOYEES AND INDEPENDENT CONTRACTORS ARE INCLUDED ON THE FORM 990 OF TIDALHEALTH, INC.

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.

STEPHANIE GARY, 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.

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

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

DECISIONS SUBJECT TO APPROVAL

AS THE SOLE CORPORATE MEMBER, TIDALHEALTH, INC. HAS THE ABILITY TO APPROVE 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 DIRECTORS ARE REQUIRED TO DISCLOSE ANNUALLY, IN WRITING, ANY AND ALL INTERESTS 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

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 COMPENSATION COMMITTEE USES AN INDEPENDENT CONSULTANT, COMPENSATION SURVEYS, AND OTHER ORGANIZATIONS' FORMS 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	53,468,478.
MANAGEMENT AND GENERAL EXPENSES	5,885,154.
FUNDRAISING EXPENSES	142,018.
TOTAL EXPENSES	59,495,650.

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	36,886,591.
MANAGEMENT AND GENERAL EXPENSES	4,077,641.
FUNDRAISING EXPENSES	97,974.

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

TOTAL EXPENSES	41,062,206.
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PHYSICIAN FEES:	
PROGRAM SERVICE EXPENSES	1,447,742.
MANAGEMENT AND GENERAL EXPENSES	160,041.
FUNDRAISING EXPENSES	3,845.
TOTAL EXPENSES	1,611,628.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	102,169,484.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION ADJUSTMENT	1,198,075.
CHANGE IN ENDOWMENT	1,064,685.
INVESTMENT IN SUBSIDIARIES	13,887,548.
TOTAL TO FORM 990, PART XI, LINE 9	16,150,308.

SCHEDULE R
(Form 990)

(Rev. January 2025)
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

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 10	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) (Rev. 1-2025)

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	☒
b Gift, grant, or capital contribution to related organization(s)	1b	☒
c Gift, grant, or capital contribution from related organization(s)	1c	☒
d Loans or loan guarantees to or for related organization(s)	1d	☒
e Loans or loan guarantees by related organization(s)	1e	☒
f Dividends from related organization(s)	1f	☒
g Sale of assets to related organization(s)	1g	☒
h Purchase of assets from related organization(s)	1h	☒
i Exchange of assets with related organization(s)	1i	☒
j Lease of facilities, equipment, or other assets to related organization(s)	1j	☒
k Lease of facilities, equipment, or other assets from related organization(s)	1k	☒
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	☒
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	☒
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	☒
o Sharing of paid employees with related organization(s)	1o	☒
p Reimbursement paid to related organization(s) for expenses	1p	☒
q Reimbursement paid by related organization(s) for expenses	1q	☒
r Other transfer of cash or property to related organization(s)	1r	☒
s Other transfer of cash or property from related organization(s)	1s	☒

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

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

SCHEDULE R, PART II:

PENINSULA GENERAL HOSPITAL INSURANCE TRUST WAS DISSOLVED EFFECTIVE

FEBRUARY 20, 2025.

ON MAY 1, 2025 (THE ATLANTIC GENERAL ACQUISITION DATE), TIDALHEALTH,

INC. ACQUIRED AND BECAME THE SOLE CORPORATE MEMBER OF ATLANTIC GENERAL

HOSPITAL CORPORATION ("AGH"), A NOT-FOR-PROFIT 43 LICENSED BED HOSPITAL

IN BERLIN, MARYLAND, SERVING THE HEALTH CARE NEEDS OF WORCESTER COUNTY.

SCHEDULE R, PART IV:

PRLTC DISSOLVED DURING THE FISCAL YEAR JUNE 30, 2025.