

# Return of Organization Exempt From Income Tax

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](http://www.irs.gov/Form990) for instructions and the latest information.**

**A** For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization TIDALHEALTH PENINSULA REGIONAL, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 EAST CARROLL STREET City or town, state or province, country, and ZIP or foreign postal code SALISBURY, MD 21801	<b>D</b> Employer identification number 52-0591628  <b>E</b> Telephone number 410-546-6400
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ 838,663,742.
<b>J</b> Website: WWW.TIDALHEALTH.ORG		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1897 <b>M</b> State of legal domicile: MD

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	13
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	4212
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	11
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	26,811,975.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	4,083,976.
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	17,202,254.	15,455,550.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	473,954,597.	481,772,126.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,672,909.	49,458,683.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,047,978.	1,038,998.
<b>12</b>			520,877,738.	547,725,357.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	252,919,271.	208,869,116.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 720,437.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	248,158,482.	235,750,420.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	501,077,753.	444,619,536.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	19,799,985.	103,105,821.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	860,332,244.	933,173,174.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	312,831,733.	278,664,179.
	<b>22</b>		547,500,511.	654,508,995.

**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.

<b>Sign Here</b>	Signature of officer <u>BRUCE I RITCHIE, CFO</u> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>MARY TORRETTA</u>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <u>P00847851</u>
	Firm's name ▶ <u>GRANT THORNTON LLP</u> Firm's address ▶ <u>1000 WILSON BOULEVARD, SUITE 1400 ARLINGTON, VA 22209</u>	Firm's EIN ▶ <u>36-6055558</u> Phone no. (703) <u>847-7500</u>

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

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  TIDALHEALTH PENINSULA REGIONAL, INC.	Taxpayer identification number (TIN)  52-0591628
File by the due date for filing your return. See instructions.	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 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JIM GREGORY

- The books are in the care of ▶ 100 EAST CARROLL STREET - SALISBURY, MD 21801  
Telephone No. ▶ 410-912-4979 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 16, 2022    , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning     JUL 1, 2020    , and ending     JUN 30, 2021    .

**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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

Product: **Exempt Extension**  
 Name: **TidalHealth Peninsula Regional, Inc.**  
 FEIN: **\*\*\*\*\*1628**  
 Bank Info:  
 Fiscal Year Begin Date: **7/1/2020**  
 IRS Message:

Category:  
 Plan Number:  
 Fiscal Year End Date: **6/30/2021**

IRS Center: **Ogden**  
 e-Postmark: **11/9/2021 2:22 PM**  
 Notification:  
 eSigned:

**Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
11/09/2021	20X:0181885-00001:V1	Upload Started			Heggestad,Sarah	
11/09/2021	20X:0181885-00001:V1	Released for Transmission - Validation in Progress			Heggestad,Sarah	
11/09/2021	20X:0181885-00001:V1	Ready to transmit - Validation Complete				
11/09/2021	20X:0181885-00001:V1	Transmitted to FD	54681420213130364e60			
11/09/2021	20X:0181885-00001:V1	Accepted by FD on 11/9/2021				

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ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 396,400,984. including grants of \$ ) (Revenue \$ 455,221,819. ) 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 396,400,984.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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>1a</b> 13		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 5		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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>b</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	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>b</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	
<b>16b</b>			

**Section C. Disclosure**

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN LEONARD PRESIDENT/CEO	40.00 3.00	X		X				1,037,091.	0.	166,821.
(2) JAMES TODD, M.D. PHYSICIAN	40.00 0.00					X		1,067,325.	0.	102,384.
(3) ZACHARY BAKER, M.D. PHYSICIAN	40.00 0.00					X		948,367.	0.	34,208.
(4) FAWAD KHAN, M.D. PHYSICIAN	40.00 0.00					X		908,251.	0.	34,945.
(5) BRUCE I. RITCHIE CFO	40.00 2.00			X				730,288.	0.	158,256.
(6) KARIM ARANOUT, M.D. PHYSICIAN	40.00 0.00					X		802,496.	0.	35,039.
(7) DANIEL DANIELS, M.D. PHYSICIAN	40.00 0.00					X		781,073.	0.	32,945.
(8) LURA LUNSFORD V.P. OPERATIONS	40.00 2.00			X				688,448.	0.	60,818.
(9) CHARLES SILVIA JR., M.D. V.P. CHIEF MEDICAL OFFICER	40.00 1.00			X				609,393.	0.	69,659.
(10) KARIN DIBARI, M.D. V.P. TH MEDICAL PARTNERS	40.00 0.00					X		542,576.	0.	82,295.
(11) TIMOTHY FEIST V.P. CHIEF COMPLIANCE OFFICER	40.00 0.00					X		337,070.	0.	106,089.
(12) SARAH SCOTT V.P. PEOPLE & ORGANIZATON DEV	40.00 0.00					X		371,361.	0.	53,695.
(13) JAMES TRUMBLE, M.D. V.P. CLINICAL INTEGRATION	40.00 1.00					X		393,699.	0.	30,108.
(14) KATHRYN FIDDLER V.P. POPULATION HEALTH	40.00 1.00					X		298,432.	0.	37,544.
(15) SARAH ARNETT CHIEF NURSING OFFICER	40.00 1.00					X		305,526.	0.	30,360.
(16) DEBORAH ABBOTT BOARD MEMBER	1.00 6.00	X						30,000.	0.	0.
(17) MEMO DIRIKER CHAIRPERSON	5.00 1.00	X		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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) JULIUS ZANT, M.D. SECRETARY	2.00 0.00	X		X				0.	0.	0.
(19) JAMES HARTSTEIN BOARD MEMBER	1.00 3.00	X						0.	0.	0.
(20) SUSAN WILLGUS-MURPHY BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(21) KAREN POISKER BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(22) MARK EDNEY, M.D. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) VEL NATESAN, M.D. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) RONDALL ALLEN, PHARM.D. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) MARY DIBARTOLO BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(26) JANELLE BEILER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								9,851,396.	0.	1,035,166.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								9,851,396.	0.	1,035,166.

**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 393

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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
SHERIDAN ANESTHESIA OF MD P.O. BOX 744883, ATLANTA, GA 30374-4883	ANESTHESIA SERVICES	6,888,473.
INTERMED GROUP 13301 N W HWY 441, ALACHUA, FL 32615-8512	BIOMEDICAL SERVICES	6,320,456.
FOCUSONE SOLUTIONS LLC P.O. BOX 310861, DES MOINES, IA 50331-0861	TEMP LABOR SERVICES	6,268,116.
EPIC SYSTEMS CORP P.O. BOX 88314, MILWAUKEE, WI 53288-0314	TECHNICAL SERVICES	4,603,751.
SLEEP WAVES INC, 873 E BALTIMORE PIKE STE 345, KENNETT SQUARE, PA 19348	SLEEP LAB SERVICES	2,843,600.

**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 99

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>	355,550.					
	<b>e</b> Government grants (contributions)	<b>1e</b>	15,100,000.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>						
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f			15,455,550.				
Program Service Revenue	<b>2 a</b> NET PATIENT SERVICES	<b>Business Code</b>	623000	471,049,199.	455,221,819.	15,827,380.		
	<b>b</b> AMBULATORY PHARMACY		900099	10,722,927.		10,722,927.		
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			481,772,126.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			7,669,273.		-7,999.	7,677,272.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	223,510.				
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>		331,659.				
	<b>c</b> Rental income or (loss)	<b>6c</b>		-108,149.				
	<b>d</b> Net rental income or (loss)				-108,149.		-108,149.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	32,052,642.				
			(ii) Other		343,494.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		290,280,790.	325,936.			
<b>c</b> Gain or (loss)	<b>7c</b>		41,771,852.	17,558.				
<b>d</b> Net gain or (loss)				41,789,410.		41,789,410.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>							
<b>b</b> Less: direct expenses	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>							
<b>b</b> Less: cost of goods sold	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory								
Miscellaneous Revenue	<b>11 a</b> CAFETERIA	<b>Business Code</b>	722514	867,613.			867,613.	
	<b>b</b> MANAGEMENT FEES		561000	200,000.		200,000.		
	<b>c</b> LIFELINE		532283	69,667.		69,667.		
	<b>d</b> All other revenue		900099	9,867.			9,867.	
	<b>e Total.</b> Add lines 11a-11d			1,147,147.				
<b>12 Total revenue.</b> See instructions			547,725,357.	455,221,819.	26,811,975.	50,236,013.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	6,198,045.	5,440,069.	740,857.	17,119.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	180,459.	107,681.	72,778.	
<b>7</b> Other salaries and wages .....	162,685,151.	142,933,408.	19,301,899.	449,844.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,942,694.	8,726,774.	1,188,458.	27,462.
<b>9</b> Other employee benefits .....	18,335,374.	16,042,473.	2,241,114.	51,787.
<b>10</b> Payroll taxes .....	11,527,393.	10,316,117.	1,184,496.	26,780.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	1,309,195.	94,991.	1,214,204.	
<b>c</b> Accounting .....	227,740.		227,740.	
<b>d</b> Lobbying .....	9,049.	9,049.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	1,863,765.		1,863,765.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	61,834,191.	51,070,854.	10,676,842.	86,495.
<b>12</b> Advertising and promotion .....	401,793.	401,793.		
<b>13</b> Office expenses .....	73,427,758.	73,423,938.	-49,951.	53,771.
<b>14</b> Information technology .....	1,519,517.	1,499,879.	15,340.	4,298.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	4,760,397.	4,646,144.	114,253.	
<b>17</b> Travel .....	180,540.	136,983.	41,349.	2,208.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	11,850.	11,850.		
<b>20</b> Interest .....	5,783,339.	5,783,339.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	27,294,197.	27,232,825.	61,372.	
<b>23</b> Insurance .....	4,250,319.	-256,399.	4,506,718.	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	42,805,708.	42,805,708.		
<b>b</b> BAD DEBT	5,833,942.	5,833,942.		
<b>c</b> LOSS ON EXTINGUISHMENT	3,659,576.		3,659,576.	
<b>d</b> DUES	577,544.	139,566.	437,305.	673.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	444,619,536.	396,400,984.	47,498,115.	720,437.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	101,915,420.	<b>1</b>	4,443,372.
	<b>2</b> Savings and temporary cash investments .....	29,158,658.	<b>2</b>	107,949,829.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	45,372,126.	<b>4</b>	44,027,408.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	10,182,805.	<b>8</b>	10,737,135.
	<b>9</b> Prepaid expenses and deferred charges .....	7,887,429.	<b>9</b>	8,016,842.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 614,181,826.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 414,531,354.	208,313,700.	<b>10c</b> 199,650,472.
	<b>11</b> Investments - publicly traded securities .....	346,155,047.	<b>11</b>	424,195,999.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	111,347,059.	<b>15</b>	134,152,117.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	860,332,244.	<b>16</b>	933,173,174.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	22,171,628.	<b>17</b>	17,315,540.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....	130,687,640.	<b>20</b>	8,876,644.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	122,215,000.
	<b>25</b> 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 .....	159,972,465.	<b>25</b>	130,256,995.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	312,831,733.	<b>26</b>	278,664,179.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	494,771,186.	<b>27</b>	597,373,374.
	<b>28</b> Net assets with donor restrictions .....	52,729,325.	<b>28</b>	57,135,621.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	547,500,511.	<b>32</b>	654,508,995.
<b>33</b> Total liabilities and net assets/fund balances .....	860,332,244.	<b>33</b>	933,173,174.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	547,725,357.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	444,619,536.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	103,105,821.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	547,500,511.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	55,365,494.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-51,462,831.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	654,508,995.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in 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>		
<b>c</b> Did a disqualified person (as defined in 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b> 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? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>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.</i>	Yes	No	
<b>2a</b>			
<b>b</b> Did the activities described in 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? <i>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.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

TIDALHEALTH PENINSULA REGIONAL, INC.

Employer identification number

52-0591628

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization  TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number  52-0591628
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  200 INDEPENDENCE AVE SW  WASHINGTON, DC 20201	\$ 15,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TIDALHEALTH FOUNDATION, INC.  100 EAST CARROLL STREET  SALISBURY, MD 21801-5493	\$ 355,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number  52-0591628
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <p style="text-align: center;">TIDALHEALTH PENINSULA REGIONAL, INC.</p>	Employer identification number <p style="text-align: center;">52-0591628</p>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		9,049.
<b>j</b> Total. Add lines 1c through 1i .....			9,049.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

OTHER ACTIVITIES:

TIDALHEALTH PENINSULA REGIONAL DOES NOT ENGAGE IN ANY DIRECT LOBBYING

ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO MARYLAND HOSPITAL

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

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



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land, habitat, open space, historic), a table for lines 2a-2d (Total number, acreage, historic structures, etc.), and questions 3-9 regarding monitoring, expenses, and reporting.

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	79,165,301.	71,424,439.	64,583,287.	56,672,686.	49,801,243.
b Contributions				257,832.	250,000.
c Net investment earnings, gains, and losses	23,584,799.	8,133,343.	7,263,806.	8,059,133.	6,985,039.
d Grants or scholarships	92,960.	5,217.	9,245.		
e Other expenditures for facilities and programs				900.	
f Administrative expenses	410,928.	387,264.	413,409.	405,464.	363,596.
g End of year balance	102,246,212.	79,165,301.	71,424,439.	64,583,287.	56,672,686.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  47.6600 %
  - b Permanent endowment  8.4500 %
  - c Term endowment  43.8900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  | X   |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X   |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,378,600.		12,378,600.
b Buildings		285,377,414.	145,993,096.	139,384,318.
c Leasehold improvements				
d Equipment		304,474,136.	260,444,645.	44,029,491.
e Other		11,951,676.	8,093,613.	3,858,063.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				199,650,472.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DONOR RESTRICTED FUND	53,515,264.
(2) BOARD DESIGNATED INVESTMENTS	48,732,959.
(3) PENSION ASSET	16,374,668.
(4) SELF INSURANCE FUND	7,384,245.
(5) INTERCOMPANY RECEIVABLES	404,589.
(6) INVESTMENT IN PARTNERSHIPS	8,069.
(7) SECTION 457(F) PLAN INVESTMENTS	2,913,041.
(8) RIGHT OF USE ASSETS	4,819,282.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	134,152,117.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTY PAYORS	100,762,533.
(3) EMPLOYEE COMP RELATED PAYROLL TAXES	20,345,818.
(4) ACCRUED SELF INSURANCE LIABILITY	3,551,212.
(5) SECTION 457 PLAN DEFERRED COMPENSATION	1,864,202.
(6) LONG-TERM LEASE LIABILITY	3,733,230.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	130,256,995.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

PART X, LINE 2:

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF

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

FINANCIALS IS:

THE HEALTH SYSTEM HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN TAX



**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<b>1a</b>	X	
<b>b</b> If "Yes," was it a written policy? .....	<b>1b</b>	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> 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.			
<b>a</b> 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: .....	<b>3a</b>	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %			
<b>b</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: .....	<b>3b</b>	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %			
<b>c</b> 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.			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b>	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	X	
<b>c</b> 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?	<b>5c</b>		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	X	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			13,233,221.		13,233,221.	3.02%
<b>b</b> Medicaid (from Worksheet 3, column a) .....						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			13,233,221.		13,233,221.	3.02%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			1,991,760.	64,218.	1,927,542.	.44%
<b>f</b> Health professions education (from Worksheet 5) .....			5,024,703.	0.	5,024,703.	1.15%
<b>g</b> Subsidized health services (from Worksheet 6) .....			23,574,697.	12,694,920.	10,879,777.	2.48%
<b>h</b> Research (from Worksheet 7) .....			45,751.		45,751.	.01%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			393,315.	242,596.	150,719.	.03%
<b>j Total.</b> Other Benefits .....			31,030,226.	13,001,734.	18,028,492.	4.11%
<b>k Total.</b> Add lines 7d and 7j .....			44,263,447.	13,001,734.	31,261,713.	7.13%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		X
<b>6b</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 .....	X	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
<b>a</b> If "Yes," (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
<b>11</b> 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.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFO</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

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

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

**Policy Relating to Emergency Medical Care**

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

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

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

		Yes	No
<b>22</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> 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		
<b>c</b>	<input type="checkbox"/> 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		
<b>d</b>	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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.	23	X
<b>24</b>	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.	24	X

**Part V Facility Information** (continued)

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

TIDALHEALTH PENINSULA REGIONAL INC:

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

SERVED BY THE HOSPITAL

CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI), A XEROX COMPANY, WAS

RETAINED BY TIDALHEALTH PENINSULA REGIONAL (THPR) TO CONDUCT THE 2019

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). IN 2021, TIDALHEALTH IS

PREPARING TO CONDUCT A NEW COMMUNITY HEALTH NEEDS ASSESSMENT THAT WILL

COVER THE MD CBSA OF SOMERSET, WICOMICO AND WORCESTER COUNTIES AND A

NEW AREA OF SUSSEX COUNTY, DELAWARE. EFFECTIVE JANUARY 1, 2020,

TIDALHEALTH NANTICOKE (THN) AND TIDALHEALTH PHYSICIAN NETWORK, INC.

(THPN), LOCATED IN SEAFORD, DELAWARE, JOINED 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. NANTICOKE PHYSICIAN NETWORK

PROVIDES OUTPATIENT MEDICAL SERVICES IN WESTERN SUSSEX COUNTY AND

FEDERALSBURG, MD. EFFECTIVE MARCH 1, 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. HCI AND PRHS HAVE COLLABORATED SINCE 2012

TO DEVELOP THE TIDALHEALTH CREATING HEALTHY COMMUNITIES PLATFORM. HCI

CONSULTANTS CONDUCTED KEY INFORMANT INTERVIEWS IN ORDER TO COLLECT

COMMUNITY INPUT. KEY INFORMANT INTERVIEWS WERE CONDUCTED BETWEEN

07/26/2018 AND 08/30/2018. INTERVIEWEES WHO WERE ASKED TO PARTICIPATE

**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.

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 HEALTH SYSTEM, AND/OR COULD SPEAK TO THE NEEDS

OF THE MEDICALLY UNDERSERVED OR VULNERABLE POPULATIONS.

THE FOLLOWING ORGANIZATIONS ARE REPRESENTATIVE OF THE INDIVIDUALS WHO

PARTICIPATED IN THE INTERVIEWS:

CHESAPEAKE HEALTH CENTER, CORELIFE, DEER'S HEAD HOSPITAL CENTER, HOPE,

INC. (HEALTH AND OUTREACH POINT OF ENTRY), LOWER SHORE CLINIC, LOWER

SHORE ENTERPRISES, MAC, INC. (MAINTAINING ACTIVE CITIZENS), SALISBURY

REHABILITATION AND SKILLED NURSING CENTER - GENESIS HEALTHCARE,

SALISBURY UNIVERSITY, TGM GROUP LLC, WICOMICO COUNTY EXECUTIVE,

WICOMICO COUNTY HEALTH DEPARTMENT, TIDALHEALTH PENINSULA REGIONAL, AND

THE SOMERSET COUNTY HEALTH DEPARTMENT.

THERE WERE ALSO THREE FOCUS GROUPS THAT WERE ORGANIZED AND FACILITATED

BY TIDALHEALTH PENINSULA REGIONAL, WICOMICO COUNTY HEALTH DEPARTMENT,

AND SOMERSET COUNTY HEALTH DEPARTMENT. THE FOCUS GROUPS CONVENED ON

08/23/2018, 08/29/2018, AND 09/14/2018. THE AUGUST 23RD FOCUS GROUP

CONSISTED OF PROFESSIONALS AND PROVIDERS FROM VARIOUS DISCIPLINES IN

THE TRI-COUNTY AREA AND WAS HELD AT THPR. THE AUGUST 29TH FOCUS GROUP

WAS HELD IN SALISBURY AT THE SALVATION ARMY AND INCLUDED MEMBERS OF THE

GREATER SALISBURY COMMUNITY. THE SEPTEMBER 14TH FOCUS GROUP WAS HELD IN

POCOMOKE CITY IN WORCESTER COUNTY AT THE POCOMOKE LIBRARY AND INCLUDED

MEMBERS OF THE GREATER POCOMOKE AREA.

A COMMUNITY SURVEY WAS AVAILABLE USING SURVEY MONKEY, AN ONLINE SURVEY

**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.

TOOL, AND A PAPER VERSION OF THE SURVEY. THE SURVEY WAS DISTRIBUTED

ACROSS THPR'S ENTIRE SERVICE AREA FROM 07/23/2018 TO 09/10/2018. A

TOTAL OF 584 RESPONSES WERE COLLECTED AND A REPORT WAS CREATED.

TIDALHEALTH PENINSULA REGIONAL INC:

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

ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES

THE HOSPITAL FACILITY'S CHNA IS CONDUCTED WITH ONE OR MORE

ORGANIZATIONS OTHER THAN THE HOSPITAL. THESE ORGANIZATIONS WE PARTNERED

WITH INCLUDE THE WICOMICO COUNTY HEALTH DEPARTMENT (WICHD) AND THE

SOMERSET COUNTY HEALTH DEPARTMENT (SCHD).

A PARTNERSHIP WAS FORMED BETWEEN THPR, WICHD, AND SCHD TO COLLABORATE

FOR THE BENEFIT OF THE COMMUNITY. THESE ORGANIZATIONS HAVE BEEN

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

ORGANIZATIONS ARE REQUIRED TO COMPLETE A CHNA; THPR IS A NON-PROFIT

HOSPITAL AND WICHD AS AN ACCREDITED HEALTH DEPARTMENT. SCHD IS IN THE

EARLY PHASE OF PUBLIC HEALTH ACCREDITATION.

IN DECEMBER 2018, THPR, SCHD, AND WICHD PUBLISHED THEIR 2019 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. THPR, SCHD, AND

WICHD PARTNERED WITH CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI) TO

CONDUCT THE CHNA. THE GOAL OF THIS REPORT IS TO OFFER A MEANINGFUL

UNDERSTANDING OF THE GREATEST HEALTH NEEDS ACROSS THE TRI-COUNTY

**Part V Facility Information** (continued)

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

SERVICE AREA, AS WELL AS TO GUIDE PLANNING EFFORTS TO ADDRESS THOSE

NEEDS. SPECIAL ATTENTION HAS BEEN GIVEN TO IDENTIFY HEALTH DISPARITIES,

NEEDS OF THE VULNERABLE POPULATIONS, UNMET HEALTH NEEDS OR GAPS IN

SERVICES, AND INPUT FROM THE COMMUNITY.

CHNA ON HOSPITAL FACILITY'S WEBSITE

SCHEDULE H, PART V, LINE 7A

[HTTPS://WWW.TIDALHEALTH.ORG/PUBLICATIONS/COMMUNITY-HEALTH-NEEDS-ASSESSME](https://www.tidalhealth.org/publications/community-health-needs-assessme)

NT-2019

TIDALHEALTH PENINSULA REGIONAL INC:

PART V, SECTION B, LINE 7D: OTHER WAYS THE HOSPITAL MAKES ITS CHNA

REPORT AVAILABLE TO THE PUBLIC

PENINSULA REGIONAL'S COMPREHENSIVE CHNA REPORT IS MADE AVAILABLE TO THE

PUBLIC ONLINE AT

[HTTPS://WWW.TIDALHEALTH.ORG/PUBLICATIONS/COMMUNITY-HEALTH-NEEDS-ASSESSME](https://www.tidalhealth.org/publications/community-health-needs-assessme)

NT-2019 AND A PAPER COPY IS MADE AVAILABLE TO THE PUBLIC AT SEVERAL

LOCATIONS WITHIN THE HOSPITAL FOR PUBLIC INSPECTION. IN ADDITION, THE

REPORT HAS BEEN TRANSLATED INTO SPANISH AND THE HOSPITAL IS LOOKING

INTO A FURTHER TRANSLATION TO CREOLE. WE PARTNER WITH CONDUENT HEALTHY

COMMUNITIES INSTITUTE TO DISCOVER WHAT THE MOST PRESSING HEALTH

CHALLENGES ARE IN SOMERSET, WORCESTER AND WICOMICO COUNTIES. 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

**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.

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.

IMPLEMENTATION STRATEGY ON HOSPITAL FACILITY'S WEBSITE

SCHEDULE H, PART V, LINE 10A

[HTTPS://WWW.TIDALHEALTH.ORG/PUBLICATIONS/IMPLEMENTATION-STRATEGY-COMMUNI](https://www.tidalhealth.org/publications/implementation-strategy-communi)

[TY-BENEFIT-2019](https://www.tidalhealth.org/publications/implementation-strategy-communi)

TIDALHEALTH PENINSULA REGIONAL INC:

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

ADDRESSED

TIDALHEALTH PENINSULA REGIONAL HAS A FIXED VALUE OF RESOURCES

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

THE GREATEST IMPACT, THEREFORE NOT ALL NEEDS, TO DATE, IDENTIFIED IN

THE CHNA WERE ABLE TO BE ADDRESSED. NON-PRIORITIZED NEEDS INCLUDED

ACCESS TO HEALTH SERVICES, OLDER ADULTS & AGING, AND ORAL HEALTH. THESE

NEEDS WERE NOT SELECTED BECAUSE THEY DID NOT MEET THE PRIORITIZATION

CRITERIA AS STRONGLY AS THE SELECTED TOPICS. 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 2020 STRATEGIC PLAN

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

NEEDS WITHIN THE CHNA.

**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 THE SIGNIFICANT NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS

ASSESSMENT, THE FOLLOWING IMPLEMENTATION INITIATIVES WERE DEVELOPED AND

OUTLINED IN OUR 2019-2021 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 BOOKLET CAN BE FOUND AT

[HTTPS://WWW.TIDALHEALTH.ORG/PUBLICATIONS/IMPLEMENTATION-STRATEGY-COMMUNI](https://www.tidalhealth.org/publications/implementation-strategy-communi)

TY-BENEFIT-2019 IN ADDITION TO WHERE THE COMMUNITY HEALTH NEEDS

ASSESSMENT CAN ALSO BE FOUND.

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:

- BEHAVIORAL HEALTH (MENTAL HEALTH AND MENTAL DISORDERS AS WELL AS

SUBSTANCE ABUSE)

- DIABETES

- CANCER (FOCUS AREAS: BREAST, COLORECTAL, CERVICAL, LUNG, SKIN)

PRIORITY AREAS IDENTIFIED

BEHAVIORAL HEALTH

GOALS:

- ADDRESS BEHAVIORAL ISSUES IN THE TRI-COUNTY SERVICE AREA BY REDUCING

THE INSTANCES OF OPIOID RELATED DEATHS.

- ADDRESS BEHAVIORAL ISSUES IN THE TRI-COUNTY SERVICE AREA BY TARGETING

SENIORS SUFFERING WITH MINOR TO MAJOR DEPRESSION.

**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.

STRATEGIES:

- COLLABORATIVELY ADDRESS THE OPIOID CRISIS IN THE TRI-COUNTY SERVICE

AREA WITH AN EMPHASIS ON PREVENTION, TREATMENT, RESOURCES AND

ENFORCEMENT.

- PROVIDE PEER SUPPORT FOR PEOPLE WHO HAVE OVERDOSED OR SOUGHT HELP FOR

OPIOID ADDICTION ISSUES.

- ADDRESS DEPRESSION IN ADULTS 50 YEARS OR OLDER THROUGH SKILL

BUILDING, PROBLEM SOLVING AND SOCIALIZATION ACTIVITIES.

OBJECTIVES AND ANTICIPATED IMPACT:

- WORK COLLABORATIVELY TO ADDRESS POLICY, DEVELOP EDUCATION AND RAISE

COMMUNITY AWARENESS IN THE FIGHT AGAINST OPIOID USE, AND CONTINUE TO

REDUCE INSTANCES OF HEROIN OVERDOSE EACH YEAR.

- UTILIZING THE COMMUNITY OUTREACH ADDICTIONS TEAM (COAT), CONTACT AND

PROVIDE LINKAGE TO TREATMENT AND OTHER SUPPORT SERVICES TO COMMUNITY

MEMBERS DEALING WITH SUBSTANCE ABUSE ISSUES.

- REDUCE THE INSTANCES OF DEPRESSION IN OLDER ADULTS THROUGH OUTREACH

AND ACCESS TO AN EVIDENCE-BASED INTERVENTION PROGRAM. INCREASE PERCENT

OF PROGRAM PARTICIPANTS WITH A SIGNIFICANT REDUCTION OF DEPRESSION

ABOVE THE 2018 BASELINE OF 50%.

1. TIDALHEALTH PENINSULA REGIONAL TO COLLABORATE WITH WICOMICO COUNTY

OPIOID INTERVENTION TEAM AND SOMERSET COUNTY OPIOID UNITED TEAM

ACTIVITIES:

- BRING AWARENESS, EDUCATION AND RESOURCES TO THE COMMUNITY TO WORK

TOWARD ELIMINATING OPIOID ABUSE.

**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.

- TARGET AWARENESS ACTIVITIES AND CAMPAIGNS TO THE COMMUNITY AND

SCHOOLS.

- PARTICIPATION IN DRUG AWARENESS COALITIONS.

- NARCAN TRAINING FOR COMMUNITY MEMBERS.

- DEVELOP AND IMPLEMENT AN OPIOID INTERVENTION TEAM EDUCATIONAL TRAILER

FOR PARENTS, GUARDIANS AND ADULTS. THIS IS A MOCK TEENAGE BEDROOM SET

UP TO SHOW POSSIBLE RED FLAGS FOR UNHEALTHY BEHAVIOR AND/OR SUBSTANCE

USE.

- COORDINATE AND HOST FIRST RESPONDER DINNER TO HELP ADDRESS COMPASSION

FATIGUE.

- WORK WITH COMMUNITY PARTNERS TO COORDINATE THE GO PURPLE AWARENESS

CAMPAIGN PROGRAM.

2. PROGRAM TO ENCOURAGE ACTIVE AND REWARDING LIVES (PEARLS)

ACTIVITIES:

- RAISE AWARENESS OF THIS FREE PROGRAM THROUGH TARGETED OUTREACH TO

CLINICIANS CARING FOR OLDER ADULTS, AS WELL AS SENIOR CENTERS AND OTHER

LOCAL ORGANIZATIONS SERVING OLDER COMMUNITY MEMBERS.

- PROVIDE ENGAGING AND IMPACTFUL CURRICULUM IN AN EASY-TO-LEARN

APPROACH THROUGH FLEXIBLE ONE-ON-ONE VISITS AT LOCATIONS CONVENIENT FOR

THE COMMUNITY MEMBER BEING SERVED.

3. ER UTILIZATION REDUCTION AND ACCESS IMPROVEMENT ACTIVITIES:

- SWIFT, A MOBILE INTEGRATED HEALTH TEAM, MAKES HOME-BASED VISITS TO

INDIVIDUALS UTILIZING 911 AT LEAST FIVE TIMES OVER A SIX-MONTH PERIOD

FOR NON-LIFE-THREATENING MEDICAL REASONS. THE TEAM PROVIDES PHYSICAL,

MENTAL AND SAFETY ASSESSMENTS AND SCREENS FOR SOCIAL DETERMINANTS OF

**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.

HEALTH. BASED ON THEIR ASSESSMENT, PATIENTS ARE REFERRED, AS NECESSARY,

FOR APPROPRIATE CARE INTERVENTIONS SUCH AS PRIMARY CARE PROVIDERS,

MEDICAL SPECIALISTS, IN HOME PROVIDERS, FINANCIAL AND SOCIAL RESOURCES,

AS WELL AS OTHER COMMUNITY RESOURCES.

## ALIGNMENT OPPORTUNITIES:

- THPR, AS PART OF A REGIONAL PARTNERSHIP WITH ATLANTIC GENERAL

HOSPITAL IN WORCESTER COUNTY, SCHD AND WICHD, IS COLLABORATING WITH THE

MARYLAND HEALTH SERVICE COST REVIEW COMMISSION TO DEVELOP A REGIONAL

APPROACH TO BEHAVIORAL HEALTH FOR FY 2021. WORK IN THESE THREE AREAS

WILL BE INCORPORATED INTO THIS TRI-COUNTY REGIONAL PARTNERSHIP AND

UPDATED IN THIS DOCUMENT IN 2021.

- WICHD STRATEGIC PLAN 2017-2022, PRIORITY #1: IMPROVE COMMUNITY HEALTH

AND WELLNESS BY FOCUSING ON PRIORITY AREAS IDENTIFIED IN COLLABORATION

WITH THE LOCAL HEALTH IMPROVEMENT COALITION: CHRONIC DISEASE AND

BEHAVIORAL HEALTH. THPR AND WICHD WILL BUILD OFF THE SUCCESSFUL EFFORTS

THAT WERE INCLUDED FOR THIS PROGRAM IN THEIR 2016 IMPLEMENTATION

STRATEGY PLAN.

## COLLABORATIVE ACTIVITIES:

- TRAIN PEER SUPPORT SPECIALISTS.

- PROVIDE PHONE AND IN-PERSON SUPPORT FOR PEOPLE WHO HAVE OVERDOSED OR

WHO STRUGGLE WITH OPIOID ADDICTION, AS WELL AS OTHER SUBSTANCE ABUSE

ISSUES.

- PROVIDE CONNECTIONS TO RESOURCES INCLUDING TREATMENT OPTIONS.

- PROVIDE PEER OUTREACH TO HIGH-RISK AREAS OF THE COMMUNITY.

- MAINTAIN ONGOING COMMUNICATIONS ABOUT METRICS BETWEEN THPR AND COAT

**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.

TEAM.

- EVALUATE EXPANSION TO SOMERSET COUNTY.

DIABETES

GOAL:

IMPROVE HEALTH OF PEOPLE WITH DIABETES OR PRE-DIABETES IN THE

TRI-COUNTY SERVICE AREA.

STRATEGIES:

- OFFER EVIDENCE-BASED CHRONIC DISEASE SELF-MANAGEMENT CLASSES (CDSM)

THROUGHOUT THE TRI-COUNTY SERVICE AREA.

- EXPAND ACCESS TO DIABETES SCREENING, EDUCATION AND RESOURCES

THROUGHOUT THE TRI-COUNTY SERVICE AREA WITH THE WAGNER WELLNESS VAN

MOBILE CLINIC SERVICES.

- PROVIDE A FREE EVIDENCE-BASED WEIGHT LOSS, NUTRITION AND PHYSICAL

ACTIVITY PROGRAM FOR WOMEN AND CHILDREN IN WICOMICO AND SOMERSET

COUNTIES.

OBJECTIVES AND ANTICIPATED IMPACT:

- BY DECEMBER 2020, INCREASE THE NUMBER OF SIX-WEEK EDUCATIONAL CLASSES

WITH IDENTIFIED DIABETES PATIENTS AND THEIR SUPPORTING CAREGIVERS FROM

26 TO 52 PER YEAR.

- BY PARTNERING WITH OTHER COMMUNITY STAKEHOLDERS, THE COMMUNITY

WELLNESS PROGRAM WILL INCREASE ACCESS TO DIABETES SCREENING, EDUCATION

AND CONNECTION TO COMMUNITY RESOURCES. THIS PROGRAM, WHICH INCLUDES THE

WAGNER WELLNESS VAN OUTREACH, PROVIDES HEALTH OUTREACH EVENTS THAT ARE

BOTH LARGE-SCALE AND SMALL-SCALE, AND CAN BE AIMED TOWARD THE PUBLIC OR

**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.

## A TARGETED POPULATION OR GEOGRAPHIC AREA.

- STARTING IN SEPTEMBER 2019 AND ENDING IN JUNE 2021, SCALE'S EXPECTED

OUTCOMES INCLUDE: 80% OF ADULT PARTICIPANTS WILL REPORT WEIGHT LOSS OF

AT LEAST 5% OF THEIR TOTAL BODY WEIGHT FROM BASELINE; 20% OF ADULT

PARTICIPANTS WILL REPORT A DROP-IN HEMOGLOBIN A1C BY 0.2 POINTS OR

MORE; 20% OF ADULT PARTICIPANTS WILL REPORT A DECREASE IN BLOOD

PRESSURE (DIASTOLIC AND SYSTOLIC) BY 5 POINTS OR MORE; DEMONSTRATED

BEHAVIOR CHANGE AND IMPROVED HEALTH STATUS.

## 1. CHRONIC DISEASE SELF-MANAGEMENT (CDSM) CLASSES

THPR WILL BUILD OFF THE SUCCESSFUL EFFORTS THAT WERE INCLUDED FOR THIS

PROGRAM IN ITS 2016 IMPLEMENTATION STRATEGY PLAN ACTIVITIES.

## ACTIVITIES:

- TARGET AND IDENTIFY PATIENTS WHO HAVE DIABETES AND THEIR CAREGIVERS

THROUGH SELF-REFERRAL OR PROVIDER REFERRAL.

- TRAIN COMMUNITY PEER TRAINERS AND THPR COMMUNITY HEALTH WORKERS TO

CONDUCT CLASSES.

- OFFER CLASSES IN ENGLISH, SPANISH AND AMERICAN SIGN LANGUAGE.

- EXPLORE THE POSSIBILITY TO OFFER CLASSES IN HAITIAN-CREOLE, KOREAN

AND MANDARIN LANGUAGES, BASED ON AVAILABILITY OF PEER TRAINERS IN THESE

LANGUAGES.

- OFFER SIX-WEEK CLASSES AT LEAST ONCE WEEKLY.

- EDUCATE PARTICIPANTS ON DIABETES SELF-MANAGEMENT AND HAVE THEM SET

AND TRACK WEEKLY PERSONAL GOALS AND SHARE THOSE WITH THEIR PROVIDERS.

- PARTNER WITH MAC, INC. TO COLLECT DATA ON PRE AND POST A1C VALUES.

- CONNECT WITH THE STATEWIDE HEALTH INFORMATION EXCHANGE TO MAKE

**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.

REFERRALS BETWEEN PROVIDER OFFICES AND MAC, INC. FOR ALL CDSM CLASSES.

2. WAGNER WELLNESS VAN EXPANSION

THPR AND WICHD WILL BUILD OFF THE SUCCESSFUL EFFORTS THAT WERE INCLUDED FOR THIS PROGRAM IN ITS 2016 IMPLEMENTATION STRATEGY PLAN.

ACTIVITIES:

- OUTREACH TO COMMUNITIES UTILIZING A NURSE PRACTITIONER (NP) TO PROVIDE PRIMARY CARE SERVICES.
- PROVIDE SCREENINGS FOR DIABETES (OTHER SCREENINGS PROVIDED AS WELL).
- IDENTIFY NEED FOR AND MAKE REFERRALS TO COMMUNITY RESOURCES FOR HEALTH EDUCATION PROGRAMS.
- ENSURE THOSE PEOPLE IDENTIFIED AS DIABETIC OR PRE-DIABETIC ARE REFERRED FOR PRIMARY CARE FOLLOW UP.
- TRACK RATE OF SUCCESSFUL PCP FOLLOW UP FOR ALL REFERRALS.
- IDENTIFY BARRIERS TO ACCESSING PCP FOLLOW UP AND WORK TOWARDS FUTURE SOLUTIONS.

3. SUSTAINABLE CHANGE AND LIFESTYLE ENHANCEMENT (SCALE)

ACTIVITIES:

- TARGET OUTREACH TO OVERWEIGHT WOMEN OF CHILD-BEARING AGE (UP TO AGE 55) AND OVERWEIGHT CHILDREN AGES 7 - 17.
- OFFER EDUCATION AND ACTIVITIES TO ENCOURAGE HEALTHIER EATING AND PHYSICAL ACTIVITY.
- PROVIDE SUPPORT THROUGH COOKING DEMONSTRATIONS, GROCERY STORE TOURS, WALKS AND BETTER ACCESS TO FRESH, HEALTHY FOOD.

**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.

CANCER

GOAL:

- IMPROVE CANCER PREVENTION, EARLY DETECTION AND INTERVENTION/TREATMENT

OF CANCER TO PROVIDE THE BEST POSSIBLE OUTCOMES IN THE TRI-COUNTY AREA

FOR COLORECTAL, BREAST, CERVICAL, LUNG AND SKIN CANCERS.

STRATEGIES:

- PARTNER WITH WICHD AND SCHD TO EXPAND CANCER SCREENING.

- UTILIZE CANCER RATE DATA TO IDENTIFY NEIGHBORHOODS WITH HIGH CANCER

INCIDENCE RATES FOR TARGETED EDUCATION AND SCREENING ACTIVITIES.

- COLLABORATE WITH LOCAL SCHOOL DISTRICT(S) AND COLLEGES/UNIVERSITIES

TO INTEGRATE SKIN CANCER PREVENTION EDUCATION WITHIN STUDENT HEALTH

CURRICULA.

OBJECTIVES AND ANTICIPATED IMPACT:

- WORKING IN PARTNERSHIP WITH THE WICHD AND SCHD, OFFER ADDITIONAL

CANCER PREVENTION PROGRAMS AND SCREENING OPTIONS FOR LOW-INCOME

COMMUNITY MEMBERS, AND CONNECT THOSE WHO NEED TREATMENT.

- INCREASE KNOWLEDGE OF AT-RISK ACTIVITIES FOR CANCER, IMPORTANCE OF

HEALTHY BEHAVIORS IN PREVENTION OF CANCER AND IMPORTANCE OF SCREENING

ACTIVITIES.

1. WAGNER WELLNESS VAN EXPANSION

ACTIVITIES:

- CLINICAL BREAST EXAMS

- SKIN CANCER SCREENING

**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.

- EDUCATION

- REFERRAL FOR CANCER SCREENINGS

TIDALHEALTH PENINSULA REGIONAL INC:

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

ASSISTANCE

TIDALHEALTH PENINSULA REGIONAL OFFERS FINANCIAL ASSISTANCE TO PATIENTS

WHOSE INCOME IS AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES.

THPR ALSO PROVIDES FINANCIAL ASSISTANCE BASED UPON SEVERAL SPECIAL

SITUATIONS:

1) FINANCIAL ASSISTANCE WILL BE CONSIDERED IF PATIENT IS OVER INCOME

CRITERION, BUT HAS A FINANCIAL HARDSHIP. A FINANCIAL HARDSHIP EXISTS

WHEN THE AMOUNT OF MEDICAL DEBT AT TIDALHEALTH PENINSULA REGIONAL

EXCEEDS 25% OF THE FAMILY'S INCOME IN A YEAR.

2) A PATIENT THAT HAS QUALIFIED FOR MARYLAND MEDICAL ASSISTANCE IS

DEEMED TO AUTOMATICALLY QUALIFY FOR THPR'S FINANCIAL ASSISTANCE

PROGRAM. THE AMOUNT DUE FROM A PATIENT ON THESE ACCOUNTS MAY BE WRITTEN

OFF TO FINANCIAL ASSISTANCE WITH VERIFICATION OF MEDICAID ELIGIBILITY.

NORMAL DOCUMENTATION REQUIREMENTS ARE WAIVED FOR FINANCIAL ASSISTANCE

GRANTED UPON THE BASIS OF MARYLAND MEDICAL ASSISTANCE ELIGIBILITY.

3) PATIENTS WHO ARE BENEFICIARIES/RECIPIENTS OF CERTAIN MEANS-TESTED

SOCIAL SERVICES PROGRAMS ADMINISTERED BY THE STATE OF MARYLAND ARE

DEEMED TO HAVE PRESUMPTIVE ELIGIBILITY FOR THPR'S FINANCIAL ASSISTANCE

PROGRAM. THE AMOUNT DUE FROM A PATIENT ON THESE ACCOUNTS MAY BE WRITTEN

**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.

OFF TO FINANCIAL ASSISTANCE WITH VERIFICATION OF ELIGIBILITY FOR ONE OF  
THESE PROGRAMS. NORMAL DOCUMENTATION REQUIREMENTS ARE WAIVED FOR  
FINANCIAL ASSISTANCE GRANTED UPON THE BASIS OF PRESUMPTIVE ELIGIBILITY.

IT IS THE RESPONSIBILITY OF PATIENTS TO NOTIFY THE HOSPITAL THEY ARE IN  
A MEANS TESTED PROGRAM AND PROVIDE THE DOCUMENTATION, BUT THPR STAFF  
DOES INQUIRE AS TO THIS STATUS DURING THE INTAKE PROCESS AND AT OTHER  
POINTS DURING THE FINANCIAL ASSISTANCE DETERMINATION PROCESS.

TIDALHEALTH PENINSULA REGIONAL INC:

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

TIDALHEALTH PENINSULA REGIONAL INC:

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

IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, ALL EFFORTS  
WILL BE MADE TO HELP THE PATIENT OBTAIN ASSISTANCE THROUGH APPROPRIATE  
AGENCIES. IN THE EVENT THAT THE PATIENT HAS APPLIED FOR AND KEPT ALL  
NECESSARY APPOINTMENTS AND THIRD PARTY ASSISTANCE IS NOT AVAILABLE,  
TIDALHEALTH PENINSULA REGIONAL WILL PROVIDE CARE AT REDUCED OR ZERO  
COST.

WHEN NO THIRD PARTY ASSISTANCE IS AVAILABLE TO COVER THE TOTAL BILL AND  
THE PATIENT INDICATES THAT THEY HAVE INSUFFICIENT FUNDS, THE FOLLOWING  
PROCEDURE WILL OCCUR:

1) THE MARYLAND STATE UNIFORM FINANCIAL ASSISTANCE APPLICATION SHOULD

**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.

BE REVIEWED BY STAFF, IN CONSULTATION WITH THE PATIENT, TO MAKE INITIAL

ASSESSMENT OF ELIGIBILITY.

2) COMPARE PATIENT'S INCOME TO CURRENT FEDERAL POVERTY GUIDELINES.

3) IF PRELIMINARILY ELIGIBLE PER GUIDELINES, SEND MARYLAND STATE

UNIFORM FINANCIAL ASSISTANCE APPLICATION TO PATIENT/GUARANTOR FOR

COMPLETION AND SIGNATURE. PATIENT SHOULD ATTACH APPROPRIATE

DOCUMENTATION AND RETURN TO REPRESENTATIVE WITHIN 10 DAYS.

UPON RECEIPT OF THE FINANCIAL ASSISTANCE REQUEST, THE REPRESENTATIVE

WILL REVIEW INCOME AND ALL DOCUMENTATION. THE PATIENT MUST BE NOTIFIED

WITHIN TWO BUSINESS DAYS OF THEIR PROBABLE ELIGIBILITY AND INFORMED

THAT THE FINAL DETERMINATION WILL BE MADE ONCE THE COMPLETED FORM AND

ALL SUPPORTING DOCUMENTS ARE RECEIVED, REVIEWED, AND THE INFORMATION

VERIFIED. INCOME INFORMATION WILL BE VERIFIED USING THE DOCUMENTATION

PROVIDED BY THE PATIENT AND EXTERNAL RESOURCES WHEN AVAILABLE. A

FINANCIAL ASSISTANCE DISCOUNT WILL BE APPLIED TO THE PATIENT'S

RESPONSIBILITY ACCORDINGLY.

4) IF INELIGIBLE, THE REPRESENTATIVE WILL NOTIFY THE PATIENT AND RESUME

NORMAL DUNNING PROCESS AND FILE DENIAL WITH THE ACCOUNT. THE DENIALS

WILL BE KEPT ON FILE IN THE COLLECTION OFFICE. ALL DENIALS WILL BE

REVIEWED BY THE COLLECTION COORDINATOR LEVEL OR ABOVE.

THE PATIENT MAY REQUEST RECONSIDERATION BY SUBMITTING A LETTER TO THE

DIRECTOR OF PATIENT FINANCIAL SERVICES INDICATING THE REASON FOR THE

**Part V Facility Information** (continued)

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

REQUEST.

ONLY INCOME AND FAMILY SIZE WILL BE CONSIDERED IN APPROVING

APPLICATIONS FOR FINANCIAL ASSISTANCE UNLESS ONE OF THE FOLLOWING THREE

SCENARIOS OCCURS:

- THE AMOUNT REQUESTED IS GREATER THAN \$50,000.

- THE TAX RETURN SHOWS A SIGNIFICANT AMOUNT OF INTEREST INCOME, OR THE

PATIENT STATES THEY HAVE BEEN LIVING OFF OF THEIR SAVINGS ACCOUNTS.

- DOCUMENTATION INDICATES SIGNIFICANT WEALTH.

IF ONE OF THE ABOVE THREE SCENARIOS ARE APPLICABLE IN THE APPLICATION,

LIQUID ASSETS MAY BE CONSIDERED INCLUDING: CHECKING AND SAVINGS

ACCOUNTS, STOCKS, BONDS, CERTIFICATES OF DEPOSIT, MONEY MARKET OR ANY

OTHER ACCOUNTS FOR THE PAST THREE MONTHS ALONG WITH THE PAST YEAR'S TAX

RETURN, AND A CREDIT REPORT MAY BE REVIEWED. THE FOLLOWING ASSETS ARE

EXCLUDED:

- THE FIRST \$10,000 OF MONETARY ASSETS.

- UP TO \$150,000 IN A PRIMARY RESIDENCE.

CERTAIN RETIREMENT BENEFITS (SUCH AS A 401-K WHERE THE IRS HAS GRANTED

PREFERENTIAL TAX TREATMENT AS A RETIREMENT ACCOUNT INCLUDING BUT NOT

LIMITED TO DEFERRED-COMPENSATION PLANS QUALIFIED UNDER THE INTERNAL

REVENUE CODE, OR NONQUALIFIED DEFERRED-COMPENSATION PLANS) WHERE THE

PATIENT POTENTIALLY COULD PAY TAXES AND/OR PENALTIES BY CASHING IN THE

BENEFIT.

**Part V Facility Information** (continued)

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

IF THE BALANCE DUE IS SUFFICIENT TO WARRANT IT AND THE ASSETS ARE

SUITABLE, A LIEN WILL BE PLACED ON THE ASSETS FOR THE AMOUNT OF THE

BILL. COLLECTION EFFORTS WILL CONSIST OF PLACEMENT OF THE LIEN WHICH

WILL RESULT IN PAYMENT TO THE HOSPITAL UPON SALE OR TRANSFER OF THE

ASSET.

5) COLLECTION COORDINATOR WILL REVIEW DOCUMENTATION.

IF ELIGIBLE, THE ACCOUNT WILL BE WRITTEN OFF TO FINANCIAL ASSISTANCE

AND THE "REQUEST FOR FINANCIAL ASSISTANCE" FORM FINALIZED. A COPY IS

RETAINED IN THE PATIENT'S FILE. THE REPRESENTATIVE WILL CALL THE

PATIENT AND NOTIFY HIM/HER OF THE FINAL DETERMINATION OF ELIGIBILITY.

6) TIDALHEALTH PENINSULA REGIONAL WILL REVIEW ONLY THOSE ACCOUNTS WHERE

THE PATIENT OR GUARANTOR INQUIRE ABOUT FINANCIAL ASSISTANCE, MAELS IN

AN APPLICATION, OR IN THE NORMAL WORKING OF THE ACCOUNT THERE IS

INDICATION THAT THE PATIENT MAY BE ELIGIBLE. ANY PATIENT/CUSTOMER

SERVICE REPRESENTATIVE, FINANCIAL COUNSELOR, OR COLLECTION

REPRESENTATIVE MAY BEGIN THE REQUEST PROCESS.

PRE-PLANNED SERVICE MAY ONLY BE CONSIDERED FOR FINANCIAL ASSISTANCE

WHEN THE SERVICE IS MEDICALLY NECESSARY. FOR EXAMPLE, NO COSMETIC

SURGERY WILL BE ELIGIBLE.

INPATIENT, OUTPATIENT, EMERGENCY, AND PENINSULA REGIONAL MEDICAL GROUP

PHYSICIAN CHARGES ARE ALL ELIGIBLE.

FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, PLAIN LANGUAGE SUMMARY

**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.

AVAILABLE ON THE HOSPITAL'S WEBSITE

SCHEDULE H, PART V, LINES 16A, 16B & 16C

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

EALTH-FINANCIAL-ASSISTANCE

MAXIMUM CHARGE AMOUNTS FOR FAP-ELIGIBLE INDIVIDUALS

SCHEDULE H, PART V, LINE 22D

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 VI Supplemental Information**

Provide the following information.

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

PART I, LINE 3C:

OTHER METHOD USED IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE

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

ELIGIBILITY FOR FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE IS ALSO

CONSIDERED IF A PATIENT IS OVER INCOME CRITERION BUT HAS FINANCIAL

HARDSHIP BASED ON MEDICAL DEBT. PATIENTS WHO ARE

BENEFICIARIES/RECIPIENTS OF CERTAIN MEANS-TESTED SOCIAL SERVICES

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

TO HAVE PRESUMPTIVE ELIGIBILITY FOR THPR'S FA PROGRAM.

PART I, LINE 6A:

COMMUNITY BENEFIT REPORT

TIDALHEALTH PENINSULA REGIONAL FILES ANNUALLY A COMMUNITY BENEFIT

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

(HEALTH SERVICES COST REVIEW COMMISSION).

SCHEDULE H, PART I, LINE 7, COLUMN (F)

**Part VI** Supplemental Information (Continuation)

FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST

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

COLUMN (F) PERCENTAGES IS \$5,833,942.

LINE 7B COLUMN (C) & (F)- MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE

PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION.

THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT

THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL

PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME

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

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

ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE

RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO

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

EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE

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

FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH

THE RATE-SETTING SYSTEM.

THE COST METHODOLOGY FOR CHARITY CARE AND CERTAIN OTHER COMMUNITY

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

AND DIRECT COST METHOD FOR THE OTHER BENEFITS/PROGRAMS.

PART II, COMMUNITY BUILDING ACTIVITIES:

COMMUNITY BUILDING ACTIVITIES

TIDALHEALTH PENINSULA REGIONAL FUNDS A VARIETY OF PROGRAMS THAT WORK TO

PROMOTE THE HEALTH AND SAFETY OF OUR COMMUNITY. THESE PROGRAMS INCLUDE

ACTIVITIES IN THE AREAS OF HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY

**Part VI** Supplemental Information (Continuation)

SUPPORT, ENVIRONMENTAL IMPROVEMENTS, COALITION BUILDING, AND WORKFORCE

DEVELOPMENT.

THE NUMBER OF PERSONS SERVED BY THE COMMUNITY BUILDING ACTIVITIES WERE

NOT TRACKED FOR ALL PROGRAMS THROUGHOUT THE COURSE OF THE YEAR.

COALITION BUILDING

HISTORICALLY TIDALHEALTH PENINSULA REGIONAL HAS FACILITATED INVOLVEMENT

WITH HEALTH IMPROVEMENT ORGANIZATIONS TO IDENTIFY, ASSESS, AND CREATE

AGGREGATE ACTION PLANS TO ADDRESS LOCAL EMERGING AND CHRONIC COMMUNITY

BENEFIT SERVICE AREA HEALTHCARE ISSUES. KATHRYN FIDDLER (EXECUTIVE

DIRECTOR OF POPULATION HEALTH) AND KATHERINE RODGERS (COMMUNITY

INITIATIVES DIRECTOR) ATTEND THE FOLLOWING LOCAL HEALTH IMPROVEMENT

COALITION'S INCLUDING SOME OF THE FRONT-LINE CARE MANAGEMENT

COORDINATORS AND PHYSICIANS.

- WICOMICO COUNTY LHIC

- WORCESTER COUNTY HRSA

- HEALTHY SOMERSET COALITION

- WORCESTER COUNTY LHIC

- TRI COUNTY HEALTH IMPROVEMENT PLANNING

- TRI COUNTY ALLIANCE FOR THE HOMELESS

- PROJECT LIVING WELL ADVISORY COMMITTEE MAC (MAINTAINING ACTIVE

CITIZENS)

PHYSICIAN RECRUITING

TIDALHEALTH PENINSULA REGIONAL FEELS IT IS IMPORTANT TO CONTINUALLY

MONITOR SPECIALTIES WHERE A SIGNIFICANT AMOUNT OF PATIENT CARE WITHIN

**Part VI** Supplemental Information (Continuation)

THE SERVICE AREA IS PROVIDED BY OLDER PHYSICIANS, AS A SUDDEN OR  
UNEXPECTED LOSS OF COVERAGE COULD HAVE AN ADVERSE EFFECT ON THE  
PROVISION OF MEDICAL SERVICES TO THE COMMUNITY. SUCCESSION PLANNING AND  
RECRUITMENT GO HAND-IN-HAND, AS DOES SOCIO-DEMOGRAPHICS AND  
GOVERNMENTAL INITIATIVES ALL OF WHICH MUST BE CONSIDERED TO ASSESS  
APPROPRIATE PHYSICIAN RECRUITMENT. KEY FINDINGS, ACCORDING TO THE MOST  
RECENT MEDICAL STAFF DEVELOPMENT PLAN, INDICATE AN IMMEDIATE NEED FOR  
RECRUITMENT OF PRIMARY CARE PHYSICIANS TO ENGAGE IN CHRONIC DISEASE  
MANAGEMENT AS PART OF OUR POPULATION HEALTH INITIATIVES. SUCCESSION  
PLANNING IS A KEY OBJECTIVE AS TEN PRIMARY CARE PHYSICIANS ARE ABOVE  
THE AGE OF 55 WHICH WILL LEAVE A VOID IN AN ALREADY UNDERSERVED AREA.  
DEMOGRAPHICS ALSO PLAY 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 22.7%  
GROWTH OF THOSE BETWEEN THE AGES OF 65 TO 74 OVER THE NEXT 5 YEARS.  
DEFICIENCIES AND SURPLUSES IN THE CURRENT SUPPLY OF PHYSICIANS WERE  
DETERMINED BY REVIEWING PHYSICIAN TO-POPULATION RATIOS, PHYSICIAN  
PATIENT VOLUMES, POPULATION DATA, AND OTHER DATA. MANAGEMENT  
CONSULTANTS RECOMMEND EVALUATING POTENTIAL RECRUITMENT OF PRIMARY CARE  
FAMILY MEDICINE, PRIMARY CARE INTERNAL MEDICINE AND PRIMARY CARE  
PEDIATRICS OVER THE NEXT SEVERAL 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, INFECTIOUS DISEASE, NEUROLOGY, OB/GYN, PAIN MANAGEMENT,

**Part VI** Supplemental Information (Continuation)

PSYCHIATRY AND RHEUMATOLOGY. OF THE MEDICAL STAFF, 32% IS EITHER AT OR

ABOVE THE AGE OF 55, WHICH POSES SUCCESSION RISK. 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 SUBSPECIALTIES; PULMONARY, NEURO-HOSPITALIST, NEUROSURGERY,

MEDICAL ONCOLOGY & HEMATOLOGY, GASTROENTEROLOGY, PEDIATRIC SPECIALTIES,

ENDOCRINOLOGY, CARDIOLOGY, CARDIOVASCULAR SURGERY, AND PAIN MANAGEMENT.

RURAL COMMUNITIES LACK THE CULTURAL AND EDUCATIONAL RESOURCES THAT

LARGER URBAN CENTERS PROVIDE MAKING IT HARDER TO RETAIN AND RECRUIT

THESE PHYSICIANS. LOW POPULATION PATTERNS BY GEOGRAPHY MAKE IT MORE

COSTLY AND HARDER FOR COMMUNITIES AND BUSINESSES TO PROVIDE VARIOUS

TYPES OF SERVICES ESPECIALLY SPECIALTY PHYSICIAN SERVICES. OVERALL, OUR

LOCAL ECONOMY IS NOT AS ROBUST AS THE URBAN CENTERS AS INDICATED BY OUR

LOW AVERAGE HOUSEHOLD INCOME IN THE TRI-COUNTY AREA.

DISASTER READINESS

TIDALHEALTH PENINSULA REGIONAL IS A MEMBER OF DRHMAG (DELMARVA REGIONAL

HEALTH MUTUAL AID GROUP) WHICH IS A COALITION OF LOCAL HEALTH

DEPARTMENTS, HOSPITALS AND NURSING HOMES. THEY MEET QUARTERLY TO

DISCUSS ISSUES OF DISASTER PREPAREDNESS IN THE DELMARVA REGION. THPR

HAS AN INTERNAL EMERGENCY MANAGEMENT COMMITTEE THAT MEETS MONTHLY WHOSE

MEMBERS INCLUDE THE SAFETY COORDINATOR, CHIEF OF SECURITY, EMERGENCY

**Part VI** Supplemental Information (Continuation)

DEPARTMENT RN, RISK MANAGEMENT, INFECTION PREVENTION, EXECUTIVE TEAM

REPRESENTATIVE, PHARMACIST, EMERGENCY MANAGEMENT COORDINATOR,

FIREFIGHTER, AND A COUNTY HEALTH DEPARTMENT REPRESENTATIVE. THPR ALSO

MEETS QUARTERLY WITH OUR LOCAL PARTNERS THAT INCLUDE FIRE, POLICE,

EMERGENCY MEDICAL SERVICES, AND WICOMICO COUNTY EMERGENCY MANAGEMENT TO

FACILITATE DISASTER PLANNING AND MOCK DRILLS WITHIN THE COMMUNITY.

SCHEDULE H, PART III, LINES 2 AND 3

SEE RESPONSE BELOW TO LINE 4 REGARDING THE METHODOLOGY USED BY THE

ORGANIZATION REGARDING BAD DEBT.

SCHEDULE H, 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

VARYING PERCENTAGES ARE GIVEN FOR CERTAIN UNREGULATED SERVICES.

**Part VI** Supplemental Information (Continuation)

SCHEDULE H, 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, 52.9%

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

DURING THE YEAR ENDED JUNE 30, 2021.

SCHEDULE H, 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

**Part VI** Supplemental Information (Continuation)

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: TRI-COUNTY DIABETES ALLIANCE, SWIFT (SALISBURY

WICOMICO INTEGRATED FIRSTCARE TEAM), FEDERALLY QUALIFIED HEALTH

CENTERS, YMCA, PATIENT CARE ADVISORY COUNCIL, LOCAL SNFS, FAITH BASED

ENTITIES, MAC (MAINTAINING ACTIVE CITIZENS), SHELTERS (HALO, HOPE),

LOCAL COLLEGES & HIGH SCHOOLS. WORKING TOGETHER WITH DIVERSE AND

DISPARATE LOCAL ENTITIES FOR THE UNITED BUT COMMON GOAL OF MEETING

RESIDENTS' UNDERSERVED NEEDS- PLANNING TOGETHER, APPLYING RESOURCES OUR

GOAL IS A HEALTHIER COMMUNITY.

IN ADDITION TO THE CHNA, TIDALHEALTH PENINSULA REGIONAL HAS EMBARKED ON

IDENTIFYING AND TARGETING "SUPER UTILIZERS" WITHIN OUR CBSA (COMMUNITY

**Part VI** Supplemental Information (Continuation)

BENEFIT SERVICE AREA); THESE RESIDENTS WILL BE IDENTIFIED, AND TARGETED

FOR POPULATION HEALTH MANAGEMENT.

- DEMOGRAPHICS (BLOCK GROUPS, ZIP CODES)

- RACE/ETHNICITY

- AGE-COHORTS

- CHRONIC CONDITIONS

THE TARGET POPULATION INCLUDES PATIENTS THAT HAVE CHRONIC CONDITIONS

WHO HAVE DEMONSTRATED TO HAVE BEEN HIGH UTILIZERS AT THPR, 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,

THPR HAS INTRODUCED INTERVENTIONS, CARE MANAGEMENT PROGRAMS, EDUCATION,

AND FOLLOW-UP WITH MEASUREMENT AND OUTCOMES. BASED UPON A CURRENT

ASSESSMENT THERE ARE APPROXIMATELY 1,000+ 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 BLOCK GROUPS, WE SEEK TO IMPACT THE HEALTH BY PROVIDING PRIMARY

HEALTH SERVICES, EDUCATION, ACCESS AND MORE IMPORTANTLY BY FOSTERING

RELATIONSHIPS WITHIN THE COMMUNITY WE SERVE. FOR EXAMPLE, OUR WAGNER

WELLNESS VAN TRAVELS LOCALLY TO BLOCK GROUPS 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.

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

TIDALHEALTH PENINSULA REGIONAL MAKES 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 HELP IS NOT AVAILABLE, TO PROVIDE CARE AT REDUCED OR

ZERO COST. ONE OF TIDALHEALTH PENINSULA REGIONAL'S OVERALL GUIDING

PRINCIPLES IS THAT CONCERN OVER A HOSPITAL BILL SHOULD NEVER PREVENT

ANY INDIVIDUAL FROM RECEIVING EMERGENCY HEALTH SERVICES.

THE MEDICAL CENTER WILL COMMUNICATE THIS MESSAGE CLEARLY TO PROSPECTIVE

PATIENTS AND TO LOCAL COMMUNITY SERVICE AGENCIES AND MAKE IT CLEAR THAT

EMERGENCY SERVICES WILL BE PROVIDED WITHOUT REGARD TO ABILITY TO PAY.

THE MEDICAL CENTER WILL ENSURE THAT AN EMERGENCY ADMISSION OR TREATMENT

IS NOT DELAYED OR DENIED PENDING DETERMINATION OF COVERAGE OR

REQUIREMENT FOR PREPAYMENT OR DEPOSIT. THE MEDICAL CENTER WILL POST

ADEQUATE NOTICE OF THE AVAILABILITY OF MEDICAL SERVICES, AND THE

GENERAL OBLIGATION OF THE HOSPITAL TO PROVIDE CHARITY CARE.

TIDALHEALTH PENINSULA REGIONAL'S "FINANCIAL ASSISTANCE POLICY" INCLUDES

THE REQUIRED LANGUAGE OF DETERMINATION OF PROBABLE ELIGIBILITY WITHIN

TWO BUSINESS DAYS. ON PAGE 2, THE "FINANCIAL ASSISTANCE POLICY" STATES

THAT UPON RECEIPT OF THE FINANCIAL ASSISTANCE REQUEST, THE

REPRESENTATIVE WILL REVIEW INCOME AND ALL DOCUMENTATION. THE PATIENT

**Part VI** Supplemental Information (Continuation)

MUST BE NOTIFIED WITHIN TWO BUSINESS DAYS OF THEIR PROBABLE  
ELIGIBILITY.

IN ACCORDANCE WITH SECTION 1, 2 AND 3, TIDALHEALTH PENINSULA REGIONAL  
PROVIDES PUBLIC NOTICE AND INFORMATION REGARDING ITS CHARITY CARE  
POLICY IN DELMARVA'S LARGEST PAPER "THE DAILY TIMES", POSTED SIGNS IN  
THE ADMISSION, BUSINESS OFFICE EMERGENCY ROOM AND OTHER MAJOR SERVICE  
AREAS OF THE MEDICAL CENTER; ADDITIONALLY INDIVIDUAL NOTICE IS PROVIDED  
TO EACH SELF-PAY ACCOUNT WHO SEEKS SERVICES IN THE MEDICAL CENTER AT  
THE TIME OF PRE-ADMISSION, ADMISSION, OR UPON REQUEST.

A COPY OF THE FINANCIAL ASSISTANCE POLICY IS PROVIDED DURING INTAKE AND  
DISCHARGE PROCESS UPON REQUEST, AND A FINANCIAL ASSISTANCE INFORMATION  
BROCHURE IS PROVIDED TO ALL SELFPAY PATIENTS DURING INTAKE. THE  
AVAILABILITY OF FINANCIAL ASSISTANCE IS PRINTED ON BILLING STATEMENTS  
SENT TO PATIENTS. THPR NOTIFIES THE PATIENT OR POTENTIAL PATIENT OF  
GOVERNMENT PROGRAMS, INCLUDING PROVIDING THEM WITH INITIAL ASSISTANCE  
TO APPLY FOR SUCH PROGRAMS.

PART VI, LINE 4:

COMMUNITY INFORMATION

TIDALHEALTH PENINSULA REGIONAL AT 266 LICENSED BEDS FUNCTIONS AS THE  
PRIMARY HOSPITAL PROVIDER FOR THE RURAL SOUTHERNMOST THREE COUNTIES OF  
THE EASTERN SHORE OF MARYLAND, WHICH INCLUDES WICOMICO, WORCESTER AND  
SOMERSET COUNTIES. APPROXIMATELY 78% OF THE PATIENTS DISCHARGED FROM  
THE MEDICAL CENTER ARE RESIDENTS OF THE PRIMARY SERVICE AREA, WHICH HAS  
AN ESTIMATED POPULATION OF APPROXIMATELY 181,350 IN 2019, AND IS  
EXPECTED TO INCREASE TO 185,357 OR BY 2.2% BY 2024. THE MEDICAL CENTER

**Part VI** Supplemental Information (Continuation)

ALSO SERVICES DORCHESTER COUNTY, MARYLAND, THE SOUTHERN PORTION OF

SUSSEX COUNTY, DELAWARE AND THE NORTHERN PORTION OF ACCOMACK COUNTY,

VIRGINIA.

TIDALHEALTH PENINSULA REGIONAL'S CBSA (COMMUNITY BENEFITS SERVICE AREA)

CONSISTS OF THOSE ZIP CODES WITHIN OUR PRIMARY SERVICE AREA. MOST OF

THE POPULATION RESIDES IN WICOMICO COUNTY (105,103) WITH SALISBURY

SERVING AS THE CAPITAL OF THE EASTERN SHORE. SALISBURY IS LOCATED ON

THE HEADWATERS OF THE WICOMICO RIVER AND IT IS LOCATED AT THE

CROSSROADS OF THE BAY AND THE OCEAN. THE REGION IS UNIQUE; THE CITY OF

SALISBURY HAS SIMILAR SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF

A LARGE CITY, HOWEVER, THE AREA SURROUNDING SALISBURY IS RURAL AND HAS

LIKE-KIND CHARACTERISTICS OF SMALL-TOWN AMERICA. DUE TO THIS DICHOTOMY,

SERVING BOTH SOMETIMES PRESENTS A CHALLENGE IN DELIVERING HEALTHCARE.

THE TWO OTHER COUNTIES IN TIDALHEALTH PENINSULA REGIONAL'S CBSA INCLUDE

WORCESTER COUNTY, WITH A POPULATION OF 52,030 AND SOMERSET COUNTY WITH

A POPULATION OF 24,217.

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.

**Part VI** Supplemental Information (Continuation)

ALL THREE COUNTIES CAN BE CLASSIFIED AS RURAL WITH A HISTORIC ECONOMIC FOUNDATION IN AGRICULTURE, POULTRY AND TOURISM. WATERMEN AND FARMERS HAVE ALWAYS COMPRISED A LARGE PERCENTAGE OF THE PENINSULA POPULATION, HOWEVER, THEIR NUMBERS HAVE BEEN DECLINING WITH A GROWTH IN THE POPULATION AND EXPANSION OF OTHER SMALL BUSINESSES. OCEAN CITY, MD LOCATED IN WORCESTER COUNTY, IS A MAJOR TOURIST DESTINATION. DURING THE SUMMER WEEKENDS, THE CITY HOSTS BETWEEN 320,000 AND 345,000 VACATIONERS, AND UP TO 8 MILLION VISITORS ANNUALLY.

THE THREE COUNTIES HAVE A DIVERSIFIED ECONOMIC BASE; HOWEVER, IT IS PREDOMINATELY MADE UP OF SMALL EMPLOYERS (COMPANIES WITH LESS THAN 50 EMPLOYEES). MAJOR EMPLOYERS INCLUDE LOCAL HOSPITALS, THE POULTRY INDUSTRY, LOCAL COLLEGES AND TEACHING INSTITUTIONS. THE MEDIAN INCOME OF \$55,681 IN OUR COMMUNITY BENEFITS SERVICE AREA IS CONSIDERABLY LESS THAN MARYLAND'S MEDIAN INCOME OF \$85,459. IN ADDITION, SEPTEMBER 2019 UNEMPLOYMENT RATES WERE HIGHER FOR MARYLAND'S MOST EASTERN SHORE COUNTIES. THE UNEMPLOYMENT RATE IN MARYLAND WAS 3.7%, THE NATION 3.6% COMPARED TO WICOMICO 4.1%; WORCESTER 4.7% AND SOMERSET 5.4%. 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

**Part VI** Supplemental Information (Continuation)

MUCH HIGHER RATES THAN SOME OF THE OTHER YOUNGER AGE-COHORTS.

MEDICARE

POPULATION %

WICOMICO 17.4%

WORCESTER 29.3%

SOMERSET 18.3%

MARYLAND 17.0%

UNITED STATES 17.2%

SOURCE: ESRI/ARCGIS 2021

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

TO MEET ITS MISSION OF IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES, TIDALHEALTH PENINSULA REGIONAL HAS DEVELOPED A POPULATION HEALTH DIVISION AND HAS ENGAGED IN POPULATION HEALTH STRATEGIES TO

**Part VI** Supplemental Information (Continuation)

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 ATLANTIC  
GENERAL AND MCCREADY HEALTH IN ADDITION TO COMMUNITY-BASED  
ORGANIZATIONS INCLUDING LOCAL HEALTH DEPARTMENTS, FIRE DEPARTMENTS, THE  
MARYLAND STATE AREA AGENCY ON AGING AND OTHER AGENCIES TO PROVIDE  
PATIENT SUPPORT ALIGNED WITH SOCIAL DETERMINANTS OF HEALTH.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH

TIDALHEALTH PENINSULA REGIONAL IS COMMITTED TO THE HEALTH OF THE RURAL  
COMMUNITIES IT SERVES. IN FY 2021, THE HOSPITAL'S CHARITY CARE WAS  
\$13,412,694; COMBINED CHARITY AND BAD DEBT FOR FY 2021 WAS \$19,246,636.

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.

THE WAGNER WELLNESS VAN IS A MOBILE CLINIC THAT VISITS LOCAL SHELTERS,  
CHURCHES AND OTHER AREAS IN THPR'S COMMUNITY BENEFITS SERVICE AREA  
WHERE UNDERSERVED RESIDENTS CAN RECEIVE NON-EMERGENCY MEDICAL CARE,  
CHRONIC CARE MANAGEMENT AND HEALTHY LIFESTYLES EDUCATION. THE VAN

**Part VI** Supplemental Information (Continuation)

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.  
THERE HAS BEEN IMPROVED CONTROL OF DIABETES AND HYPERTENSION. THE  
WAGNER WELLNESS VAN 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 PRE-DIABETES, HYPERTENSION AND  
OBESITY. WHEN WARRANTED, DRUG AND ALCOHOL MISUSE SCREENINGS ARE ALSO  
CONDUCTED, AND COUNSELING IS AVAILABLE. IF A RESIDENT IS AT RISK FOR  
DIABETES, AN A1C SCREENING IS PERFORMED TO FURTHER ASSIST WITH  
DIAGNOSIS AND TREATMENT.

SMITH ISLAND TELEHEALTH- SMITH ISLAND IS KNOWN FOR ITS WATERMEN, SMITH  
ISLAND CAKE, EXCEPTIONAL SEAFOOD AND BEING ISOLATED WITH LIMITED  
CONTACT FROM MAINLAND VISITORS. FOR THIS REASON, TIDALHEALTH PENINSULA  
REGIONAL CREATED A PARTNERSHIP WITH MCCREADY HEALTH, MAC AREA AGENCY ON  
AGING, SOMERSET COUNTY HEALTH DEPARTMENT AND THE CRISFIELD CLINIC. THE  
GOAL OF THE PARTNERSHIP IS TO IMPROVE THE HEALTH OF SMITH ISLAND  
RESIDENTS, WITH THE TARGET OF EFFECTIVELY REDUCING POTENTIALLY  
AVOIDABLE ED UTILIZATION. THE PROGRAM WAS LED BY THE SMITH ISLAND  
COMMUNITY HEALTH STAFF, WHICH PROVIDES CHRONIC DISEASE EDUCATION,  
MANAGEMENT AND CONNECTS 250 RESIDENTS OF SMITH ISLAND VIA TELEHEALTH  
FOR PRIMARY CARE PHYSICIAN VISITS.

**Part VI** Supplemental Information (Continuation)

COMMUNITY HEALTH WORKERS PLAY AN INTEGRAL ROLE IN CHANGING ISLAND

RESIDENTS' HEALTH BEHAVIORS AND ACTIONS; THESE EMBEDDED HEALTH

FACILITATORS ARE ABLE TO EFFECTIVELY BRIDGE RELATIONSHIPS WITH THE

RESIDENTS OF SMITH ISLAND. THESE FACILITATORS ARE 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.

TO EXPAND OUR "HEALTHY LIVING" MESSAGE, TIDALHEALTH PENINSULA REGIONAL

SPONSORS AND PARTICIPATES IN MANY COMMUNITY-BASED HEALTH FAIRS

PROVIDING NUTRITION EDUCATION, WEIGHT LOSS, DIABETES ASSESSMENT,

MULTIPLE SCREENINGS AND HEALTH LITERACY. PARTICIPATION IN HEALTH FAIRS

INCLUDE UNDERSERVED AREAS LIKE SMITH ISLAND, AN ISLAND ON THE

CHESAPEAKE BAY WITH A POPULATION OF ONLY 250, A HAITIAN CREOLE HEALTH

FAIR, HEALTHFEST AND SCREENINGS AT THE GOVERNOR'S BASKETBALL CHALLENGE

AT THE CIVIC CENTER IN WICOMICO COUNTY. TRANSFORMING THE CULTURE

THROUGH PARTICIPATION AND SPONSORSHIP OF HEALTHY LIFESTYLES AND

SCREENINGS, MEETING RESIDENTS AT COMMUNITY EVENTS LOCATED THROUGHOUT

THE TRI-COUNTY AREA.

**Part VI** Supplemental Information (Continuation)

HEALTH ASSESSMENTS

- 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

WALKWICOMICO PROMOTES WALKING TRAILS, PERSONAL CHALLENGES, AND AVENUES

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

OF AND ENGAGEMENT IN HEALTHY LIFESTYLE BEHAVIORS PROMOTING EXERCISE TO

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

AND MAKE PEOPLE FEEL HAPPIER. WALKWICOMICO IS PRIMARILY TARGETING THOSE

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

ATTRACTION FOR ADJACENT COUNTIES INCLUDING VISITORS.

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

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

RESOURCES TOWARDS PROMOTING EXERCISE THROUGH WALKABILITY AS AN INTEGRAL

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

CREATING A WEBSITE AND PHONE APP SPECIFIC TO WALKING IN WICOMICO

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

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

DEPARTMENTS AND OTHER GROUPS TO ENCOURAGE LOCAL WALKABILITY.

**Part VI** Supplemental Information (Continuation)

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.

TIDALHEALTH PENINSULA REGIONAL PARTICIPATES WITH MANY PARTNERS THAT MAKE IT POSSIBLE TO CREATE AND DELIVER POPULATION PROGRAMS THAT IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE. THESE PARTNERS HAVE PROVIDED EXPERTISE AND ALLOCATED RESOURCES TO MEET THOSE URGENT HEALTHCARE NEEDS WITHIN OUR COMMUNITY. SOME OF THESE PARTNERS INCLUDE: WICOMICO COUNTY HEALTH DEPARTMENT, SOMERSET COUNTY HEALTH DEPARTMENT, WORCESTER COUNTY HEALTH DEPARTMENT, WICOMICO COUNTY LOCAL HEALTH IMPROVEMENT COALITION, THE CITY OF SALISBURY, YMCA, CRISFIELD CLINIC, CHESAPEAKE HEALTH CARE, SWIFT, SALISBURY FIRE DEPARTMENT/EMS, ATLANTIC GENERAL HOSPITAL, FAITH BASED ORGANIZATIONS, MCCREADY MEMORIAL HOSPITAL, MAC (MAINTAINING ACTIVE CITIZENS), LOCAL COLLEGES/ AND SCHOOLS, C.O.A.T., NATIONAL KIDNEY FOUNDATION, PENINSULA REGIONAL EMPLOYEES, POST-ACUTE CARE FACILITIES, HALO, WALKWICOMICO (COALITION), LOWER SHORE CLINIC, WICOMICO COUNTY SHERIFF'S OFFICE, RESOURCE AND RECOVERY CENTER AND OTHERS. SHERIFF'S OFFICE, RESOURCE AND RECOVERY CENTER AND OTHERS.

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM ROLES

TIDALHEALTH PENINSULA REGIONAL IS PART OF TIDALHEALTH. THE SYSTEM INCLUDES A FOUNDATION AND FOR-PROFIT 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

**Part VI** Supplemental Information (Continuation)

NEEDED.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TIDALHEALTH PENINSULA REGIONAL, INC.

Employer identification number  
52-0591628

**Part I Questions Regarding Compensation**

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

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

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

**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? ..... **2** X

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

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

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

<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>		X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	X	
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>		X

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:

<b>a</b> The organization? .....	<b>5a</b>		X
<b>b</b> Any related organization? .....	<b>5b</b>		X

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:

<b>a</b> The organization? .....	<b>6a</b>	X	
<b>b</b> Any related organization? .....	<b>6b</b>	X	

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 ..... **7** X

**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 ..... **8** X

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

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>	X	
<b>6b</b>	X	
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

**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 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)	737,498.	228,713.	70,880.	145,657.	21,164.	1,203,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES TODD, M.D. PHYSICIAN	(i)	853,347.	67,409.	146,569.	88,171.	14,213.	1,169,709.	145,351.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ZACHARY BAKER, M.D. PHYSICIAN	(i)	843,743.	67,406.	37,218.	14,899.	19,309.	982,575.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) FAWAD KHAN, M.D. PHYSICIAN	(i)	839,624.	67,409.	1,218.	14,564.	20,381.	943,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRUCE I. RITCHIE CFO	(i)	540,191.	147,591.	42,506.	142,856.	15,400.	888,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KARIM ARANOUT, M.D. PHYSICIAN	(i)	613,768.	170,851.	17,877.	18,447.	16,592.	837,535.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DANIEL DANIELS, M.D. PHYSICIAN	(i)	512,259.	254,080.	14,734.	24,972.	7,973.	814,018.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LURA LUNSFORD V.P. OPERATIONS	(i)	534,203.	113,351.	40,894.	54,269.	6,549.	749,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHARLES SILVIA JR., M.D. V.P. CHIEF MEDICAL OFFICER	(i)	483,326.	87,929.	38,138.	57,815.	11,844.	679,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KARIN DIBARI, M.D. V.P. TH MEDICAL PARTNERS	(i)	451,777.	82,394.	8,405.	64,037.	18,258.	624,871.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) TIMOTHY FEIST V.P. CHIEF COMPLIANCE OFFICER	(i)	285,312.	50,540.	1,218.	94,027.	12,062.	443,159.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SARAH SCOTT V.P. PEOPLE & ORGANIZATON DEV	(i)	294,933.	52,803.	23,625.	53,695.	0.	425,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JAMES TRUMBLE, M.D. V.P. CLINICAL INTEGRATION	(i)	333,982.	59,717.	0.	14,127.	15,981.	423,807.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) KATHRYN FIDDLER V.P. POPULATION HEALTH	(i)	247,084.	43,645.	7,703.	36,234.	1,310.	335,976.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) SARAH ARNETT CHIEF NURSING OFFICER	(i)	244,011.	53,383.	8,132.	26,638.	3,722.	335,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 1A:

TRAVEL FOR COMPANIONS

TIDALHEALTH PENINSULA REGIONAL PROVIDES TRAVEL FOR COMPANIONS OF BOARD

MEMBERS AND REPORTS THE VALUE OF THE COMPENSATION PROVIDED AS TAXABLE TO

THE RECIPIENT. THIS POLICY HAS BEEN APPROVED BY THE BOARD.

PART I, LINE 3:

PROCESS FOR DETERMINING COMPENSATION

THE ORGANIZATION USES A COMPENSATION COMMITTEE TO DETERMINE THE

COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES. THE CEO

OF THE ORGANIZATION HAS A WRITTEN EMPLOYMENT CONTRACT. THE COMPENSATION

COMMITTEE USES AN INDEPENDENT CONSULTANT, COMPENSATION SURVEYS AND OTHER

ORGANIZATION'S FORM 990 IN THE DETERMINATION PROCESS.

PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

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

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

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

**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.

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

BRUCE RITCHIE

KARIN DIBARI

JAMES TODD

ZACHARY BAKER

TPR PROVIDED THE FOLLOWING FUNDING AMOUNTS DURING 2020:

STEVEN LEONARD \$90,625

**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.

BRUCE RITCHIE \$200,000

KARIN DIBARI \$250,000

JAMES TODD \$50,000

JAMES TODD RECEIVED A PARTIAL DISTRIBUTION OF \$145,351 DURING 2020 BASED ON HIS PLAN'S VESTING DATES.

PART I, LINE 6A, 6B AND 7

CONTINGENT COMPENSATION AND NON-FIXED PAYMENTS

OFFICERS AND KEY EMPLOYEES OF TIDALHEALTH PENINSULA REGIONAL ARE PAID

COMPENSATION DETERMINED BY A NUMBER OF VARIABLES INCLUDING BUT NOT

LIMITED TO INDIVIDUAL GOALS AS WELL AS ORGANIZATION OPERATIONAL

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

COST. THE FINAL DETERMINATION OF THE CONTINGENT COMPENSATION AMOUNT IS

DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL

COMPENSATION REVIEW OF OFFICERS AND KEY EMPLOYEES.

VARIABLE COMPENSATION PAYMENTS ARE REPORTED IN SCHEDULE J, PART II,

COLUMN B(II) AND REFLECT ATTAINMENT OF CERTAIN GOALS. ALSO INCLUDED IN

**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.

THAT COLUMN ARE PRODUCTIVITY PAYMENTS OF \$223,330 (DANIELS) AND

\$167,993 (ARNAOUT).



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARK EDNEY, M.D.	TRUSTEE	159,302.	MEDICAL STA		X
MARK EDNEY, M.D.	TRUSTEE	275,920.	CHESAPEAKE		X
REV JANELLE BEILER	TRUSTEE	102,917.	COASTAL HOS		X
VEL NATESAN M.D.	TRUSTEE	93,913.	MEDICAL DIR		X
KIRSTIE SILVIA	FAMILY MEMBER OF OF	72,444.	EMPLOYEE CO		X
BRIAN RITCHIE	FAMILY MEMBER OF OF	54,698.	EMPLOYEE CO		X
FRANCES DIBARI	FAMILY MEMBER OF KE	18,080.	EMPLOYEE CO		X
RONDALL ALLEN, PHARM.D.	TRUSTEE	251,125.	JMES SCHOOL		X
MARY DIBARTOLO, PHD	TRUSTEE	15,721.	SALISBURY U		X
ASHLEE PARKER	FAMILY MEMBER OF TR	35,237.	EMPLOYEE CO		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARK EDNEY, M.D.

(D) DESCRIPTION OF TRANSACTION: MEDICAL STAFF FEES

(A) NAME OF PERSON: MARK EDNEY, M.D.

(D) DESCRIPTION OF TRANSACTION: CHESAPEAKE UROLOGY

(A) NAME OF PERSON: REV JANELLE BEILER

(D) DESCRIPTION OF TRANSACTION: COASTAL HOSPICE PALLIATIVE CARE PROGRAM

FEES

(A) NAME OF PERSON: VEL NATESAN M.D.

(D) DESCRIPTION OF TRANSACTION: MEDICAL DIRECTOR/RENTAL PROPERTY FEES

(A) NAME OF PERSON: KIRSTIE SILVIA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF OFFICER CHARLES SILVIA, JR.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: BRIAN RITCHIE

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF OFFICER BRUCE I. RITCHIE

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: FRANCES DIBARI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KEY EMPLOYEE KARIN DIBARI, M.D.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: RONDALL ALLEN, PHARM.D.

(D) DESCRIPTION OF TRANSACTION: UMES SCHOOL OF PHARMACY

(A) NAME OF PERSON: MARY DIBARTOLO, PHD

(D) DESCRIPTION OF TRANSACTION: SALISBURY UNIVERSITY

(A) NAME OF PERSON: ASHLEE PARKER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF TRUSTEE JAMES HARTSTEIN

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: ABIGAIL SUMMERVILLE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 28,998.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MEMO DIRIKER, PHD

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE

(C) AMOUNT OF TRANSACTION \$ 15,721.

(D) DESCRIPTION OF TRANSACTION: SALISBURY UNIVERSITY

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L, PART IV

DESCRIPTION OF TRANSACTIONS WITH INTERESTED PERSONS

EACH OF THE ABOVE-NAMED TRUSTEES ARE OWNERS OF BUSINESSES WHICH PROVIDE SERVICES TO TIDALHEALTH PENINSULA REGIONAL. THE SERVICES PROVIDED WERE APPROVED BY INDEPENDENT MEMBERS OF THE GOVERNING BODY AND ARE CHARGED AT FAIR MARKET VALUE RATES. CHARLES SILVIA JR., BRUCE I. RITCHIE AND KARIN DIBARI HAVE FAMILY MEMBERS WHO ARE EMPLOYED BY THE ORGANIZATION.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

TIDALHEALTH PENINSULA REGIONAL, INC.

Employer identification number

52-0591628

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

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

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

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

PRIMARY, SECONDARY, AND SELECTED TERTIARY HEALTH CARE SERVICES TO

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

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

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

THE HEALTH OF THE COMMUNITIES WE SERVE BY PROVIDING QUALITY MEDICAL

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

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

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

THROUGH APPROPRIATE AGENCIES ON THE PATIENT'S BEHALF. EMERGENCY

SERVICES CARE WILL BE PROVIDED TO EVERYONE REGARDLESS OF ABILITY TO

PAY.

TIDALHEALTH PENINSULA REGIONAL SERVED OVER 15,000 INPATIENTS AND

PROVIDED MORE THAN 450,000 OUTPATIENT SERVICES DURING FISCAL 2021.

FOOD SERVICE PROVIDED MORE THAN 450,000 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 2021

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

Schedule O (Form 990 or 990-EZ) 2020

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

PROVIDED:

CHARITY AND OTHER ALLOWANCES TOTALING \$45,185,259

DISCOUNTS TO THIRD PARTY PAYORS INCLUDING PROGRAMS SUCH AS MEDICARE AND

MEDICAID \$43,492,074

WRITE-OFF OF UNCOLLECTIBLE ACCOUNTS \$5,833,942

THE TOTAL UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS IS

\$95,511,275

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 2021, TIDALHEALTH PENINSULA REGIONAL PERFORMED COMMUNITY

OUTREACH ACTIVITIES ASSOCIATED WITH COVID-19 TESTING AND VACCINATION

CLINICS, FLU CLINICS AND A MOBILE HEALTH INITIATIVE AIMED TO REDUCE

UNNECESSARY USE OF THE 911 EMS SYSTEM AND EMERGENCY DEPARTMENT.

SPECIFIC EXAMPLES OF EDUCATION AND OUTREACH PROGRAMS, SUPPORT GROUPS,

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

COMMUNITY HEALTH SCREENINGS, AND FITNESS AND WELLNESS ACTIVITIES

SUPPORTED BY TIDALHEALTH PENINSULA REGIONAL ARE AS FOLLOWS:

COMMUNITY EDUCATIONAL AND OUTREACH PROGRAMS

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

SUPPORT GROUPS

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

EVENTS:

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

BENEFITS:

- UNITED WAY

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

FITNESS/EXERCISE PROGRAMMING:

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

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

BUSINESS RELATIONSHIPS

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

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

FORM 990, PART VI, SECTION A, LINE 4:

CHANGES TO GOVERNING DOCUMENTS

AS OF JULY 29, 2020, PENINSULA REGIONAL MEDICAL CENTER WAS RENAMED TO  
 TIDALHEALTH PENINSULA REGIONAL, INC.

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

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

GOVERNING BODY.

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

DECISIONS SUBJECT TO APPROVAL

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

MAJOR EXPENDITURES AND LONG TERM BORROWINGS OF THE ORGANIZATION.

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

FORM 990 REVIEW PROCESS

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

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

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

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

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

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

WITH IRS.

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

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

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

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

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

RELATIONSHIP WITH THE ORGANIZATION. THE BOARD HAS THE AUTHORITY TO

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

BE DISCLOSED SHOULD DISQUALIFY A DIRECTOR FROM PARTICIPATING IN ANY

SPECIFIC BOARD DISCUSSION OR BOARD MEMBERSHIP. ALL DISCLOSURES ARE REVIEWED

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

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

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

ALL DISCUSSIONS AND DELIBERATIONS TO WHICH THEY WOULD APPEAR TO BE  
CONFLICTED.

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

PROCESS FOR DETERMINING COMPENSATION

THE ORGANIZATION USES A COMPENSATION COMMITTEE TO DETERMINE THE  
COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES. THE CEO  
OF THE ORGANIZATION HAS A WRITTEN EMPLOYMENT CONTRACT. THE COMPENSATION  
COMMITTEE USES AN INDEPENDENT CONSULTANT, COMPENSATION SURVEYS AND OTHER  
ORGANIZATION'S FORM 990 IN THE DETERMINATION PROCESS.

THE MEMBERS OF THE COMPENSATION COMMITTEE ARE INDEPENDENT AND RELY ON THIS  
COMPARABILITY DATA WHEN THEY DISCUSS AND DETERMINE THE INDIVIDUAL'S  
COMPENSATION. CONTEMPORANEOUS MINUTES OF SUCH DISCUSSIONS ARE KEPT AND  
MAINTAINED IN THE ORGANIZATION'S FILES.

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	51,070,854.
MANAGEMENT AND GENERAL EXPENSES	10,676,842.
FUNDRAISING EXPENSES	86,495.

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

TOTAL EXPENSES 61,834,191.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 61,834,191.

FORM 990, PART X, LINE 20:

TAX EXEMPT BONDS

IN FEBRUARY 2015 MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES

AUTHORITY ("MHHEFA") AUTHORIZED THE ISSUANCE OF \$126,665,000 AGGREGATE

PRINCIPAL AMOUNT OF REVENUE BONDS (SERIES 2015 REVENUE BONDS) AT A

PREMIUM OF \$20,770,000. IN MAY 2020, MHHEFA AUTHORIZED THE ISSUANCE OF

\$95,995,000 AGGREGATE PRINCIPAL AMOUNT OF REVENUE BONDS (SERIES 2020A

REVENUE BONDS) AT A PREMIUM OF \$5,944,000.

THE OBLIGATED GROUP FOR THE 2020A AND 2015 BONDS (COLLECTIVELY THE

"BONDS") CONSISTS OF TIDALHEALTH, INC., TPR, TN AND TPN AND THE

OBLIGATED GROUP FOR THE SERIES 2021A AND B TAXABLE NOTES (COLLECTIVELY

THE "TAXABLE NOTES"), CONSISTS OF TIDALHEALTH, TPR, TMP, TN, TPN AND

MCCREADY FOUNDATION, INC.

SUPPLEMENTAL INFORMATION ON TAX-EXEMPT BONDS REPORTED ON SCHEDULE K OF

FORM 990 FOR TIDALHEALTH INC., THE PARENT ORGANIZATION.

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

PENSION ADJUSTMENT 40,027,954.

NET ASSETS RELEASED FROM RESTRICTION -7,609,953.

CHANGE IN ENDOWMENT -92,960.

DECREASE IN CAPITAL -83,914,606.

PARTNERSHIP INCOME - TAX ADJUSTMENT 126,734.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

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

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

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

Schedule R (Form 990) 2020



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
DELMARVA SURG CTR - 52-2251436, 641 S SALISBURY, SALISBURY, MD 21801	HEALTH CARE	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
DELMARVA ENDOSC CTR - 83-1509115, 11103 CATHAGE ROAD, BERLIN, MD 21801	HEALTH CARE	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DELMARVA PENINSULA INSURANCE COMPANY	R	6,968,392.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			





**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PENINSULA REGIONAL MEDICAL CENTER, INC. FILED ITS ARTICLES OF AMENDMENT ON 7/29/2020 9:00:00 AM WITH A NAME CHANGE CHANGING ITS NAME TO TIDALHEALTH PENINSULA REGIONAL, INC. AND THAT THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 21, 2020.



Michael L. Higgs  
Director



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 0012150903  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

CRTGST

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

**TidalHealth, Inc.**

June 30, 2021 and 2020

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**GRANT THORNTON LLP**

2001 Market St., Suite 700  
Philadelphia, PA 19103-7065

**D** +1 215 561 4200

**F** +1 215 561 1066

**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

Board of Directors  
TidalHealth, Inc.

We have audited the accompanying consolidated financial statements of TidalHealth, Inc. and subsidiaries, f/k/a Peninsula Regional Health System, Inc. and subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of June 30, 2021 and 2020, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

**Management's responsibility for the financial statements**

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

**Auditor's responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Health System's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of TidalHealth, Inc. and subsidiaries, f/k/a Peninsula Regional Health System, Inc. and subsidiaries, as of June 30, 2021 and 2020, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Supplementary information**

Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating information is presented for the purpose of additional analysis, rather than to present the financial position, results of operations and changes in net assets, and cash flows of the individual entities, and is not a required part of the consolidated financial statements. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in our audits of the consolidated financial statements and certain additional procedures. These additional procedures include comparing and reconciling the information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

*Grant Thornton LLP*

Philadelphia, Pennsylvania  
September 29, 2021

TidalHealth, Inc.

CONSOLIDATED BALANCE SHEETS

June 30,

(Dollar amounts in thousands)

	<u>2021</u>	<u>2020</u>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 181,183	\$ 179,524
Short-term investments	7,436	7,528
Assets limited as to use	2,003	3,149
Patient accounts receivable	66,312	57,020
Supplies	15,125	14,792
Prepays and other	<u>13,407</u>	<u>13,205</u>
Total current assets	285,466	275,218
<b>INVESTMENTS</b>	513,644	415,488
<b>ASSETS LIMITED AS TO USE</b>		
Under debt agreement	54,679	58,609
Self-insurance fund	37,088	33,428
Donor-restricted fund	<u>61,591</u>	<u>49,064</u>
	153,358	141,101
<b>PROPERTY AND EQUIPMENT, net</b>	323,179	315,721
<b>OTHER ASSETS</b>	<u>53,609</u>	<u>43,655</u>
Total assets	<u>\$ 1,329,256</u>	<u>\$ 1,191,183</u>

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

TidalHealth, Inc.

CONSOLIDATED BALANCE SHEETS - CONTINUED

June 30,

(Dollar amounts in thousands)

	<u>2021</u>	<u>2020</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Current portion of long-term debt	\$ 5,597	\$ 4,671
Current portion of lease liability	1,779	1,932
Current portion of self-insurance liabilities	2,003	3,149
Accounts payable	40,726	34,335
Accrued liabilities	51,166	32,896
Advances from third-party payors	<u>121,527</u>	<u>133,059</u>
Total current liabilities	222,798	210,042
Long-term debt, less current portion	235,213	237,429
Lease liability, less current portion	5,090	6,628
Self-insurance liabilities	28,636	29,197
Accrued retirement benefits	777	17,599
Other liabilities	<u>5,474</u>	<u>1,282</u>
Total liabilities	497,988	502,177
<b>NET ASSETS</b>		
Net assets without donor restrictions:		
TidalHealth, Inc.	764,459	634,633
Non-controlling interest	<u>-</u>	<u>1,889</u>
Total net assets without donor restrictions	764,459	636,522
Net assets with donor restrictions	<u>66,809</u>	<u>52,484</u>
Total net assets	<u>831,268</u>	<u>689,006</u>
Total liabilities and net assets	<u>\$ 1,329,256</u>	<u>\$ 1,191,183</u>

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

TidalHealth, Inc.

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

Years ended June 30,  
(Dollar amounts in thousands)

	<u>2021</u>	<u>2020</u>
<b>Net assets without donor restrictions</b>		
<b>Revenue</b>		
Patient service revenue	\$ 696,019	\$ 535,924
Other revenue	<u>33,707</u>	<u>34,993</u>
Total revenue	729,726	570,917
<b>Expenses</b>		
Salaries and wages	296,860	235,861
Supplies and other expenses	320,668	254,769
Employee benefits	80,032	56,354
Depreciation and amortization	40,686	35,277
Interest	<u>8,532</u>	<u>6,492</u>
Total expenses	<u>746,778</u>	<u>588,753</u>
Loss from operations before other items	(17,052)	(17,836)
<b>Other items</b>		
Investment return	105,591	33,011
Other pension gains	4,078	2,978
Contribution received in acquisitions	-	111,283
Loss on extinguishment of debt	<u>(3,660)</u>	<u>(4,142)</u>
Total other items	<u>106,009</u>	<u>143,130</u>
<b>Excess of revenue over expenses</b>	88,957	125,294
<b>Non-controlling interest in earnings of controlled subsidiary</b>	<u>67</u>	<u>(299)</u>
Excess of revenue over expenses attributable to TidalHealth, Inc.	89,024	124,995

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

TidalHealth, Inc.

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS - CONTINUED

Years ended June 30,  
(Dollar amounts in thousands)

	<u>2021</u>	<u>2020</u>
<b>Net assets without donor restrictions</b>		
Excess of revenue over expenses attributable to TidalHealth, Inc.	\$ 89,024	\$ 124,995
Net assets released from restrictions, net	44	1,726
Other	962	-
Change in non-controlling interest	(1,956)	(143)
Other changes in accrued retirement benefits	39,863	(8,562)
	<u>127,937</u>	<u>118,016</u>
Increase in net assets without donor restrictions	127,937	118,016
<b>Net assets with donor restrictions</b>		
Contributions	2,417	3,118
Net realized gains on investments	6,277	2,679
Change in unrealized gains and losses on investments	5,783	1,574
Net assets released from restrictions, net	(152)	(1,910)
	<u>14,325</u>	<u>5,461</u>
Increase in net assets with donor restrictions	14,325	5,461
Increase in net assets	142,262	123,477
<b>Net assets at beginning of year</b>	<u>689,006</u>	<u>565,529</u>
<b>Net assets at end of year</b>	<u>\$ 831,268</u>	<u>\$ 689,006</u>

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

TidalHealth, Inc.

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years ended June 30,  
(Dollar amounts in thousands)

	<u>2021</u>	<u>2020</u>
<b>Operating activities:</b>		
Increase in net assets	\$ 142,262	\$ 123,477
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Contribution received in acquisitions	-	(111,283)
Loss on extinguishment of debt	3,660	4,142
Depreciation and amortization	40,686	35,277
Other changes in accrued retirement benefits	(39,863)	8,562
Amortization of original issue premium and financing costs	(502)	(832)
Equity in earnings of unconsolidated joint ventures	(2,543)	(1,547)
Losses (gains) on sale of property and equipment	9	(1,232)
Net realized and unrealized gains and losses on investments	(110,964)	(27,174)
Proceeds from restricted contributions	(2,417)	(3,118)
Changes in operating assets and liabilities:		
Patient accounts receivable	(9,292)	4,334
Supplies and other assets	5,350	(524)
Distributions from unconsolidated joint ventures	3,488	1,009
Accounts payable and accrued liabilities	24,661	10,572
Accrued retirement benefits	6,666	6,094
Other liabilities	2,485	4,044
Lease liability	(1,691)	(1,684)
Advances from third-party payors	(11,532)	123,284
Net cash provided by operating activities	<u>50,463</u>	<u>173,401</u>
<b>Investing activities:</b>		
Change in investments and assets limited as to use	1,789	(63,633)
Cash received in the acquisitions	-	6,021
Investment in unconsolidated joint ventures	(409)	(8,139)
Purchases of property and equipment, net	(48,153)	(24,826)
Net cash used in investing activities	<u>(46,773)</u>	<u>(90,577)</u>
<b>Financing activities:</b>		
Proceeds from restricted contributions	2,417	3,118
Debt issuance costs	(454)	(1,617)
Proceeds from long-term debt	132,462	101,672
Repayments of long-term debt	(136,456)	(53,112)
Net cash (used in) provided by financing activities	<u>(2,031)</u>	<u>50,061</u>
Net increase in cash and cash equivalents	1,659	132,885
<b>Cash and cash equivalents at beginning of year</b>	<u>179,524</u>	<u>46,639</u>
<b>Cash and cash equivalents at end of year</b>	<u>\$ 181,183</u>	<u>\$ 179,524</u>

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

**TidalHealth, Inc.**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**June 30, 2021 and 2020**  
*(Dollar amounts in thousands)*

**NOTE 1 - ORGANIZATION AND MISSION**

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

Effective September 1, 2020, Peninsula Regional Health System, Inc., changed its name to TidalHealth, Inc. as well as many of its affiliates changed their names as noted below. The organization has experienced a lot of change and growth over the past few years with several acquisitions and is excited to unite its employees under one health system in celebration of a shared mission: to improve the health of the communities it serves.

The Health System’s group of affiliated non-profit and for-profit entities are as follows:

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

TidalHealth Foundation, Inc. (the “Foundation”) (formerly known as Peninsula Regional Medical Center Foundation, Inc. is a not-for-profit, nonstock corporation organized to raise contributions exclusively for the benefit of charitable, educational, medical, and scientific purposes for the Health System.

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

Peninsula Women’s Center, LLC d/b/a TidalHealth Surgery Center (formerly known as Peninsula Surgery Center), operates an ambulatory surgery center.

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

Delmarva Peninsula Insurance Company (“DPIC”), a Cayman Island captive insurance company that provides professional and general liability insurance to related TidalHealth affiliates. Prior to June 30, 2020, DPIC was wholly owned by TPR.

On January 1, 2020 (the Nanticoke Acquisition Date), TidalHealth acquired and became the sole corporate member of TidalHealth Nanticoke, Inc. (the “TN”) (formerly known as Nanticoke Memorial Hospital, Inc.), a not-for-profit 99-licensed bed hospital in Seaford, Delaware, serving the health care needs of Sussex County, Nanticoke Insurance Company Ltd (“NIC”), a captive insurance company domiciled in the Cayman Islands, which was wholly owned by TN, and provided professional and general liability insurance to related affiliates, TidalHealth Physician Network (the “TPN”) (formerly known as Mid-Sussex Medical Center, Inc. d/b/a Nanticoke Physician Network ), a not-for-profit physician practice organization that provides outpatient medical care in clinics located in Georgetown, Laurel, Bridgeville, Delmar and Seaford, Delaware as well as Federalsburg, Maryland and the not-for-profit Nanticoke Health Foundation (collectively “Nanticoke”). Concurrently, the Nanticoke Health Foundation was merged into the Foundation.

Effective June 30, 2020, NIC was merged into DPIC.

**TidalHealth, Inc.**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**

**June 30, 2021 and 2020**

*(Dollar amounts in thousands)*

During the year ended June 30, 2021, TPN dissolved into a newly formed physician practice organization TidalHealth Medical Partners (TMP), which operates a physician network providing integrated physician services for the Health System.

On March 1, 2020 (the McCready Acquisition Date), TidalHealth acquired and became the sole corporate member of McCready Foundation, Inc., a not-for-profit located in Crisfield, Maryland, which consists of the following divisions: Edward W. McCready Memorial Hospital ("McCready Hospital"), a 3-bed hospital, Alice Byrd Tawes Nursing Home (the "Nursing Home"), a 76-licensed bed skilled nursing home, Chesapeake Cove Assisted Living Center (the "Rehab Center"), a rehabilitation center and assisted living facility and the McCready Foundation, Inc. Endowment Fund ("Endowment Fund"). Concurrently, the McCready Hospital division was merged into TPR and the hospital was converted into a free-standing medical center and the Endowment Fund was merged into the McCready Foundation, Inc.

**NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES**

***Principles of Consolidation***

The accompanying consolidated financial statements include the accounts of the Health System and all affiliated non-profit and for-profit entities as described in Note 1, with the exception of joint ventures where there is less than 50% control or where the Health System does not have the ability to exercise significant influence (see Note 10). Joint ventures where the ownership is greater than 50% or are controlled are included in the accompanying consolidated financial statements and the non-controlling interest is recorded equal to the remaining ownership interest in 2020. During 2021, this entity ended its operations. All significant intercompany transactions have been eliminated.

***Use of Estimates***

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

***Fair Value of Financial Instruments***

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

**TidalHealth, Inc.**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**

**June 30, 2021 and 2020**  
*(Dollar amounts in thousands)*

***Cash and Cash Equivalents***

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

***Investments and Assets Limited as to Use***

Fair values of all investments, including short-term investments, investments, and assets limited as to use are recorded as described in Notes 8 and 9. Short-term investments represent investments with contractual maturities within one year and current investments in money market funds that have been designated for investment purposes.

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

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

***Patient Accounts Receivable***

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

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

***Supplies***

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

***Property and Equipment***

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

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**

**June 30, 2021 and 2020**  
*(Dollar amounts in thousands)*

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

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

**Leases**

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

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

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

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

**Impairment of Long-Lived Assets**

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. If long-lived assets are deemed to be impaired, the impairment to be recognized is the amount by which the carrying amount of the assets exceeds the fair value. Assets to be disposed of are reported at the lower of the carrying amount or the fair value less costs to sell. As of June 30, 2021, management believes that no revisions to the remaining useful lives or write-down of long-lived assets are required.

**TidalHealth, Inc.**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**

**June 30, 2021 and 2020**  
*(Dollar amounts in thousands)*

***Other Intangibles***

At June 30, 2021 and 2020, the amount of a trade name intangible is \$1,406 and \$1,969, net of accumulated amortization of \$844 and \$281, respectively, and is included in other assets in the consolidated balance sheets.

***Other Assets***

Other assets are comprised of:

	June 30,	
	2021	2020
Investments in unconsolidated joint ventures (Note 10)	\$ 17,557	\$ 18,093
Right to use assets (Note 13)	6,788	8,477
Accrued retirement asset (Note 14)	16,375	-
Reinsurance receivable (Note 15)	6,796	10,408
Contributions receivable, net (Note 16)	1,595	1,875
Other	4,498	4,802
	\$ 53,609	\$ 43,655

***Estimated Self-Insurance Liabilities***

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

***Net Assets with Donor Restrictions***

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

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

***Performance Indicator***

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

***Donor-Restricted Gifts***

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

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**

**June 30, 2021 and 2020**  
*(Dollar amounts in thousands)*

***Patient Service Revenue***

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

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

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

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

***Advertising Costs***

The Health System expenses advertising costs as incurred. For the years ended June 30, 2021 and 2020, advertising costs were \$1,877 and \$1,731, respectively, which are included in supplies and other expenses in the accompanying consolidated statements of operations and changes in net assets.

***Income Taxes***

TidalHealth and have been recognized as supporting organizations exempt from federal income tax under Section 501(c)(3) as described in Section 509(a)(3) of the Internal Revenue Code (the “Code”). TPR and TN have been recognized organizations exempt from federal income tax under Section 501(c)(3) as described in Sections 509(a)(1) and Section 170(b)(1)(A)(iii) of the Code. The Foundation has been recognized as an organization exempt from federal income tax under Section 501(c)(3) as described in

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

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

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

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

The tax years ended June 30, 2021, 2020, 2019 and 2018 are still open to audit for both federal and state purposes. The Health System has determined that there are no material uncertain tax positions that require recognition or disclosure in the consolidated financial statements at June 30, 2021 and 2020.

**Pending Accounting Pronouncement**

Goodwill Impairment

In January 2017, Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2017-04, *Intangibles - Goodwill and Other - Simplifying the Test of Goodwill Impairment*. This guidance eliminates Step 2 from the goodwill impairment test. The guidance also eliminates the requirements for any reporting unit with a zero or negative carrying amount to perform a qualitative assessment and, if it fails that qualitative test, to perform Step 2 of the goodwill impairment test. An entity still has the option to perform the qualitative assessment for a reporting unit to determine if the quantitative impairment test is necessary. The guidance is effective for fiscal years beginning after December 15, 2020. Early adoption is permitted for impairment tests after January 1, 2017. ASU 2017-04 will be adopted on a prospective basis. The Health System is evaluating the impact of ASU 2017-04 at this time.

**NOTE 3 - IMPACT OF THE COVID-19 PANDEMIC**

In March 2020, the World Health Organization declared COVID-19, the disease caused by the novel coronavirus, a pandemic, which started to and continues to spread throughout the United States of America. As a result of the COVID-19 pandemic, the Health System experienced a decline in patient visits, admissions, and medical procedures performed. Elective medical procedures were suspended by state and local governments at varying time periods beginning in mid-March through late May 2020, contributing to a significant decline in patient service revenue due to COVID-19 when compared to historic and forecasted results for the year ended June 30, 2020. Additionally, in response to the pandemic, the Health System incurred additional costs for testing, personal protective equipment, third-party contract services and other operating costs associated with ensuring employee and patient safety while operating during a pandemic. Since late May 2020, the Health System has begun to see increases in its patient visits, admissions, and

**TidalHealth, Inc.**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**

**June 30, 2021 and 2020**  
*(Dollar amounts in thousands)*

medical procedures, however volumes have not returned to pre-pandemic levels. Management is actively monitoring operating revenues, and expenses and based on the continuing uncertainties of COVID-19, it is unable to determine if it will have a material impact on its operations for the year ending June 30, 2022.

The Health System received grant payments, which are considered nonexchange transactions, from the federal government distributed under the Coronavirus Aid, Recovery and Economic Security ("CARES") Act. For the years ended June 30, 2021 and 2020, payments received of \$24,449 and \$24,075, respectively, and are included in other revenue in the consolidated statements of operations and changes in net assets. These payments are subject to audit and compliance with federal regulations. The Health System believes it has met the conditions to retain these funds, and no amounts are reserved for repayment at June 30, 2021 and 2020. Future grant payments are uncertain at this time.

The CARES Act also provided for an expansion of the Medicare Accelerated and Advance Payment Program for patient services. Under the program, the Health System received \$123,055 in April 2020, and recorded these payments in advances from third-party payors in the consolidated balance sheet at June 30, 2020. The recoupment period began in April 2021 and amounts billed to Medicare for services provided are offset against the advanced payments received until the advance is fully recouped by the Medicare program. During the year ended June 30, 2021, Medicare recouped \$11,282, which results in a \$111,773 of advances from third-party payors in the consolidated balance sheet at June 30, 2021. The Health System will have until September 2022, to offset future claims against the advance. If the advance has not been entirely offset by claims at the end of this period, the Health System will be required to repay the remaining amount.

Additionally, the Internal Revenue Service ("IRS") allowed the Health System to defer remittance of payroll taxes. The deferred tax liability of \$9,790 and \$3,309 at June 30, 2021 and 2020, respectively, is included in accrued liabilities on the consolidated balance sheets. Fifty percent of the deferred payroll taxes will be paid by December 31, 2021, with the remaining balance due by December 31, 2022.

**NOTE 4 - ACQUISITIONS**

In 2020, TidalHealth made acquisitions as describe in Note 1 by means of inherent contributions where no consideration was transferred by TidalHealth. These business combinations were accounted for by applying the acquisition method and, accordingly, the inherent contributions received were valued as the excess of assets acquired over liabilities assumed. In determining each acquisitions inherent contribution received, all assets acquired and liabilities assumed were measured at fair value as of the respective acquisition dates. The results of the operations of each acquisition have been included in the accompanying consolidated financial statements since the respective acquisition dates.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

The estimated fair values of the assets acquired and liabilities assumed at the acquisition date are as follows:

	Nanticoke At January 1, 2020	McCready At March 1, 2020
<b>Assets</b>		
Cash and cash equivalents	\$ 5,385	\$ 636
Patient accounts receivable	16,648	3,222
Supplies	4,198	127
Prepaid and other	4,412	271
Investments and assets limited as to use	54,082	-
Property and equipment	91,489	12,726
Other assets	6,364	198
	<hr/>	<hr/>
Total assets acquired	182,578	17,180
<b>Liabilities</b>		
Accounts payable	7,580	448
Accrued liabilities	7,840	1,058
Self-insurance liabilities	8,290	426
Long-term debt	47,629	9,088
Lease liability	3,328	-
Accrued retirement benefits	2,788	-
	<hr/>	<hr/>
Total liabilities assumed	77,455	11,020
<b>Net assets acquired</b>		
Net assets without donor restrictions	<hr/> 105,123	<hr/> 6,160
	<hr/>	<hr/>
Excess of assets acquired over liabilities assumed	<u>\$ 105,123</u>	<u>\$ 6,160</u>

The following are the results of the acquisitions from the date of acquisition that have been included in the consolidated statement of operations and changes in net assets for the year ended June 30, 2020:

	Nanticoke At January 1, 2020	McCready At March 1, 2020
Total revenues	\$ 78,806	\$ 2,621
Excess of revenues over expenses	85,191	6,448
Increase (decrease) in net assets without donor restrictions	93,166	(14)
Increase (decrease) in net assets	93,166	(14)

**TidalHealth, Inc.**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**

**June 30, 2021 and 2020**  
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The following are the combined, unaudited pro-forma results for the year ended June 30, 2020, as if the acquisition had occurred on July 1, 2019. The combined unaudited pro-forma financial information excludes the contribution received in the acquisitions and is not necessarily indicative of the results of operations as they would have been, had the transaction been effective on July 1, 2019:

	<u>Year ended June 30, 2020</u>
Total revenues	\$ 661,827
Excess of revenues over expenses	106,085
Change in net assets - Without donor restrictions	106,085

**NOTE 5 - LIQUIDITY AND AVAILABILITY OF RESOURCES**

As of June 30, 2021 and 2020, the adjusted working capital was \$581,315 and \$477,856, respectively, and the adjusted average days of cash on hand was 359 and 392 days, respectively, both of which include long-term investments.

In addition to cash flows provided by operating activities, the financial assets available for general expenditure within one year of the consolidated balance sheet date consist of the following:

	June 30,	
	2021	2020
Cash	\$ 181,183	\$ 179,524
Short-term investments	7,436	7,528
Patient accounts receivable	66,312	57,020
Investments	513,644	415,488
	\$ 768,575	\$ 659,560

**NOTE 6 - CHARITY CARE**

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

The Health System maintains records to identify and monitor the level of charity care and community service it provides. These records include the amount of charges foregone based on established rates for services and supplies furnished under its charity care and community service policies and the number of patients receiving services under these policies. The Health System provided \$12,512 and \$12,150 for the years ended June 30, 2021 and 2020, respectively, of charity care at full cost including direct and indirect costs, based on the actual charity population using its cost to charge ratio. The HSCRC includes components within the rates to partially compensate eligible providers for uncompensated care.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
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Additionally, the Health System provides a wide range of community services to the general public. These include but are not limited to the following: free health screenings for breast cancer, prostate cancer, skin cancer, diabetes, high blood pressure, high blood cholesterol, hearing loss and glaucoma; free educational programs on a variety of health care topics; health fairs and demonstrations; and networking and coordination of services for the needy, elderly, and disabled. These community services are offered at the Health System and at schools, businesses, and other locations throughout the Health System's service area.

**NOTE 7 - PATIENT SERVICE REVENUE**

Patient service revenue recognized from major payer sources based on primary insurance designation, is as follows:

	Years ended June 30,	
	2021	2020
Medicare	52%	52%
Medicaid	19	18
Managed care	3	4
CareFirst Blue Cross Blue Shield	12	12
Other, including self-pay	14	14
	<u>100%</u>	<u>100%</u>

For services provided at the TPR hospital campus, all payors are required to pay the Maryland Health Services Cost Review Commission ("HSCRC") approved rates. Management believes that this program will remain in effect at least through June 30, 2022. The major third-party payors, as recognized by the HSCRC, are allowed discounts of up to 7.7% on approved rates. These charges are subject to review and approval by the HSCRC. The total rate of reimbursement for services to patients under the Medicare and Medicaid programs is based on a waiver arrangement between the Centers for Medicare and Medicaid Service and the HSCRC. This waiver arrangement will be in place as long as Maryland hospitals achieve certain savings and improvements, as defined. TPR has an agreement with the HSCRC to participate in its Global Budgeted Revenue ("GBR") program. GBR methodology encourages hospitals to focus on population health strategies by establishing a fixed annual revenue cap for each GBR hospital. The agreement is evergreen in nature and covers both regulated inpatient and outpatient revenues.

Under GBR, hospital revenue is known at the beginning of each fiscal year, and for the year ending June 30, 2022, is expected to be approximately \$522,651. Annual revenue is calculated from a base year and is adjusted annually for inflation, infrastructure requirements, population changes, performance in quality-based programs, and changes in levels of uncompensated care. Revenue may also be adjusted annually for market levels and shifts of services to unregulated services. The HSCRC's rate-setting methodology for hospital service centers that provide both inpatient and outpatient services and only outpatient services, consists of establishing an acceptable unit rate for defined inpatient and outpatient service centers within a hospital. The actual average unit charge for each service center is compared to the approved rate monthly and annually. Overcharges and undercharges due to either patient volume or price variances, adjusted for penalties where applicable, are applied to decrease (in the case of overcharges) or increase (in the case of undercharges) in future approved rates on an annual basis. TPR undercharged for the years ended June 30, 2021 and 2020, within the allowable corridor as specified in the GBR Agreement.

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
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The timing of the HSCRC's rate adjustments for TPR could result in an increase or reduction in rates due to the variances and penalties described above in a year subsequent to the year in which such items occurred, and there is at least a possibility that the amounts may be material. For both the years ended June 30, 2021 and 2020, approximately 47% and 58% of the Health System's patient service revenue was subject to the HSCRC's regulations.

Inpatient acute care and outpatient services not located on the TPR hospital campus, including NMH and certain other services not regulated by the HSCRC provided to Medicare and Medicaid program beneficiaries, are paid at prospectively determined rates per discharge or outpatient service. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Additionally, there are certain defined Medicare program pass-through items, and certain other costs provisionally reimbursed by Medicare, are paid based on a cost reimbursement methodology or tentative rate. These are ultimately subjected to certain cost limitations or contingent on actual data for the year, with final settlement determined after submission of annual cost reports by NMH and audits thereof, by the programs' fiscal intermediaries.

The TN Medicare cost reports have been audited and finalized through June 30, 2018. Differences between the estimated settlements and the amounts settled are recorded in the year of settlement. Estimated favorable results of appeal items are recorded when realization is reasonably assured. These estimates are included in estimated settlements due to third-party payors in the consolidated balance sheets. Management uses the expected-value method when determining these amounts. In the opinion of management, adequate provision has been made for any adjustment, which may result from the final settlement of these cost reports, and any appeal issues. For the years ended June 30, 2021 and 2020, patient service revenue includes net settlements and adjustments for cost reports, audit and appeal items from prior years of \$(251) and \$277, respectively.

Laws and regulations governing the HSCRC, Medicare and Medicaid programs, which represent a substantial portion of the patient service revenues, are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Health System believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While there are no currently known regulatory inquiries, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action.

The following table sets forth the detail of patient service revenue:

	Years ended June 30,	
	2021	2020
Gross patient service revenue	\$ 1,096,176	\$ 792,934
Less: revenue deductions:		
Charity care	(20,342)	(16,356)
Contractual and other allowances	(360,733)	(225,913)
Implicit price concessions	(19,082)	(14,741)
	<u>\$ 696,019</u>	<u>\$ 535,924</u>

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

**NOTE 8 - INVESTMENTS AND ASSETS LIMITED AS TO USE**

Fair value of investments and assets limited as to use is summarized as follows:

	June 30,	
	2021	2020
Cash and cash equivalents	\$ 13,640	\$ 21,348
U.S. Treasury securities	173,886	152,154
Corporate bonds	117,478	115,971
Equity securities	367,441	277,793
Private placement funds		
Hedge	1,977	-
Private equity	1,798	-
Fixed income	221	-
	<u>676,441</u>	<u>567,266</u>
Less amounts required for current liabilities	<u>(2,003)</u>	<u>(3,149)</u>
	<u>\$ 674,438</u>	<u>\$ 564,117</u>
	Years ended June 30,	
	2021	2020
Investment return		
Interest and dividend income	\$ 5,992	\$ 11,545
Realized gains, net	45,072	14,484
Changes in unrealized gains and losses	53,832	8,437
Other	695	(1,455)
	<u>\$ 105,591</u>	<u>\$ 33,011</u>

**NOTE 9 - FAIR VALUE MEASUREMENTS**

U.S. GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below.

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Health System has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

The fair value of private placement funds has been determined using the net asset value ("NAV") of the funds as provided by the respective fund managers. The NAV is used as a practical expedient to estimate fair value and is excluded from the fair value hierarchy. The underlying investments of these funds consist of securities with readily determinable market values. As of June 30, 2021, there were no withdrawal restrictions or unfunded commitments on investments reported at NAV.

The following tables present assets measured at fair value, aggregated by level in the fair value hierarchy within which those measurements fall:

	June 30, 2021			
	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Cash and cash equivalents	\$ 13,640	\$ -	\$ -	\$ 13,640
U.S. government securities	148,059	25,827	-	173,886
Corporate bonds	-	117,478	-	117,478
Equity securities	367,441	-	-	367,441
	<u>\$ 529,140</u>	<u>\$ 143,305</u>	<u>\$ -</u>	672,445
Private placement funds (at NAV):				
Hedge				1,977
Private equity				1,798
Fixed income				221
				<u>3,996</u>
				<u>\$ 676,441</u>

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
 (Dollar amounts in thousands)

	June 30, 2020			
	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Cash and cash equivalents	\$ 21,348	\$ -	\$ -	\$ 21,348
U.S. government securities	119,462	32,692	-	152,154
Corporate bonds	-	115,971	-	115,971
Equity securities	277,688	105	-	277,793
	<u>\$ 418,498</u>	<u>\$ 148,768</u>	<u>\$ -</u>	<u>\$ 567,266</u>

The fair values of securities are determined by third-party service providers utilizing various methods depending on the specific type of investment. Where quoted prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Where significant inputs, including benchmark yields, broker-dealer quotes, issuer spreads, bids, offers, the London Interbank Offered Rate curve, and measures of volatility, are used by these third-party dealers or independent pricing services to determine fair values, the securities are classified within Level 2.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

NOTE 10 - INVESTMENT IN UNCONSOLIDATED JOINT VENTURES

The Health System and physicians located throughout Maryland and Delaware have joined together, along with other non-related for-profit investors, to expand surgical and certain other services within the local communities through jointly owned ventures, as follows:

	Membership Percentage		Investment in Unconsolidated Joint Ventures		Equity Earnings (Losses) in Unconsolidated Joint Ventures	
	June 30,		June 30,		Years ended June 30,	
	2021	2020	2021	2020	2021	2020
TidalHealth:						
Advanced Health Collaborative I, LLC	-%	-%	\$ -	\$ -	\$ -	\$ (78)
Advanced Health Collaborative II, LLC	25%	25%	132	67	(76)	(120)
			132	67	(76)	(198)
Health Ventures:						
Peninsula Imaging, LLC	50%	50%	5,014	4,195	1,818	874
AHP Delmarva, LLP	50%	50%	1,111	1,106	214	179
Genesis Healthcare - Salisbury, LLC	50%	50%	3,721	4,023	(303)	531
Peninsula Home Care, LLC	50%	50%	498	372	583	406
PHC at Nanticoke, LLC	33%	33%	283	398	101	85
YDI, Inc.	50%	50%	93	112	(19)	112
Corelife, Inc.	-%	50%	-	652	(466)	(240)
Delmarva Endoscopy Center, LLC	-%	80%	-	308	(10)	(553)
Deerpointe	26.3%	26.3%	6,705	6,860	701	351
			17,425	18,026	2,619	1,745
			\$ 17,557	\$ 18,093	\$ 2,543	\$ 1,547

Regardless of the proportionate ownership of capital investment in these ventures, all decisions are made by the respective venture's operating board. In each case, the operating board is composed equally of members appointed by the Health System/Health Ventures and the other investors as a group. Accordingly, these are accounted for on the equity method of accounting.

Equity earnings (losses) in unconsolidated joint ventures for the Health System are included in investment return and Health Ventures are included in other revenue on the consolidated statements of operations and changes in net assets, due to the type of operations of the joint venture.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
 (Dollar amounts in thousands)

NOTE 11 - PROPERTY AND EQUIPMENT

A summary of property and equipment follows:

	Estimated Useful Lives (in Years)	June 30,	
		2021	2020
Land	-	\$ 18,872	\$ 18,872
Land improvements	20	13,814	13,814
Buildings and improvements	15 - 40	347,903	346,184
Fixed equipment	20	41,885	41,965
Movable equipment	5 - 7	301,348	283,697
		723,822	704,532
Less accumulated depreciation and amortization		(440,683)	(401,044)
		283,139	303,488
Construction in progress		40,040	12,233
		<u>\$ 323,179</u>	<u>\$ 315,721</u>

As of June 30, 2021, the Health System was committed to building and equipment purchases totaling approximately \$7,746.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

NOTE 12 - LONG-TERM DEBT

Long-term debt consists of the following:

	June 30,	
	2021	2020
Maryland Health and Higher Educational Facilities Authority ("MHHEFA") Revenue Bonds:		
Series 2020A 3.00% to 5.00% serial and term bonds due in annual amounts ranging from \$1,030 to \$13,130 on July 1 of each year through 2048	\$ 94,965	\$ 95,995
Series 2015 5.00% serial and term bonds due in annual amounts ranging from \$2,540 to \$2,800 on July 1 of each year through 2023	8,005	115,380
Bank Taxable Notes:		
Series 2021A 2.40% taxable note due in annual amounts ranging from \$415 to \$6,895 on July 1 of each year through 2045	122,215	-
Series 2021B 2.46% taxable note due in annual amounts ranging from \$95 to \$435 on July 1 of each year through 2045	8,360	-
Bank loan due monthly through May 2025 with a 4.60% fixed rate of interest	1,433	-
Delaware Economic Development Authority Strategic Fund Loan, maturing in varying annual amounts through 2023, no stated interest rate	1,014	1,433
United States Department of Agriculture ("USDA") - Second mortgage - This mortgage was repaid in full by the proceeds of the Series 2021B Note	-	5,259
Bank mortgage which was repaid in full by the proceeds of the Series 2021B Note	-	3,205
Building and equipment collateral loans, with various interest rates were repaid in full during 2021	-	182
Financing leases, with various interest rates, secured by related equipment, were repaid in full during 2021	-	1,236
	<u>235,992</u>	<u>222,690</u>
Less: current portion of long-term debt	<u>(5,597)</u>	<u>(4,671)</u>
	230,395	218,019
Plus: original issue premiums, net	6,917	22,147
Less: unamortized debt issue costs, net	<u>(2,099)</u>	<u>(2,737)</u>
Long-term debt, less current portion	<u>\$ 235,213</u>	<u>\$ 237,429</u>

The premiums and related financing costs on the Bonds are being amortized over the life of the bonds.

**Series 2021A Taxable Note**

In February 2021, TidalHealth entered into a note agreement with a bank for \$123,325. The proceeds of the issue were used primarily to advance refund \$104,955 the Series 2015 Revenue Bonds. The advance

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

refunding generated a loss on extinguishment of debt of \$3,660, consisting of the call premium and the write off of the original issue premium and costs of issuance.

**Series 2021B Taxable Note**

In February 2021, TidalHealth entered into a note agreement with a bank for \$8,405. The proceeds of the issue were used primarily: (i) to repay in full the USDA second mortgage and the Bank mortgage; and (ii) to pay the cost of issuance.

**Series 2020A Revenue Bonds**

In May 2015, MHHEFA authorized the issuance of \$95,995 aggregate principal amount of Revenue Bonds (Series 2020A Revenue Bonds) at a premium of \$5,944. The proceeds of the issue, after payment of financing costs, were used primarily: (i) to advance refund NMH debt obligations with the USDA and the 2013 Delaware Health and Facilities Authority Bonds; and (ii) to finance \$58,500 of capital purchases. The advance refunding generated a loss on extinguishment of debt of \$4,142, consisting of the call premium and the write off of the original issue premium and costs of issuance.

**Series 2015 Revenue Bonds**

In February 2015, MHHEFA authorized the issuance of \$126,665 aggregate principal amount of Revenue Bonds (Series 2015 Revenue Bonds) at a premium of \$20,770. The proceeds of the issue, after payment of financing costs, were used primarily: (i) to advance the 2006 bonds and; (ii) to finance \$25,000 of capital purchases. In 2021, \$104,955 of the Series 2015 Bonds were advance refunded through the proceeds of the 2021A Taxable Note.

**Covenants**

The Obligated Group for the 2020A and 2015 Bonds (collectively the "Bonds") consists of TidalHealth, TPR, TN and TPN and the Obligated Group for the Series 2021A and B Taxable Notes (collectively the "Taxable Notes"), consists of TidalHealth, TPR, TMP, TN, TPN and McCready Foundation, Inc., are required to make semiannual payments to the trustee and the bank sufficient to meet the annual debt service requirements.

As security for the debt service requirements of the Bonds and Taxable Notes, MHHEFA and the bank have a first lien and claim on all receipts of the Obligated Groups. The terms of the indenture agreements restrict the Obligated Groups' ability to create additional indebtedness and its use of the facilities and require the Obligated Groups to maintain stipulated insurance coverage and a rate structure in each year sufficient to meet certain rate covenant requirements. The Obligated Groups have complied with these financial covenants for the years ended June 30, 2021 and 2020.

Scheduled principal repayments on long-term debt for the years ending June 30, are as follows:

2022	\$	5,597
2023		5,853
2024		6,066
2025		6,871
2026		6,775
Thereafter		<u>204,830</u>
	\$	<u>235,992</u>

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

**Fair Value**

The Health System uses quoted market prices in estimating the fair value of its long-term debt, excluding financing leases. The fair value of the long-term debt, excluding financing leases outstanding as of June 30, 2021 and 2020, was approximately \$256,951 and \$240,229, respectively.

**NOTE 13 - LEASES**

The following table presents the components of the right of use assets and liabilities related to leases and their classification in the consolidated balance sheets at:

Component of Lease Balances	Classification in Consolidated Balance Sheets	June 30,	
		2021	2020
<b>Assets</b>			
Operating lease assets	Other assets	\$ 6,788	\$ 8,477
Finance lease assets	Property, plant, and equipment, net	-	777
		<u>\$ 6,788</u>	<u>\$ 9,253</u>
<b>Liabilities</b>			
<b>Operating lease liabilities</b>			
Current	Current portion of lease liability	\$ 1,779	\$ 1,932
Long-term	Lease liability, net of current portion	<u>5,090</u>	<u>6,628</u>
		<u>6,869</u>	<u>8,560</u>
<b>Finance lease liabilities</b>			
Current	Current portion of long-term debt	-	566
Long-term	Long-term debt, net of current portion	<u>-</u>	<u>670</u>
		<u>-</u>	<u>1,236</u>
		<u>\$ 6,869</u>	<u>\$ 9,796</u>

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

The following table presents the components of lease expense and their classification in the consolidated statements of operations and changes in net assets for the:

Component of Lease Balances	Classification in Consolidated Statements of Operations and Changes in Net Assets	Years ended June 30,	
		2021	2020
Operating lease expense	Supplies and other	\$ 5,338	\$ 2,957
Finance lease expense:			
Amortization of leased assets	Depreciation and amortization	-	202
Interest on lease liabilities	Interest	-	26
		-	228
Variable and short-term lease expense	Supplies and other	1,841	2,659
		<u>\$ 7,179</u>	<u>\$ 5,844</u>

The weighted-average lease terms and discount rates for operating and finance leases are as follows:

	June 30,	
	2021	2020
Weighted-average remaining lease term (years)		
Operating leases	5.75 years	6.81 years
Finance leases	N/A	2.70 years
Weighted-average discount rate		
Operating leases	2.84%	2.59%
Finance leases	N/A	3.71%

Cash flow related to leases is as follows:

	2021	2020
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash outflows related to operating leases	\$ 5,128	\$ 2,957
Operating cash outflows related to finance leases	-	26
Financing cash outflows related to finance leases	1,236	995

There were no right-of-use assets (operating or financing leases) obtained in exchange for lease obligations for the years ended June 30, 2021 or 2020.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

**NOTE 13 - LEASES - CONTINUED**

The future minimum rental commitments for all noncancelable operating leases are as follows:

<u>Years ending June 30,</u>	
2022	\$ 1,887
2023	1,427
2024	1,215
2025	679
2026	949
Thereafter	<u>1,470</u>
	7,627
Less: Imputed interest	<u>(758)</u>
	6,869
Less: Current portion	<u>(1,779)</u>
	<u>\$ 5,090</u>

**NOTE 14 - RETIREMENT BENEFIT PLANS**

***Defined Benefit Plans***

The Health System has a cash balance-type defined benefit pension plan, The Peninsula Regional Medical Center Pension Plus Plan (the "Plan"), covering substantially all of its employees. The Plan was remeasured on January 1, 2020, due to the significant number of new participants entering the Plan as a result of the acquisition of TN. Plan benefits are based on years of service and the employees' compensation during the last five years of covered employment. The Health System's funding policy is to make sufficient contributions to the Plan to comply with the minimum funding provisions of the Employee Retirement Income Security Act of 1974. Contributions are intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future.

The Plan provides annual allocations to a participant's hypothetical account. When a participant retires, the participant has the choice to receive a lump-sum distribution equal to the value of the hypothetical account or to receive an annuity based on the value of the hypothetical account.

The Plan provided three different allocations: (i) a service-related allocation; (ii) an age-related allocation; and (iii) a matching allocation for certain employees. Both the service-related allocation and the age-related allocation were determined by multiplying a participant's annual compensation by a certain percentage. The matching allocation operated to provide an annual allocation in the Plan based on the participant's contribution to the Health System's 403(b) plan.

TN has a qualified noncontributory defined benefit pension plan (the "TN Plan") that was frozen effective January 1, 2009. The funding policy is to make sufficient contributions to comply with the minimum funding requirements of the Employee Retirement Income Security Act (ERISA).

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

The following provides a reconciliation of the changes in the projected benefit obligations and the fair value of plans assets, and plans funded status:

	June 30,			
	2021 The Plan	2021 TN Plan	2020 The Plan	2020 TN Plan
Accumulated benefit obligation	\$ 158,021	\$ 20,641	\$ 153,558	\$ 22,200
Projected benefit obligation, beginning of year	\$ 169,785	\$ 22,200	\$ 148,914	\$ 20,472
Service cost	13,826	-	9,854	-
Interest cost	3,875	314	4,530	599
Actuarial (gain) loss	(2,014)	(216)	13,647	3,191
Benefits paid	(9,697)	(1,657)	(7,160)	(2,062)
Projected benefit obligation, end of year	175,775	20,641	169,785	22,200
Fair value of plan assets, beginning of year	156,685	18,470	148,760	20,306
Actual gain on plan assets	42,162	3,778	15,085	227
Employer contributions	3,000	-	-	-
Benefits paid	(9,697)	(1,657)	(7,160)	(2,062)
Fair value of plan assets, end of year	192,150	20,591	156,685	18,471
Funded status	\$ 16,375	\$ (50)	\$ (13,100)	\$ (3,729)
Amounts recognized in the consolidated balance sheets:				
Other assets	\$ 16,375	\$ -	\$ -	\$ -
Accrued retirement benefits	\$ -	\$ (50)	\$ (13,100)	\$ (3,729)
Net amounts recognized in net assets without donor restrictions:				
Net actuarial loss (gain)	\$ (9,774)	\$ (108)	\$ 27,161	\$ 2,861

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

Components of net periodic benefit cost and changes in net asset without donor restrictions are as follows:

	Year ended June 30,			
	2021	2021	2020	2020
	The Plan	TN Plan	The Plan	TN Plan
Components of net periodic benefit cost recognized in employee benefits:				
Service cost	\$ 13,826	\$ -	\$ 9,854	\$ -
Components of net periodic benefit cost (gain) recognized in other items:				
Interest cost	3,875	314	4,530	240
Expected return on plan assets	(9,461)	(1,118)	(9,083)	(626)
Recognized net actuarial loss	2,218	94	1,562	-
	<u>(3,368)</u>	<u>(710)</u>	<u>(2,991)</u>	<u>(386)</u>
Net periodic benefit cost (gain)	10,458	(710)	6,863	(386)
Recognized in net assets without donor restrictions as other changes in other changes in accrued retirement benefits:				
Net actuarial loss (gain)	<u>(36,935)</u>	<u>(2,969)</u>	<u>6,082</u>	<u>2,861</u>
Total recognized in net periodic benefit cost and change in net assets without donor restrictions	<u>\$ (26,477)</u>	<u>\$ (3,679)</u>	<u>\$ 12,945</u>	<u>\$ 2,475</u>

The estimated net actuarial loss for the Plan and TN Plan that will be amortized from net assets without donor restrictions into net periodic benefit cost over the next fiscal year is \$2,218 and \$53, respectively.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

Weighted-average assumptions used to determine projected benefit obligations and net periodic benefit costs were as follows:

	June 30,			
	2021	2021	2020	2020
	The Plan	TN Plan	The Plan	TN Plan
Projected benefit obligation				
Discount rate	2.50%	2.25%	2.35%	1.50%
Rates of increase in compensation levels:				
Service:				
<11	8.00%	N/A	8.00%	N/A
11<21	5.00%	N/A	5.00%	N/A
21=<	3.00%	N/A	3.00%	N/A

	June 30,			
	2021	2021	2020	2020
	The Plan	TN Plan	The Plan	TN Plan
Net periodic benefit cost				
Discount rate (July 1st)	2.35%	1.50%	3.25%	N/A
Discount rate (January 1st)	N/A	N/A	3.00%	3.75%
Expected long-term return on plan assets	6.75%	6.50%	6.75%	6.50%
Rate of increase in compensation levels:				
Service:				
<11	8.00%	N/A	8.00%	N/A
11<21	5.00%	N/A	5.00%	N/A
21=<	3.00%	N/A	3.00%	N/A

The defined benefit pension plan asset allocation as of the measurement date and the target asset allocation, presented as a percentage of total plan assets, were as follows:

	June 30,				
	2021	2021	2020	2020	Target
	The Plan	TN Plan	The Plan	TN Plan	Allocations
Debt securities	41%	47%	40%	48%	25% - 50%
Equity securities	57	53	57	52	45% - 75%
Cash and cash equivalents	2	-	3	-	1% - 10%
Total	100%	100%	100%	100%	

The Health System's defined benefit plan invests in a diversified mix of traditional asset classes. Investments in U.S. equity securities and fixed income securities are made to maximize long term results while recognizing the need for adequate liquidity to meet ongoing benefit and administrative obligations. Risk tolerance of unexpected investment and actuarial outcomes is continually evaluated by understanding the pension plan's liability characteristics. This is performed through forecasting and assessing ranges of

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

investment outcomes over short-term and long-term horizons, and by assessing the Health System's financial condition and its future potential obligations from both the pension and general operational requirements. Complementary investment styles, such as growth and value equity investing techniques, are utilized by the Health System's investment advisors to further improve portfolio and operational risk characteristics. Equity investments, both actively and passively managed, are used primarily to increase overall plan returns. Fixed income investments provide diversification benefits and liability hedging attributes that are desirable, especially in falling interest rate environments.

Asset allocations and investment performance are formally reviewed at regularly scheduled meetings of the Health System's Financial Resources Committee.

The overall rate of expected return on assets assumption was based on historical returns, with adjustments made to reflect expectations of future returns. The extent to which the future expectations were recognized included the target rates of return for the future, which have not historically changed.

The fair values of assets as of June 30, by asset category (see Note 9 for a description of the asset categories), are as follows:

	June 30, 2021			
	Level 1	Level 2	Level 3	Total
Assets - The Plan				
investments at fair value:				
Cash and cash equivalents	\$ 2,987	\$ -	\$ -	\$ 2,987
U.S. Treasuries	27,178	-	-	27,178
Government-sponsored mortgage-backed securities	-	2,909	-	2,909
Corporate debt securities	-	22,536	-	22,536
Publicly traded equity securities	136,037	-	-	136,037
Other	-	503	-	503
Total	\$ 166,202	\$ 25,948	\$ -	\$ 192,150
	June 30, 2021			
	Level 1	Level 2	Level 3	Total
Assets - TN Plan				
investments at fair value:				
Publicly traded equity securities	\$ 20,591	\$ -	\$ -	\$ 20,591
Total	\$ 20,951	\$ -	\$ -	\$ 20,951

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

	June 30, 2020			
	Level 1	Level 2	Level 3	Total
Assets - The Plan				
investments at fair value:				
Cash and cash equivalents	\$ 2,067	\$ -	\$ -	\$ 2,067
U.S. Treasuries	23,415	-	-	23,415
Government-sponsored mortgage-backed securities	-	5,321	-	5,321
Corporate debt securities	-	28,998	-	28,998
Publicly traded equity securities	96,490	-	-	96,490
Other	394	-	-	394
<b>Total</b>	<b>\$ 122,366</b>	<b>\$ 34,319</b>	<b>\$ -</b>	<b>\$ 156,685</b>

	June 30, 2020			
	Level 1	Level 2	Level 3	Total
Assets - TN Plan				
investments at fair value:				
Publicly traded equity securities	\$ 18,471	\$ -	\$ -	\$ 18,471
<b>Total</b>	<b>\$ 18,471</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 18,471</b>

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

U.S. Treasuries: The fair value is determined by an active price for an identical security in an observable market.

Corporate debt securities and government-sponsored mortgage-backed securities: The fair value is estimated using quoted prices for similar assets in active markets or quoted prices for identical or similar assets in non-active markets (few transactions, limited information, noncurrent prices, and high variability over time).

Money market funds: The carrying value of these money market funds approximates fair value as the maturities are less than three months.

Publicly traded equity securities: The fair value is determined by market quotes for an identical security in an observable market.

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

**TidalHealth, Inc.**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**

**June 30, 2021 and 2020**  
*(Dollar amounts in thousands)*

**Cash Flows**

The Health System expects to make voluntary contributions of \$3,000 to the Plan and none to the TN Plan, for the year ending June 30, 2022. This funding level exceeds any regulatory requirements.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows for the years ending June 30:

	The Plan	TN Plan
2022	\$ 10,005	\$ 2,479
2023	10,627	1,541
2024	11,270	1,007
2025	11,967	1,419
2026	12,487	1,581
2027 - 2031	66,018	7,163

**Defined Contribution Plan**

The Health System has a 403(b) defined contribution savings plan that includes all full-time and part-time employees. The Health System matches participant contributions for active participants as of December 31 who have completed at least 975 hours of service during the calendar year. The match is 25% of the first 1% of compensation for participants with 1 - 15 years of service and 50% of the first 2% for participants with more than 15 years of service. The Health System's contribution expense for the years ended June 30, 2021 and 2020 was \$1,663 and \$1,448, respectively.

**NOTE 15 - COMMITMENTS AND CONTINGENCIES**

**Self-Insurance Liabilities and litigation**

DPIC provides Primary Medical Professional Liability ("MPL") and Primary General Liability ("GL") coverage to the Health System and its employed physicians on a mature claims-made basis. The primary MPL policy provides limits of liability of \$2,000 per occurrence with an \$8,000 annual aggregate. The primary GL policy provides limits of liability of \$1,000 per occurrence with a \$3,000 annual aggregate. The employed physicians are covered with retro dates consistent with their date of hire. This policy is retrospectively rated.

DPIC provides excess umbrella liability coverage on a mature claims-made basis with a retroactive date of March 1, 2005. The excess MPL coverage follows the form of the underlying MPL coverage providing a total of \$30,000 limits of liability. The umbrella liability coverage provides \$30,000 limits of liability in excess of scheduled underlying coverages. The excess umbrella liability coverage is 100% reinsured with an unrelated commercial insurance company for the first \$10,000 limit and another unrelated commercial insurance company for the second \$20,000 limit.

DPIC assumed the MPL and GL coverage previously included under the Health System's self-insurance plan (the "LPT"), for incidents occurring between March 1, 1986 and June 30, 2013 for MPL and for occurrences between March 1, 2004 and June 30, 2013 for GL, that were reported to the Hospital prior to June 30, 2013. The policy provides MPL coverage limits varying from \$1,000 to \$2,000 per occurrence, with policy aggregates varying from \$3,000 to \$8,000. The policy provides GL coverage limits of \$1,000 per occurrence and \$3,000 annual aggregates.

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

DPIC also provides employee benefit plan stop loss coverage to the Health System on a claims-made basis. DPIC covers liability in excess of \$350 per covered person with a \$100 deductible. DPIC's liability above \$250 is fully reinsured with an unrelated commercial reinsurance company.

The reserves for reported professional liability claims and claims incurred but not reported ("IBNR") are reported gross of expected insurance recoveries. The reserves for reported claims and claims IBNR are reported within the self-insured liabilities in the consolidated balance sheets. In addition, the expected insurance recoveries are reported as reinsurance receivable in other assets in the consolidated balance sheets.

The loss reserves are management's best estimate based on actuarial estimates of the ultimate net cost of settling losses on incurred claims. The estimates are reviewed and adjusted, as necessary, as experience develops or new information becomes known. Management believes that the loss reserves are adequate; however, the ultimate settlement of losses may vary significantly from the amounts recorded in the accompanying consolidated financial statements.

Accrued claims activity related to MPL, GL and employee benefit plan, is as follows:

	Years ended June 30,	
	2021	2020
Accrued claims and IBNR - beginning of the year	\$ 25,329	\$ 16,375
Less: reinsurance receivable	<u>(10,408)</u>	<u>(5,957)</u>
Accrued claims and IBNR, net - beginning of the year	14,921	10,418
Liabilities assumed from NIC acquisition, net of reinsurance recoverable of \$1,773 at January 1, 2020	-	3,712
Incurred related to:		
Current year	5,506	3,420
Prior year	<u>8,324</u>	<u>(846)</u>
Total incurred	13,830	2,574
Paid related to:		
Current year	(83)	(62)
Prior year	<u>(10,355)</u>	<u>(1,116)</u>
Total paid	<u>(10,438)</u>	<u>(1,177)</u>
Accrued claims and IBNR, net - end of the year	18,313	15,528
Deduct: write-off of loss recoverable related to prior years	-	(606)
Add: reinsurance receivable	<u>6,796</u>	<u>10,408</u>
Accrued claims and IBNR - end of the year	<u>\$ 25,109</u>	<u>\$ 25,329</u>

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

The Health System is also self-insured for workers' compensation up to an annual limit of \$500 per occurrence. The Health System carries an excess liability insurance policy for workers' compensation claims above this limit. As of June 30, 2021 and 2020, \$3,496 and \$3,891, respectively, have been reserved for workers' compensation loss contingencies.

The Health System has been named as a defendant in various lawsuits arising from the performance of its normal activities. In the opinion of the Health System's management, after discussion with legal counsel, the amount, if any, of the Health System's ultimate liability under these lawsuits will not have a material adverse effect on the consolidated financial statements.

A portion of the Health System's revenues is received from health maintenance organizations and other managed care payors. Managed care payors generally use case management activities to control utilization. These payors also have the ability to select providers offering the most cost-effective care. Management does not believe that the Health System has undue exposure to any one managed care payor.

**NOTE 16 - NET ASSETS WITH DONOR RESTRICTIONS**

Restricted net assets are available for the following purposes:

	June 30,	
	2021	2020
Subject to expenditure for specific purpose or time:		
Capital purposes	\$ 31,514	\$ 23,448
Patient services	20,542	15,804
Educational purposes	6,188	4,699
	<u>58,244</u>	<u>43,951</u>
Investments to be held in perpetuity, the income from which is expendable to support health care services	8,565	8,533
	<u>8,565</u>	<u>8,533</u>
Total	<u>\$ 66,809</u>	<u>\$ 52,484</u>

The Foundation has ongoing fundraising campaigns, which include pledges and contributions receivable included in other assets on the consolidated balance sheets. Scheduled payments on pledges receivable are as follows:

	June 30,	
	2020	2019
Due:		
Within one year	\$ 680	\$ 432
2 to 5 years	1,102	1,619
Greater than 5 years	47	101
	<u>1,829</u>	<u>2,152</u>
Less:		
Impact of discounting of pledges receivable to net present value	(32)	(62)
Allowance for uncollectible pledges	(202)	(215)
	<u>(234)</u>	<u>(277)</u>
Net pledges receivable, for capital purposes	<u>\$ 1,595</u>	<u>\$ 1,875</u>

TidalHealth, Inc.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020  
(Dollar amounts in thousands)

**NOTE 17 - CONCENTRATIONS OF CREDIT RISK**

The Health System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of accounts receivable from patients and third-party payors is as follows:

	Years ended June 30,	
	2021	2020
Medicare	52%	52%
Medicaid	19	19
Managed care	13	14
CareFirst Blue Cross Blue Shield	12	12
Other, including self pay	4	3
	<u>100%</u>	<u>100%</u>

**NOTE 18 - FUNCTIONAL EXPENSES**

The Health System considers health care services and general and administrative to be its primary functional categories for purposes of expense classification. The operating expenses by functional classification:

	Year ended June 30, 2021		
	Health Care Services	General and Administrative	Total
Salaries and wages	\$ 266,304	\$ 30,556	\$ 296,860
Supplies and other expenses	288,227	32,441	320,668
Employee benefits	71,917	8,115	80,032
Depreciation and amortization	36,585	4,101	40,686
Interest	7,677	855	8,532
	<u>\$ 670,710</u>	<u>\$ 76,068</u>	<u>\$ 746,778</u>
	Year ended June 30, 2020		
	Health Care Services	General and Administrative	Total
Salaries and wages	\$ 213,745	\$ 22,116	\$ 235,861
Supplies and other expenses	230,795	23,974	254,769
Employee benefits	50,839	5,515	56,354
Depreciation and amortization	32,000	3,277	35,277
Interest	5,889	603	6,492
	<u>\$ 533,268</u>	<u>\$ 55,485</u>	<u>\$ 588,753</u>

**TidalHealth, Inc.**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**

**June 30, 2021 and 2020**

*(Dollar amounts in thousands)*

**NOTE 19 - SUBSEQUENT EVENTS**

The Health System has evaluated its June 30, 2021 consolidated financial statements for subsequent events through September 29, 2021, the date the consolidated financial statements were issued. Management is not aware of any subsequent events which require recognition or disclosure in the consolidated financial statements.

SUPPLEMENTAL INFORMATION

TidalHealth, Inc.  
CONSOLIDATING BALANCE SHEET

June 30, 2021  
(Dollar amounts in thousands)

	TidalHealth Peninsula Regional	TidalHealth Foundation	Peninsula Health Ventures	Peninsula Regional Clinically Integrated Network	TidalHealth Surgery Center	TidalHealth Nanticoke	McCready Foundation	Delmarva Peninsula Insurance Company	TidalHealth Medical Partners	TidalHealth	Eliminations	Consolidated
<b>ASSETS</b>												
<b>CURRENT ASSETS</b>												
Cash and cash equivalents	\$ 112,393	\$ 1,681	\$ 6,458	\$ 2,424	\$ 812	\$ 32,741	\$ 692	\$ 8,450	\$ 2,205	\$ 13,327	\$ -	\$ 181,183
Short-term investments	7,436	-	-	-	-	-	-	-	-	-	-	7,436
Assets limited as to use	1,011	-	-	-	-	-	-	992	-	-	-	2,003
Intercompany receivables	405	-	-	-	-	110	-	-	-	-	(515)	-
Patient accounts receivable	42,010	-	165	-	442	13,560	680	-	9,455	-	-	66,312
Supplies	10,737	-	-	-	277	4,087	24	-	-	-	-	15,125
Prepays and other	10,034	-	523	-	-	1,259	32	888	271	400	-	13,407
Total current assets	184,026	1,681	7,146	2,424	1,531	51,757	1,428	10,330	11,931	13,727	(515)	285,466
<b>INVESTMENTS</b>	466,449	-	-	-	-	46,694	-	-	-	501	-	513,644
<b>INVESTMENTS IN SUBSIDIARIES</b>	-	-	-	-	-	-	-	-	-	860,910	(860,910)	-
<b>ASSETS LIMITED AS TO USE:</b>												
Under debt agreement	2	-	-	-	-	-	3	-	-	54,674	-	54,679
Self-insurance fund	5,418	-	-	-	-	-	-	31,670	-	-	-	37,088
Donor-restricted fund	53,513	8,078	-	-	-	-	-	-	-	-	-	61,591
	58,933	8,078	-	-	-	-	3	31,670	-	54,674	-	153,358
<b>PROPERTY AND EQUIPMENT, net</b>	199,650	-	4,832	-	967	89,447	11,595	-	16,688	-	-	323,179
<b>OTHER ASSETS</b>	24,115	1,595	17,425	-	-	1,792	-	6,796	1,643	243	-	53,609
Total assets	<u>\$ 933,173</u>	<u>\$ 11,354</u>	<u>\$ 29,403</u>	<u>\$ 2,424</u>	<u>\$ 2,498</u>	<u>\$ 189,690</u>	<u>\$ 13,026</u>	<u>\$ 48,796</u>	<u>\$ 30,262</u>	<u>\$ 930,055</u>	<u>\$ (861,425)</u>	<u>\$ 1,329,256</u>

TidalHealth, Inc.  
**CONSOLIDATING BALANCE SHEET - CONTINUED**  
 June 30, 2021  
 (Dollar amounts in thousands)

	TidalHealth Peninsula Regional	TidalHealth Foundation	Peninsula Health Ventures	Peninsula Regional Clinically Integrated Network	TidalHealth Surgery Center	TidalHealth Nanticoke	McCready Foundation	Delmarva Peninsula Insurance Company	TidalHealth Medical Partners	TidalHealth	Eliminations	Consolidated
<b>LIABILITIES AND NET ASSETS</b>												
<b>CURRENT LIABILITIES</b>												
Current portion of long-term debt	\$ 3,495	\$ -	\$ 362	\$ -	\$ -	\$ 419	\$ 261	\$ -	\$ -	\$ 1,060	\$ -	\$ 5,597
Current portion of lease liability	1,012	-	-	-	-	319	-	-	448	-	-	1,779
Current portion self-insurance liabilities	1,011	-	-	-	-	-	-	992	-	-	-	2,003
Intercompany payables	-	84	404	-	-	-	-	-	-	27	(515)	-
Accounts payable	16,303	-	646	65	-	16,075	818	487	2,122	4,210	-	40,726
Accrued liabilities	20,346	-	35	-	68	5,539	229	-	10,436	14,513	-	51,166
Advances from third-party payors	100,763	-	-	-	-	20,473	64	-	227	-	-	121,527
Total current liabilities	142,930	84	1,447	65	68	42,825	1,372	1,479	13,233	19,810	(515)	222,798
Long-term debt, less current portion	127,597	-	1,071	-	-	594	8,070	-	-	97,881	-	235,213
Lease liability, less current portion	3,733	-	-	-	-	142	-	-	1,215	-	-	5,090
Self-insured liabilities	2,540	-	-	-	-	987	-	25,109	-	-	-	28,636
Accrued retirement benefits	-	-	-	-	-	777	-	-	-	-	-	777
Other liabilities	1,864	42	364	-	-	-	-	22,108	-	-	(18,904)	5,474
Total liabilities	278,664	126	2,882	65	68	45,325	9,442	48,696	14,448	117,691	(19,419)	497,988
<b>NET ASSETS</b>												
Net assets without donor restrictions:												
TidalHealth, Inc.	597,373	1,555	26,521	2,359	2,430	144,365	3,584	100	15,814	745,556	(775,198)	764,459
Non-controlling interest	-	-	-	-	-	-	-	-	-	-	-	-
Total net assets without donor restrictions	597,373	1,555	26,521	2,359	2,430	144,365	3,584	100	15,814	745,556	(775,198)	764,459
Net assets with donor restrictions	57,136	9,673	-	-	-	-	-	-	-	66,808	(66,808)	66,809
Total net assets	654,509	11,228	26,521	2,359	2,430	144,365	3,584	100	15,814	812,364	(842,006)	831,268
Total liabilities and net assets	\$ 933,173	\$ 11,354	\$ 29,403	\$ 2,424	\$ 2,498	\$ 189,690	\$ 13,026	\$ 48,796	\$ 30,262	\$ 930,055	\$ (861,425)	\$ 1,329,256

TidalHealth, Inc.  
**CONSOLIDATING STATEMENT OF OPERATIONS**  
Year ended June 30, 2021  
*(Dollar amounts in thousands)*

	TidalHealth Peninsula Regional	TidalHealth Foundation	Peninsula Health Ventures	Peninsula Regional Clinically Integrated Network	TidalHealth Surgery Center	TidalHealth Nanticoke	TidalHealth Physician Network	McCready Foundation	Delmarva Peninsula Insurance Company	TidalHealth Medical Partners	TidalHealth	Eliminations	Consolidated
<b>Net assets without donor restrictions</b>													
<b>Revenue</b>													
Patient service revenue	\$ 471,629	\$ -	\$ 1,630	\$ -	\$ 2,664	\$ 131,340	\$ 3,041	\$ 6,319	\$ -	\$ 79,396	\$ -	\$ -	\$ 696,019
Other revenue	20,597	-	3,021	1,164	-	10,334	352	1,064	(5,525)	2,660	40	-	33,707
Net assets released from restrictions	-	356	-	-	-	-	-	-	-	-	-	(356)	-
Total revenue	492,226	356	4,651	1,164	2,664	141,674	3,393	7,383	(5,525)	82,056	40	(356)	729,726
<b>Expenses</b>													
Salaries and wages	168,268	-	589	1,208	1,438	44,924	1,435	4,900	-	74,098	-	-	296,860
Supplies and other expenses	190,609	9	2,751	424	1,652	77,366	3,030	3,661	(3)	41,035	134	-	320,668
Employee benefits	41,015	-	115	221	394	18,112	606	2,082	-	17,486	1	-	80,032
Depreciation and amortization	27,363	-	352	-	480	9,957	14	923	-	1,597	-	-	40,686
Interest	5,783	-	78	-	-	2,330	-	341	-	-	-	-	8,532
Contributions to Hospital	-	356	-	-	-	-	-	-	-	-	-	(356)	-
Total expenses	433,038	365	3,885	1,853	3,964	152,689	5,085	11,907	(3)	134,216	135	(356)	746,778
Income (loss) from operations before other items	59,188	(9)	766	(689)	(1,300)	(11,015)	(1,692)	(4,524)	(5,522)	(52,160)	(95)	-	(17,052)
<b>Other items</b>													
Investment return	90,917	19	67	-	-	8,978	-	112	5,522	-	(24)	-	105,591
Other pension gains	3,094	-	-	-	-	760	-	3	-	221	-	-	4,078
Loss on extinguishment of debt	(3,660)	-	-	-	-	-	-	-	-	-	-	-	(3,660)
Total other items	90,351	19	67	-	-	9,738	-	115	5,522	221	(24)	-	106,009
<b>Excess of revenue over expenses</b>	149,539	10	833	(689)	(1,300)	(1,277)	(1,692)	(4,409)	-	(51,939)	(119)	-	88,957
<b>Non-controlling interest in earnings of controlled subsidiary</b>	-	-	67	-	-	-	-	-	-	-	-	-	67
Excess (deficit) of revenue over expenses attributable to TidalHealth, Inc.	\$ 149,539	\$ 10	\$ 900	\$ (689)	\$ (1,300)	\$ (1,277)	\$ (1,692)	\$ (4,409)	\$ -	\$ (51,939)	\$ (119)	\$ -	\$ 89,024