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Form **990**

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

B Check if applicable:
- ☐ Address change
- ☑ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
TIDALHEALTH PENINSULA REGIONAL INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
100 EAST CARROLL STREET

City or town, state or province, country, and ZIP or foreign postal code
SALISBURY, MD 21801

D Employer identification number
52-0591628

E Telephone number
(410) 546-6400

G Gross receipts $ 838,663,742

F Name and address of principal officer:
STEVEN LEONARD
100 EAST CARROLL STREET
SALISBURY, MD 21801

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.TIDALHEALTH.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1897

M State of legal domicile: MD

Part I Summary

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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	4,212
6	Total number of volunteers (estimate if necessary)	**6**	11
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	26,811,975
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	4,083,976

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,202,254	15,455,550
9	Program service revenue (Part VIII, line 2g)	473,954,597	481,772,126
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,672,909	49,458,683
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,047,978	1,038,998
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	520,877,738	547,725,357
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	252,919,271	208,869,116
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶720,437		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	248,158,482	235,750,420
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	501,077,753	444,619,536
19	Revenue less expenses. Subtract line 18 from line 12	19,799,985	103,105,821

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	860,332,244	933,173,174
21	Total liabilities (Part X, line 26)	312,831,733	278,664,179
22	Net assets or fund balances. Subtract line 21 from line 20	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.

Sign Here

****** 2022-05-16
Signature of officer Date

BRUCE I RITCHIE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00847851

Firm's name ▶ GRANT THORNTON LLP — Firm's EIN ▶ 36-6055558

Firm's address ▶ 1000 WILSON BOULEVARD SUITE 1400
ARLINGTON, VA 22209 — Phone no. (703) 847-7500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

See Additional Data

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

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

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 396,400,984

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	169		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	4,212		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

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

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

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

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

19 Describe in 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 100 EAST CARROLL ST SALISBURY, MD 21801 (302) 536-5203

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, or 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 dotted 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			
See Additional Data Table										

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 dotted 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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								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
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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 PO BOX 744883 ATLANTA, GA 303744883	ANESTHESIA SERVICES	6,888,473
INTERMED GROUP 13301 N W HWY 441 ALACHUA, FL 326158512	BIOMEDICAL SERVICES	6,320,456
FOCUSONE SOLUTIONS LLC PO BOX 310861 DES MOINES, IA 503310861	TEMP LABOR SERVICES	6,268,116
EPIC SYSTEMS CORP PO BOX 88314 MILWAUKEE, WI 532880314	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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	355,550			
e Government grants (contributions)	1e	15,100,000			
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a - 1f:$	1g				
h **Total.** Add lines 1a-1f		15,455,550			
Program Service Revenue	Business Code				
2a NET PATIENT SERVICES	623000	471,049,199	455,221,819	15,827,380	
b AMBULATORY PHARMACY	900099	10,722,927		10,722,927	
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f	481,772,126				
3 Investment income (including dividends, interest, and other similar amounts)		7,669,273		-7,999	7,677,272
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents 6a	223,510				
b Less: rental expenses 6b	331,659				
c Rental income or (loss) 6c	-108,149				
d Net rental income or (loss)		-108,149			-108,149
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	332,052,642	343,494			
b Less: cost or other basis and sales expenses 7b	290,280,790	325,936			
c Gain or (loss) 7c	41,771,852	17,558			
d Net gain or (loss)		41,789,410			41,789,410
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a CAFETERIA	722514	867,613			867,613
b MANAGEMENT FEES	561000	200,000		200,000	
c LIFELINE	532283	69,667		69,667	
d All other revenue		9,867			9,867
e **Total.** Add lines 11a–11d		1,147,147			
12 **Total revenue.** 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 . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,198,045	5,440,069	740,857	17,119
6 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	
7 Other salaries and wages	162,685,151	142,933,408	19,301,899	449,844
8 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
9 Other employee benefits	18,335,374	16,042,473	2,241,114	51,787
10 Payroll taxes	11,527,393	10,316,117	1,184,496	26,780
11 Fees for services (non-employees):				
a Management				
b Legal	1,309,195	94,991	1,214,204	
c Accounting	227,740		227,740	
d Lobbying	9,049	9,049		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,863,765		1,863,765	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	61,834,191	51,070,854	10,676,842	86,495
12 Advertising and promotion	401,793	401,793		
13 Office expenses	73,427,758	73,423,938	-49,951	53,771
14 Information technology	1,519,517	1,499,879	15,340	4,298
15 Royalties				
16 Occupancy	4,760,397	4,646,144	114,253	
17 Travel	180,540	136,983	41,349	2,208
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,850	11,850		
20 Interest	5,783,339	5,783,339		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,294,197	27,232,825	61,372	
23 Insurance	4,250,319	-256,399	4,506,718	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	42,805,708	42,805,708		
b BAD DEBT	5,833,942	5,833,942		
c LOSS ON EXTINGUISHMENT	3,659,576		3,659,576	
d DUES	577,544	139,566	437,305	673
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	444,619,536	396,400,984	47,498,115	720,437
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		101,915,420	1	4,443,372
	2	Savings and temporary cash investments		29,158,658	2	107,949,829
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		45,372,126	4	44,027,408
	5	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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		10,182,805	8	10,737,135
	9	Prepaid expenses and deferred charges		7,887,429	9	8,016,842
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 614,181,826			
	b	Less: accumulated depreciation	10b 414,531,354	208,313,700	10c	199,650,472
	11	Investments—publicly traded securities		346,155,047	11	424,195,999
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		111,347,059	15	134,152,117
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		860,332,244	16	933,173,174
Liabilities	17	Accounts payable and accrued expenses		22,171,628	17	17,315,540
	18	Grants payable			18	
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		130,687,640	20	8,876,644
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	122,215,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		159,972,465	25	130,256,995
	26	**Total liabilities.** Add lines 17 through 25		312,831,733	26	278,664,179
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		494,771,186	27	597,373,374
	28	Net assets with donor restrictions		52,729,325	28	57,135,621
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		547,500,511	32	654,508,995
	33	Total liabilities and net assets/fund balances		860,332,244	33	933,173,174

Part XI Reconcilliation of Net Assets

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

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 52-0591628

Name: TIDALHEALTH PENINSULA REGIONAL INC

Form 990 (2020)

Form 990, Part III, Line 4a:

SEE SCHEDULE OTIDALHEALTH 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 PROVIDED:CHARITY AND OTHER ALLOWANCES TOTALING $45,185,259DISCOUNTS TO THIRD PARTY PAYORS INCLUDING PROGRAMS SUCH AS MEDICARE AND MEDICAID $43,492,074WRITE-OFF OF UNCOLLECTIBLE ACCOUNTS $5,833,942THE TOTAL UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS IS $95,511,275ALSO 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 ACTIVITYDURING 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, 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 FITNESS/EXERCISE PROGRAMMING:- CARDIAC REHABILITATION- EXERCISES FOR STRENGTH AND ENDURANCE - STEPPING ON FALLS PREVENTION PROGRAM

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
STEVEN LEONARD PRESIDENT/CEO	40.00 3.00	X		X				1,037,091	0	166,821
JAMES TODD MD PHYSICIAN	40.00 0.00					X		1,067,325	0	102,384
ZACHARY BAKER MD PHYSICIAN	40.00 0.00					X		948,367	0	34,208
FAWAD KHAN MD PHYSICIAN	40.00 0.00					X		908,251	0	34,945
BRUCE I RITCHIE CFO	40.00 2.00			X				730,288	0	158,256
KARIM ARANOUT MD PHYSICIAN	40.00 0.00					X		802,496	0	35,039
DANIEL DANIELS MD PHYSICIAN	40.00 0.00					X		781,073	0	32,945
LURA LUNSFORD V.P. OPERATIONS	40.00 2.00			X				688,448	0	60,818
CHARLES SILVIA JR MD V.P. CHIEF MEDICAL OFFICER	40.00 1.00			X				609,393	0	69,659
KARIN DIBARI MD V.P. TH MEDICAL PARTNERS	40.00 0.00				X			542,576	0	82,295

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
TIMOTHY FEIST V.P. CHIEF COMPLIANCE OFFICER	40.00 0.00				X			337,070	0	106,089
SARAH SCOTT V.P. PEOPLE & ORGANIZATON DEV	40.00 0.00				X			371,361	0	53,695
JAMES TRUMBLE MD V.P. CLINICAL INTEGRATION	40.00 1.00				X			393,699	0	30,108
KATHRYN FIDDLER V.P. POPULATION HEALTH	40.00 1.00				X			298,432	0	37,544
SARAH ARNETT CHIEF NURSING OFFICER	40.00 1.00				X			305,526	0	30,360
DEBORAH ABBOTT BOARD MEMBER	1.00 6.00	X						30,000	0	0
MEMO DIRIKER CHAIRPERSON	5.00 1.00	X		X				0	0	0
JULIUS ZANT MD SECRETARY	2.00 0.00	X		X				0	0	0
JAMES HARTSTEIN BOARD MEMBER	1.00 3.00	X						0	0	0
SUSAN WILLGUS-MURPHY BOARD MEMBER	1.00 1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
KAREN POISKER BOARD MEMBER	1.00 1.00	X						0	0	0
MARK EDNEY MD BOARD MEMBER	1.00 0.00	X						0	0	0
VEL NATESAN MD BOARD MEMBER	1.00 0.00	X						0	0	0
RONDALL ALLEN PHARMD BOARD MEMBER	1.00 0.00	X						0	0	0
MARY DIBARTOLO BOARD MEMBER	1.00 0.00	X						0	0	0
JANELLE BEILER BOARD MEMBER	1.00 0.00	X						0	0	0
PERCY J PURNELL BOARD MEMBER	1.00 0.00	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
TIDALHEALTH PENINSULA REGIONAL INC

Employer identification number
52-0591628

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
c	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? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described 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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

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

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136068832

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and 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 the organization	Employer identification number
TIDALHEALTH PENINSULA REGIONAL INC	52-0591628

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-.
1					
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		9,049
j	Total. Add lines 1c through 1i			9,049
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	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 2.93% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV AS LOBBYING ACTIVITIES.

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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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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 are a 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 programs

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 in Part XIII . . . . ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	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 ▶ 47.660 %

b Permanent endowment ▶ 8.450 %

c Term endowment ▶ 43.890 %

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
3a(i) (i) Unrelated organizations		No
3a(ii) (ii) Related organizations	Yes	
3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	Yes	

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
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (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)		
(10)		
Total. *(Column (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)	
(10)	
Total. *(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
(6)	
(7)	
(8)	
(9)	
Total. *(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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-0591628
Name: TIDALHEALTH PENINSULA REGIONAL INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	INTENDED USE OF ENDOWMENT FUNDS THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR CAPITAL, PATIENT SERVICES OR EDUCATIONAL PURPOSES.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740) THE ORGANIZATION IS INCLUDED IN THE CONSOLI DATED FINANCIAL STATEMENTS OF TIDALHEALTH, INC. THE RELEVANT TEXT OF THE INCOME TAX FOOTNO TE FROM THOSE FINANCIALS IS: THE HEALTH SYSTEM HAS DETERMINED THERE ARE NO MATERIAL UNCERT AIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STA TEMENTS AT JUNE 30, 2021 AND 2020.

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* 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 Financial Assistance and Certain Other Community Benefits at Cost

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

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)			13,233,221		13,233,221	3.020 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			13,233,221		13,233,221	3.020 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,991,760	64,218	1,927,542	0.440 %
f Health professions education (from Worksheet 5)			5,024,703	0	5,024,703	1.150 %
g Subsidized health services (from Worksheet 6)			23,574,697	12,694,920	10,879,777	2.480 %
h Research (from Worksheet 7)			45,751		45,751	0.010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			393,315	242,596	150,719	0.030 %
j **Total.** Other Benefits			31,030,226	13,001,734	18,028,492	4.110 %
k **Total.** Add lines 7d and 7j			44,263,447	13,001,734	31,261,713	7.130 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			8,947		8,947	0 %
3 Community support			103,995		103,995	0.020 %
4 Environmental improvements			428,583		428,583	0.100 %
5 Leadership development and training for community members						
6 Coalition building			3,715,468	1,164,000	2,551,468	0.570 %
7 Community health improvement advocacy			1,113		1,113	0 %
8 Workforce development			17,014		17,014	0 %
9 Other			29,641		29,641	0.010 %
10 Total			4,304,761	1,164,000	3,140,761	0.700 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	5,833,942		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	264,276,656		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	173,471,197		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	90,805,459		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

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

TIDALHEALTH PENINSULA REGIONAL INC

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 300.000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION			
b	☑ The FAP application form was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFO			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

TIDALHEALTH PENINSULA REGIONAL INC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

TIDALHEALTH PENINSULA REGIONAL INC

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☑	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

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.

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	OTHER METHOD USED IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCEN/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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A:	COMMUNITY BENEFIT REPORTTIDALHEALTH 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).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN (F)	FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COSTTHE 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.

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	COMMUNITY BUILDING ACTIVITIESTIDALHEALTH PENINSULA REGIONAL FUNDS A VARIETY OF PROGRAMS TH AT WORK TO PROMOTE THE HEALTH AND SAFETY OF OUR COMMUNITY. THESE PROGRAMS INCLUDE ACTIVITI ES IN THE AREAS OF HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVE MENTS, COALITION BUILDING, AND WORKFORCE DEVELOPMENT.THE NUMBER OF PERSONS SERVED BY THE C OMMUNITY BUILDING ACTIVITIES WERE NOT TRACKED FOR ALL PROGRAMS THROUGHOUT THE COURSE OF TH E YEAR. COALITION BUILDINGHISTORICALLY TIDALHEALTH PENINSULA REGIONAL HAS FACILITATED INVO LVEMENT WITH HEALTH IMPROVEMENT ORGANIZATIONS TO IDENTIFY, ASSESS, AND CREATE AGGREGATE AC TION 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 CO UNTY LHIC- WORCESTER COUNTY HRSA- HEALTHY SOMERSET COALITION- WORCESTER COUNTY LHIC- TRI C OUNTY HEALTH IMPROVEMENT PLANNING- TRI COUNTY ALLIANCE FOR THE HOMELESS- PROJECT LIVING WE LL ADVISORY COMMITTEE MAC (MAINTAINING ACTIVE CITIZENS) PHYSICIAN RECRUITING TIDALHEALTH PE NINSULA REGIONAL FEELS IT IS IMPORTANT TO CONTINUALLY MONITOR SPECIALTIES WHERE A SIGNIFIC ANT AMOUNT OF PATIENT CARE WITHIN THE SERVICE AREA IS PROVIDED BY OLDER PHYSICIANS, AS A S UDDEN OR UNEXPECTED LOSS OF COVERAGE COULD HAVE AN ADVERSE EFFECT ON THE PROVISION OF MEDI CAL SERVICES TO THE COMMUNITY. SUCCESSION PLANNING AND RECRUITMENT GO HAND-IN-HAND, AS DOE S SOCIO-DEMOGRAPHICS AND GOVERNMENTAL INITIATIVES ALL OF WHICH MUST BE CONSIDERED TO ASSES S APPROPRIATE PHYSICIAN RECRUITMENT. KEY FINDINGS, ACCORDING TO THE MOST RECENT MEDICAL ST AFF DEVELOPMENT PLAN, INDICATE AN IMMEDIATE NEED FOR RECRUITMENT OF PRIMARY CARE PHYSICIAN S TO ENGAGE IN CHRONIC DISEASE MANAGEMENT AS PART OF OUR POPULATION HEALTH INITIATIVES. SU CCESSION PLANNING IS A KEY OBJECTIVE AS TEN PRIMARY CARE PHYSICIANS ARE ABOVE THE AGE OF 5 5 WHICH WILL LEAVE A VOID IN AN ALREADY UNDERSERVED AREA. DEMOGRAPHICS ALSO PLAY A KEY ROL E AS THE MEDICARE POPULATION IS GROWING AT A FASTER RATE THAN THE STATE OF MARYLAND AND TH E NATION. AS A GROWING RETIREMENT COMMUNITY, THERE IS AN INCREASED NEED FOR ADDITIONAL PRI MARY CARE PHYSICIANS AND CERTAIN SPECIALTIES. THERE WILL BE A 22.7% GROWTH OF THOSE BETWEE N THE AGES OF 65 TO 74 OVER THE NEXT 5 YEARS. DEFICIENCIES AND SURPLUSES IN THE CURRENT SU PPLY OF PHYSICIANS WERE DETERMINED BY REVIEWING PHYSICIAN TO-POPULATION RATIOS, PHYSICIAN PATIENT VOLUMES, POPULATION DATA, AND OTHER DATA. MANAGEMENT CONSULTANTS RECOMMEND EVALUAT ING POTENTIAL RECRUITMENT OF PRIMARY CARE FAMILY MEDICINE, PRIMARY CARE INTERNAL MEDICINE AND PRIMARY CARE PEDIATRICS OVER THE NEXT SEVERAL YEARS. MEDICAL SPECIALTY NEEDS ARE DRIVE N BY THE OVERALL MARKET SUPPLY, WAIT TIMES FOR NEW PATIENT APPOINTMENTS, AND CALL COVERAGE AND INPATIENT CONSULTATION NEEDS. CURRENT MEDICAL SPECIALTY RECOMMENDATIONS INCLUDE RECRU ITMENT OF THE FOLLOWING PHYSICIAN SPECIALTIES DUE TO COMMUNITY NEEDS ASSESSMENT, MARKET DE MAND AND RETIREMENT: ALLERGY/IMMUNOLOGY, DERMATOLOGY, ENDOCRINOLOGY, INFECTIOUS DISEASE, N EUROLOGY, OB/GYN, PAIN MANAGEMENT, PSYCHIATRY AND RHEUMATOLOGY. OF THE MEDICAL STAFF, 32% IS EITHER AT OR ABOVE THE AGE OF 55, WHICH POSES SUCCESSION RISK. PENINSULA REGIONAL A RUR AL HOSPITAL, AND OTHER LIKE-KIND RURAL COMMUNITIES ARE TYPICALLY CHALLENGED IN BOTH RECRUI TMENT AND RETENTION OF PHYSICIANS DUE TO NUMEROUS FACTORS. SOME OF THESE CHALLENGES ARE DU E TO THE LOCATION AND GEOGRAPHY OF THE AREA AND AVAILABILITY OF HEALTHCARE RESOURCES. RETA INING AND RECRUITING RESOURCES IN SUB-SPECIALTIES CAN BE HARD FOR REGIONAL RURAL HOSPITALS AND TIDALHEALTH PENINSULA REGIONAL IS NO EXCEPTION. TO ADDRESS SPECIFIC COMMUNITY HEALTHC ARE NEEDS THE MEDICAL CENTER HAS HAD TO RECRUIT, RETAIN, EMPLOY AND SUBSIDIZE SOME OF THE FOLLOWING SUBSPECIALTIES; PULMONARY, NEURO- HOSPITALIST, NEUROSURGERY, MEDICAL ONCOLOGY & H EMATOLOGY, GASTROENTEROLOGY, PEDIATRIC SPECIALTIES, ENDOCRINOLOGY, CARDIOLOGY, CARDIOVASCU LAR SURGERY, AND PAIN MANAGEMENT. RURAL COMMUNITIES LACK THE CULTURAL AND EDUCATIONAL RESO URCES THAT LARGER URBAN CENTERS PROVIDE MAKING IT HARDER TO RETAIN AND RECRUIT THESE PHYSI CIANS. LOW POPULATION PATTERNS BY GEOGRAPHY MAKE IT MORE COSTLY AND HARDER FOR COMMUNITIES AND BUSINESSES TO PROVIDE VARIOUS TYPES OF SERVICES ESPECIALLY SPECIALTY PHYSICIAN SERVIC ES. OVERALL, OUR LOCAL ECONOMY IS NOT AS ROBUST AS THE URBAN CENTERS AS INDICATED BY OUR L OW AVERAGE HOUSEHOLD INCOME IN THE TRI-COUNTY AREA.DISASTER READINESSTIDALHEALTH PENINSULA REGIONAL IS A MEMBER OF DRHMAG (DELMARVA REGIONAL HEALTH MUTUAL AID GROUP) WHICH IS A COA LITION OF LOCAL HEALTH DEPARTMENTS, HOSPITALS AND NURSING HOMES. THEY MEET QUARTERLY TO DI SCUSS ISSUES OF DISASTER PREPAREDNESS IN THE DELMARVA REGION. THPR HAS AN INTERNAL EMERGEN CY MANAGEMENT COMMITTEE THAT MEETS MONTHLY WHOSE M

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	EMBERS INCLUDE THE SAFETY COORDINATOR, CHIEF OF SECURITY, EMERGENCY DEPARTMENT RN, RISK MA NAGEMENT, INFECTION PREVENTION, EXECUTIVE TEAM REPRESENTATIVE, PHARMACIST, EMERGENCY MANAG EMENT COORDINATOR, FIREFIGHTER, AND A COUNTY HEALTH DEPARTMENT REPRESENTATIVE. THPR ALSO M EETS QUARTERLY WITH OUR LOCAL PARTNERS THAT INCLUDE FIRE, POLICE, EMERGENCY MEDICAL SERVIC ES, AND WICOMICO COUNTY EMERGENCY MANAGEMENT TO FACILITATE DISASTER PLANNING AND MOCK DRIL LS WITHIN THE COMMUNITY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 4BAD DEBT FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTSA 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	MEDICARE COSTING METHODOLOGYMEDICARE 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 9BCOLLECTION POLICYTHE TIDALHEALTH PENINSULA REGIONAL COLLECTION POLICY INCLUDES INFORMATION ABOUT OUR FINANCIAL ASSISTANCE POLICY (FAP) AND HOW TO FIND THE FAP. THE DEBT COLLECTION POLICY APPLIES TO ALL PATIENTS. ADDITIONALLY, OUR COLLECTION POLICY INSTRUCTS THAT EXTRAORDINARY COLLECTION ACTIONS (ECA) WILL BE SUSPENDED WHEN A PATIENT REQUESTS INFORMATION ON OUR FAP OR SUBMITS A FINANCIAL ASSISTANCE APPLICATION WITHIN 240 DAYS OF THE FIRST POST-DISCHARGE BILLING STATEMENT. OUR POLICY DESCRIBES WHAT TO DO IF THE FINANCIAL ASSISTANCE APPLICATION IS INCOMPLETE AND WHAT IS REQUIRED TO BE REFUNDED (AMOUNTS OVER $5) IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE AFTER MAKING A PAYMENT. WE INCLUDE CLARIFICATION OF WHAT DATES OF SERVICES ARE INCLUDED IN THE FINANCIAL ASSISTANCE SO THAT WE UNDERSTAND WHEN NORMAL COLLECTION EFFORTS ARE APPROPRIATE.WITHIN OUR COLLECTION POLICY WE DESCRIBE THAT A PATIENT DENIED FINANCIAL ASSISTANCE MAY REQUEST A RECONSIDERATION. FOR DATES OF SERVICES APPROVED FOR FINANCIAL ASSISTANCE COLLECTIONS PROCESSES ARE HALTED AS THE ACCOUNT IS ADJUSTED TO ZERO DUE FROM PATIENT. THE POLICY STATES HOW TO PROCESS THE PATIENT BALANCE WHEN ONLY A PORTION OF THE CHARGE QUALIFIED FOR FINANCIAL ASSISTANCE; COLLECTIONS WILL ONLY BE PURSUED ON THE AMOUNT THAT DID NOT QUALIFY FOR FINANCIAL ASSISTANCE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	NEEDS ASSESSMENTTIDALHEALTH 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 BENEFIT SERVICE AREA); THESE RESIDENTS WILL BE IDENTIFIED, AND TARGETED FOR POPULATION HEALTH MANAGEMENT. - DEMOGRAPHICS (BLOCK GROUPS, ZIP CODES)- RACE/ETHNICITY- AGE-COHORTS- CHRONIC CONDITIONSTHE 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.

Form and Line Reference	Explanation
PART VI, LINE 3:	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCETIDALHEALTH PENINSULA REGIONAL MAKES AVAILA BLE TO ALL PATIENTS THE HIGHEST QUALITY OF MEDICAL CARE POSSIBLE WITHIN THE RESOURCES AVAI LABLE.IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, ALL EFFORTS WILL BE MADE T O HELP THE PATIENT OBTAIN ASSISTANCE THROUGH APPROPRIATE AGENCIES, OR, IF HELP IS NOT AVAI LABLE, TO PROVIDE CARE AT REDUCED OR ZERO COST. ONE OF TIDALHEALTH PENINSULA REGIONAL'S OV ERALL GUIDING PRINCIPLES IS THAT CONCERN OVER A HOSPITAL BILL SHOULD NEVER PREVENT ANY IND IVIDUAL 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 ME DICAL 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 C ENTER WILL POST ADEQUATE NOTICE OF THE AVAILABILITY OF MEDICAL SERVICES, AND THE GENERAL O BLIGATION OF THE HOSPITAL TO PROVIDE CHARITY CARE. TIDALHEALTH PENINSULA REGIONAL'S "FINAN CIAL ASSISTANCE POLICY" INCLUDES THE REQUIRED LANGUAGE OF DETERMINATION OF PROBABLE ELIGIB ILITY WITHIN TWO BUSINESS DAYS. ON PAGE 2, THE "FINANCIAL ASSISTANCE POLICY" STATES THAT U PON 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 PROBABL E ELIGIBILITY. IN ACCORDANCE WITH SECTION 1, 2 AND 3, TIDALHEALTH PENINSULA REGIONAL PROVI DES 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 PROVID ED TO EACH SELF-PAY ACCOUNT WHO SEEKS SERVICES IN THE MEDICAL CENTER AT THE TIME OF PRE-AD MISSION, 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 B ROCHURE IS PROVIDED TO ALL SELFPAY PATIENTS DURING INTAKE. THE AVAILABILITY OF FINANCIAL A SSISTANCE 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 INFORMATIONTIDALHEALTH PENINSULA REG IONAL AT 266 LICENSED BEDS FUNCTIONS AS THE PRIMARY HOSPITAL PROVIDER FOR THE RURAL SOUTHE RNMOST THREE COUNTIES OF THE EASTERN SHORE OF MARYLAND, WHICH INCLUDES WICOMICO, WORCESTER AND SOMERSET COUNTIES. APPROXIMATELY 78% OF THE PATIENTS DISCHARGED FROM THE MEDICAL CENT ER ARE RESIDENTS OF THE PRIMARY SERVICE AREA, WHICH HAS AN ESTIMATED POPULATION OF APPROXI MATELY 181,350 IN 2019, AND IS EXPECTED TO INCREASE TO 185,357 OR BY 2.2% BY 2024. THE MED ICAL CENTER ALSO SERVICES DORCHESTER COUNTY, MARYLAND, THE SOUTHERN PORTION OF SUSSEX COUN TY, DELAWARE AND THE NORTHERN PORTION OF ACCOMACK COUNTY, VIRGINIA.TIDALHEALTH PENINSULA R EGIONAL'S CBSA (COMMUNITY BENEFITS SERVICE AREA) CONSISTS OF THOSE ZIP CODES WITHIN OUR PR IMARY SERVICE AREA. MOST OF THE POPULATION RESIDES IN WICOMICO COUNTY (105,103) WITH SALIS BURY SERVING AS THE CAPITAL OF THE EASTERN SHORE. SALISBURY IS LOCATED ON THE HEADWATERS O F THE WICOMICO RIVER AND IT IS LOCATED AT THE CROSSROADS OF THE BAY AND THE OCEAN. THE REG ION IS UNIQUE; THE CITY OF SALISBURY HAS SIMILAR SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERI STICS 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 PRESE NTS 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, 2 1804) HAS A HIGHER POPULATION DENSITY THAN THE SURROUNDING RURAL AREAS. THIS AREA HAS A VU LNERABLE POPULATION THAT INCLUDES THE INDIGENT AND A HIGHER MEDICAID MIX. MOVING EAST TOWA RDS THE BEACH, LOCATED IN WORCESTER COUNTY ARE SEVERAL LARGER TOWNS, LIKE BERLIN (21811) A ND 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). EXCL UDING THE GREATER SALISBURY AREA, THE LANDSCAPE AND ENVIRONMENT IS CONSIDERED RURAL, MADE UP OF SMALL BUSINESSES AND AGRICULTURE. ALL THREE COUNTIES CAN BE CLASSIFIED AS RURAL WITH A HISTORIC ECONOMIC FOUNDATION IN AGRICULTURE, POULTRY AND TOURISM. WATERMEN AND FARMERS HAVE ALWAYS COMPRISED A LARGE PERCENTAGE OF THE PENINSULA POPULATION, HOWEVER, THEIR NUMBE RS HAVE BEEN DECLINING WITH A GROWTH IN THE POPULATION AND EXPANSION OF OTHER SMALL BUSINE SSES. OCEAN CITY, MD LOCATED IN WORCESTER COUNTY,

Form and Line Reference	Explanation
PART VI, LINE 3:	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 (COMPAN IES WITH LESS THAN 50 EMPLOYEES). MAJOR EMPLOYERS INCLUDE LOCAL HOSPITALS, THE POULTRY IND USTRY, LOCAL COLLEGES AND TEACHING INSTITUTIONS. THE MEDIAN INCOME OF $55,681 IN OUR COMMU NITY 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 SHO RE COUNTIES. THE UNEMPLOYMENT RATE IN MARYLAND WAS 3.7%, THE NATION 3.6% COMPARED TO WICOM ICO 4.1%; WORCESTER 4.7% AND SOMERSET 5.4%. RESEARCH INDICATES LOWER MEDIAN INCOMES AND HI GHER UNEMPLOYMENT RATES CONTRIBUTE TO A DISPARITY IN ACCESS TO MEDICAL CARE AND A PREVALEN CE OF UNTREATED CHRONIC DISEASE.THE BABY BOOMER POPULATION (THOSE AGED 55+) REPRESENT A GR EATER PORTION OF THE TOTAL POPULATION IN TIDALHEALTH PENINSULA REGIONAL'S CBSA AS COMPARED TO THE NATION. THE EASTERN SHORE OF MARYLAND IS BECOMING A POPULAR RETIREMENT DESTINATION AND THE TREND IS LIKELY TO CONTINUE. THE CHRONIC CONDITIONS OF THIS AGE GROUPING CONSUME HEALTHCARE RESOURCES AT MUCH HIGHER RATES THAN SOME OF THE OTHER YOUNGER AGE-COHORTS. MEDI CARE POPULATION %----------WICOMICO 17.4%WORCESTER 29.3%SOMERSET 18.3%- ----------MARYLAND 17.0%UNITED STATES 17.2%SOURCE: ESRI/ARCGIS 2021TIDAL HEALTH PENINSULA REGIONAL'S PRIMARY SERVICE AREA (WICOMICO, WORCESTER, SOMERSET) REPRESENT SOME OF THE NEEDIEST COUNTIES IN THE STATE OF MARYLAND (WWW.COUNTYHEALTHRANKINGS.ORG/MARY LAND), BASED UPON A SOCIONEEDS INDEX INCOME, POVERTY, UNEMPLOYMENT, OCCUPATION, EDUCATIONA L ATTAINMENT AND LINGUISTIC BARRIERS THAT ARE ASSOCIATED WITH POOR HEALTH OUTCOMES, INCLUD ING 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 TARGE T PREVENTION AND OUTREACH SERVICES. TO MEET ITS MISSION OF IMPROVING THE HEALTH OF THE COM MUNITIES IT SERVES, TIDALHEALTH PENINSULA REGIONAL HAS DEVELOPED A POPULATION HEALTH DIVIS ION AND HAS ENGAGED IN POPULATION HEALTH STRATEGIES TO SUPPORT THE MARYLAND TOTAL COST OF CARE MODEL, WHICH AIMS TO IMPROVE OUTCOMES, IMPROVE THE PATIENT EXPERIENCE AND REDUCE THE TOTAL COST OF CARE. THE HOSPITAL IS COORDINATING CARE, INCLUDING MENTAL HEALTH AND POST-AC UTE CARE, ACROSS HOSPITAL AND NON-HOSPITAL SETTINGS. THE POPULATION HEALTH DIVISION INCORP ORATES A MULTIDISCIPLINARY TEAM OF NURSES, SOCIAL WORKERS AND COMMUNITY HEALTH WORKERS SUP PORTING THE COMMUNITY WITH A BROAD RANGE OF PRIMARY CARE SERVICES. THE DIVISION ALSO FOSTE RS COMMUNITY PARTNERSHIPS WITH LOCAL HOSPITALS ATLANTIC GENERAL AND MCCREADY HEALTH IN ADD ITION TO COMMUNITY-BASED ORGANIZATIONS INCLUDING LOCAL HEALTH DEPARTMENTS, FIRE DEPARTMENT S, THE MARYLAND STATE AREA AGENCY ON AGING AND OTHER AGENCIES TO PROVIDE PATIENT SUPPORT A LIGNED WITH SOCIAL DETERMINANTS OF HEALTH.

Form and Line Reference	Explanation
PART VI, LINE 5:	PROMOTION OF COMMUNITY HEALTHTIDALHEALTH 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 PENINSUL A REGIONAL'S ONGOING COMMITMENT AND MISSION STATEMENT "TO IMPROVE THE HEALTH OF THE COMMUN ITIES 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 N ON-EMERGENCY MEDICAL CARE, CHRONIC CARE MANAGEMENT AND HEALTHY LIFESTYLES EDUCATION. THE V AN VISITS AREAS WHERE THE SOCIAL DETERMINANTS OF HEALTH INDICATE THE GREATEST AMOUNT OF NE ED. 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 OUTCOM ES. 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 AR E ALSO CONDUCTED, AND COUNSELING IS AVAILABLE. IF A RESIDENT IS AT RISK FOR DIABETES, AN A 1C SCREENING IS PERFORMED TO FURTHER ASSIST WITH DIAGNOSIS AND TREATMENT.SMITH ISLAND TELE HEALTH- 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, S OMERSET 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 P OTENTIALLY AVOIDABLE ED UTILIZATION. THE PROGRAM WAS LED BY THE SMITH ISLAND COMMUNITY HEA LTH STAFF, WHICH PROVIDES CHRONIC DISEASE EDUCATION, MANAGEMENT AND CONNECTS 250 RESIDENTS OF SMITH ISLAND VIA TELEHEALTH FOR PRIMARY CARE PHYSICIAN VISITS. COMMUNITY HEALTH WORKER S PLAY AN INTEGRAL ROLE IN CHANGING ISLAND RESIDENTS' HEALTH BEHAVIORS AND ACTIONS; THESE EMBEDDED HEALTH FACILITATORS ARE ABLE TO EFFECTIVELY BRIDGE RELATIONSHIPS WITH THE RESIDEN TS OF SMITH ISLAND. THESE FACILITATORS ARE ESSENTIALLY A PERSONAL HEALTH COACH THAT ASSIST S RESIDENTS WITH MEDICATION MANAGEMENT, TIMELY COMPLIANCE AND ULTIMATELY HELPING GUIDE RES IDENTS THROUGH PRESCRIBED HEALTHCARE PLANS. FLU SHOTS WERE ADMINISTERED ENSURING THE RESID ENTS 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 SUB STANTIAL REDUCTIONS IN A1C LEVELS IN RESIDENTS DIAGNOSED WITH DIABETES; A PRIME EXAMPLE OF THE "TRIPLE AIM" IMPROVING HEALTH, PROVIDING ACCESS, CHRONIC DISEASE EDUCATION, AND REDUC ING 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 HEAL THY LIFESTYLES. TO EXPAND OUR "HEALTHY LIVING" MESSAGE, TIDALHEALTH PENINSULA REGIONAL SPO NSORS 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 B AY 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. TRANSFORMIN G THE CULTURE THROUGH PARTICIPATION AND SPONSORSHIP OF HEALTHY LIFESTYLES AND SCREENINGS, MEETING RESIDENTS AT COMMUNITY EVENTS LOCATED THROUGHOUT THE TRI-COUNTY AREA. HEALTH ASSES SMENTS- CHOLESTEROL, HDL, TRIGLYCERIDES - RESTING 12-LEAD EKG - BODY FAT / MASS INDEX - BL OOD PRESSURE TESTING - PULSE OXIMETRY TESTING - 10-YEAR RISK ANALYSIS - REVIEW CURRENT MED ICATIONS - FOLLOW-UP CARE PLAN - EXERCISE/NUTRITION WALKWICOMICO PROMOTES WALKING TRAILS, PERSONAL CHALLENGES, AND AVENUES TO ENJOY THE OUTDOORS- THE PRIMARY OBJECTIVE IS TO INCREA SE AWARENESS OF AND ENGAGEMENT IN HEALTHY LIFESTYLE BEHAVIORS PROMOTING EXERCISE TO HELP W ITH WEIGHT LOSS, INCREASE ENERGY, REDUCE RISK OF CHRONIC DISEASE AND MAKE PEOPLE FEEL HAPP IER. 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. TIDALHEA LTH PENINSULA REGIONAL, AS A PARTICIPANT, HAS A CO

Form and Line Reference	Explanation
PART VI, LINE 5:	MMON GOAL TO TRANSFORM THE COMMUNITY'S CULTURE BY PROVIDING EDUCATION, GUIDANCE AND RESOUR CES TOWARDS PROMOTING EXERCISE THROUGH WALKABILITY AS AN INTEGRAL PART OF A HEALTHY LIFEST YLE. THE COALITION'S INITIATIVES INCLUDED CREATING A WEBSITE AND PHONE APP SPECIFIC TO WAL KING IN WICOMICO COUNTY; COMMUNICATING WITH THE COMMUNITY VIA SOCIAL MEDIA; WORKING WITH C IVIC ORGANIZATIONS, CHURCHES, LOCAL BUSINESSES, TOWNS, COUNTY HEALTH DEPARTMENTS AND OTHER GROUPS TO ENCOURAGE LOCAL WALKABILITY. WALKWICOMICO HAS MARKED WALKING ROUTES, INCREASED THE NUMBER OF WALKING ROUTES, PARTICIPATED IN AND LAUNCHED WALKING EVENTS, AND IS ENGAGED WITH DECISION MAKERS THROUGH INPUT AND FEEDBACK ABOUT MAKING WALKING SAFER EASIER AND MORE ACCESSIBLE. TIDALHEALTH PENINSULA REGIONAL PARTICIPATES WITH MANY PARTNERS THAT MAKE IT P OSSIBLE TO CREATE AND DELIVER POPULATION PROGRAMS THAT IMPROVE THE HEALTH OF THE COMMUNITI ES 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 COU NTY HEALTH DEPARTMENT, SOMERSET COUNTY HEALTH DEPARTMENT, WORCESTER COUNTY HEALTH DEPARTME NT, WICOMICO COUNTY LOCAL HEALTH IMPROVEMENT COALITION, THE CITY OF SALISBURY, YMCA, CRISF IELD CLINIC, CHESAPEAKE HEALTH CARE, SWIFT, SALISBURY FIRE DEPARTMENT/EMS, ATLANTIC GENERA L HOSPITAL, FAITH BASED ORGANIZATIONS, MCCREADY MEMORIAL HOSPITAL, MAC (MAINTAINING ACTIVE CITIZENS), LOCAL COLLEGES/ AND SCHOOLS, C.O.A.T., NATIONAL KIDNEY FOUNDATION, PENINSULA R EGIONAL EMPLOYEES, POST-ACUTE CARE FACILITIES, HALO, WALKWICOMICO (COALITION), LOWER SHORE CLINIC, WICOMICO COUNTY SHERIFF'S OFFICE, RESOURCE AND RECOVERY CENTER AND OTHERS. SHERIF F'S OFFICE, RESOURCE AND RECOVERY CENTER AND OTHERS.PART VI, LINE 6:AFFILIATED HEALTH CARE SYSTEM ROLESTIDALHEALTH PENINSULA REGIONAL IS PART OF TIDALHEALTH. THE SYSTEM INCLUDES A FOUNDATION AND FOR-PROFIT ENTITIES WITH INTERESTS IN VARIOUS HEALTH CARE JOINT VENTURES. I N ADDITION TO THE COMMUNITY BENEFITS PROVIDED BY THE MEDICAL CENTER, THE HEALTH SYSTEM EVA LUATES THE NEEDS OF THE COMMUNITY AND WILL PARTICIPATE IN COMMUNITY BENEFIT PROGRAMS AS NE EDED.PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:MD

Additional Data

Software ID:

Software Version:

EIN: 52-0591628

Name: TIDALHEALTH PENINSULA REGIONAL INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	TIDALHEALTH PENINSULA REGIONAL INC 100 E CARROLL STREET SALISBURY, MD 21801 WWW.TIDALHEALTH.ORG 210019	X	X					X			

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TIDALHEALTH PENINSULA REGIONAL INC:	PART V, SECTION B, LINE 5: CONSULTING REPRESENTATIVES OF THE COMMUNITY SERVED BY THE HOSPI TALCONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI), A XEROX COMPANY, WAS RETAINED BY TIDALHEA LTH 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 THA T WILL COVER THE MD CBSA OF SOMERSET, WICOMICO AND WORCESTER COUNTIES AND A NEW AREA OF SU SSEX COUNTY, DELAWARE. EFFECTIVE JANUARY 1, 2020, TIDALHEALTH NANTICOKE (THN) AND TIDALHEA LTH PHYSICIAN NETWORK, INC. (THPN), LOCATED IN SEAFORD, DELAWARE, JOINED TIDALHEALTH. NANT ICOKE 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. NANTI COKE PHYSICIAN NETWORK PROVIDES OUTPATIENT MEDICAL SERVICES IN WESTERN SUSSEX COUNTY AND F EDERALSBURG, 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. T HE MCCREADY HOSPITAL DIVISION WAS MERGED INTO TIDALHEALTH PENINSULA REGIONAL AND LIMITED I TS FUNCTIONS TO THOSE CONSISTENT WITH STATUS AS A FREE-STANDING MEDICAL CENTER. HCI AND PR HS HAVE COLLABORATED SINCE 2012 TO DEVELOP THE TIDALHEALTH CREATING HEALTHY COMMUNITIES PL ATFORM. HCI CONSULTANTS CONDUCTED KEY INFORMANT INTERVIEWS IN ORDER TO COLLECT COMMUNITY I NPUT. KEY INFORMANT INTERVIEWS WERE CONDUCTED BETWEEN 07/26/2018 AND 08/30/2018. INTERVIEW EES WHO WERE ASKED TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC HEALTH, SP ECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS AND/OR REPRESENTED THE BROAD INTEREST OF THE COM MUNITY SERVED BY THE HEALTH SYSTEM, AND/OR COULD SPEAK TO THE NEEDS OF THE MEDICALLY UNDER SERVED OR VULNERABLE POPULATIONS.THE FOLLOWING ORGANIZATIONS ARE REPRESENTATIVE OF THE IND IVIDUALS WHO PARTICIPATED IN THE INTERVIEWS:CHESAPEAKE HEALTH CENTER, CORELIFE, DEER'S HEA D HOSPITAL CENTER, HOPE, INC. (HEALTH AND OUTREACH POINT OF ENTRY), LOWER SHORE CLINIC, LO WER SHORE ENTERPRISES, MAC, INC. (MAINTAINING ACTIVE CITIZENS), SALISBURY REHABILITATION A ND SKILLED NURSING CENTER - GENESIS HEALTHCARE, SALISBURY UNIVERSITY, TGM GROUP LLC, WICOM ICO COUNTY EXECUTIVE, WICOMICO COUNTY HEALTH DEPARTMENT, TIDALHEALTH PENINSULA REGIONAL, A ND THE SOMERSET COUNTY HEALTH DEPARTMENT.THERE WERE ALSO THREE FOCUS GROUPS THAT WERE ORGA NIZED AND FACILITATED BY TIDALHEALTH PENINSULA REGIONAL, WICOMICO COUNTY HEALTH DEPARTMENT , AND SOMERSET COUNTY HEALTH DEPARTMENT. THE FOCUS GROUPS CONVENED ON 08/23/2018, 08/29/20 18, AND 09/14/2018. THE AUGUST 23RD FOCUS GROUP CONSISTED OF PROFESSIONALS AND PROVIDERS F ROM 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 SAL ISBURY COMMUNITY. THE SEPTEMBE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TIDALHEALTH PENINSULA REGIONAL INC:	R 14TH FOCUS GROUP WAS HELD IN POCOMOKE CITY IN WORCESTER COUNTY AT THE POCOMOKE LIBRARY A ND INCLUDED MEMBERS OF THE GREATER POCOMOKE AREA.A COMMUNITY SURVEY WAS AVAILABLE USING SU RVEY MONKEY, AN ONLINE SURVEY TOOL, AND A PAPER VERSION OF THE SURVEY. THE SURVEY WAS DIST RIBUTED ACROSS THPR'S ENTIRE SERVICE AREA FROM 07/23/2018 TO 09/10/2018. A TOTAL OF 584 RE SPONSES WERE COLLECTED AND A REPORT WAS CREATED.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TIDALHEALTH PENINSULA REGIONAL INC:	PART V, SECTION B, LINE 6B: CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIESTHE 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 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.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CHNA ON HOSPITAL FACILITY'S WEBSITE	SCHEDULE H, PART V, LINE 7AHTTPS://WWW.TIDALHEALTH.ORG/PUBLICATIONS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-2019

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TIDALHEALTH PENINSULA REGIONAL INC:	PART V, SECTION B, LINE 7D: OTHER WAYS THE HOSPITAL MAKES ITS CHNA REPORT AVAILABLE TO THE PUBLICPENINSULA REGIONAL'S COMPREHENSIVE CHNA REPORT IS MADE AVAILABLE TO THE PUBLIC ONLINE AT HTTPS://WWW.TIDALHEALTH.ORG/PUBLICATIONS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-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 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.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
IMPLEMENTATION STRATEGY ON HOSPITAL FACILITY'S WEBSITE	SCHEDULE H, PART V, LINE 10AHTTPS://WWW.TIDALHEALTH.ORG/PUBLICATIONS/IMPLEMENTATION-STRATEGY-COMMUNITY-BENEFIT-2019

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TIDALHEALTH PENINSULA REGIONAL INC:	PART V, SECTION B, LINE 11: HOW NEEDS IDENTIFIED IN THE CHNA ARE ADDRESSEDTIDALHEALTH PENI NSULA REGIONAL HAS A FIXED VALUE OF RESOURCES AVAILABLE, AND THE HOSPITAL FOCUSES THOSE RE SOURCES TO THE AREAS WITH THE GREATEST IMPACT, THEREFORE NOT ALL NEEDS, TO DATE, IDENTIFIE D IN THE CHNA WERE ABLE TO BE ADDRESSED. NON-PRIORITIZED NEEDS INCLUDED ACCESS TO HEALTH S ERVICES, 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 COMMUN ITY BENEFITS" PLAN, THERE ARE POPULATION HEALTH INITIATIVES ADOPTED THROUGH THE HEALTH SYS TEM'S 2020 STRATEGIC PLAN THAT PROMOTE HEALTH AND WELL-BEING WITHIN THE COMMUNITY, AND ADD RESS NEEDS WITHIN THE CHNA.BASED ON THE SIGNIFICANT NEEDS IDENTIFIED IN THE COMMUNITY HEAL TH 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 WICOMI CO COUNTY HEALTH DEPARTMENT. THIS BOOKLET CAN BE FOUND AT HTTPS://WWW.TIDALHEALTH.ORG/PUBL ICATIONS/IMPLEMENTATION-STRATEGY-COMMUNITY-BENEFIT-2019 IN ADDITION TO WHERE THE COMMUNITY HEALTH NEEDS ASSESSMENT CAN ALSO BE FOUND. AFTER A THOROUGH REVIEW OF THE HEALTH STATUS I N OUR COMMUNITY THROUGH THE CHNA, WE IDENTIFIED AREAS THAT WE COULD ADDRESS USING OUR RESO URCES, EXPERTISE AND COMMUNITY PARTNERS. THE FOLLOWING ARE THE PRIORITIZED HEALTH NEEDS TH AT WILL BE ADDRESSED:- BEHAVIORAL HEALTH (MENTAL HEALTH AND MENTAL DISORDERS AS WELL AS SU BSTANCE ABUSE) - DIABETES - CANCER (FOCUS AREAS: BREAST, COLORECTAL, CERVICAL, LUNG, SKIN) PRIORITY AREAS IDENTIFIEDBEHAVIORAL HEALTHGOALS:- ADDRESS BEHAVIORAL ISSUES IN THE TRI-COU NTY SERVICE AREA BY REDUCING THE INSTANCES OF OPIOID RELATED DEATHS.- ADDRESS BEHAVIORAL I SSUES IN THE TRI-COUNTY SERVICE AREA BY TARGETING SENIORS SUFFERING WITH MINOR TO MAJOR DE PRESSION.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 SOCIAL IZATION ACTIVITIES.OBJECTIVES AND ANTICIPATED IMPACT:- WORK COLLABORATIVELY TO ADDRESS POL ICY, 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 OUTREA CH ADDICTIONS TEAM (COAT), CONTACT AND PROVIDE LINKAGE TO TREATMENT AND OTHER SUPPORT SERV ICES TO COMMUNITY MEMBERS DEALING WITH SUBSTANCE ABUSE ISSUES.- REDUCE THE INSTANCES OF DE PRESSION IN OLDER ADULTS THROUGH OUTREACH AND ACCESS TO AN EVIDENCE-BASED INTERVENTION PRO GRAM. INCREASE PERCENT OF PROG

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TIDALHEALTH PENINSULA REGIONAL INC:	RAM 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 R ESOURCES TO THE COMMUNITY TO WORK TOWARD ELIMINATING OPIOID ABUSE. - TARGET AWARENESS ACTI VITIES AND CAMPAIGNS TO THE COMMUNITY AND SCHOOLS. - PARTICIPATION IN DRUG AWARENESS COALI TIONS.- NARCAN TRAINING FOR COMMUNITY MEMBERS.- DEVELOP AND IMPLEMENT AN OPIOID INTERVENTI ON TEAM EDUCATIONAL TRAILER FOR PARENTS, GUARDIANS AND ADULTS. THIS IS A MOCK TEENAGE BEDR OOM SET UP TO SHOW POSSIBLE RED FLAGS FOR UNHEALTHY BEHAVIOR AND/OR SUBSTANCE USE.- COORDI NATE AND HOST FIRST RESPONDER DINNER TO HELP ADDRESS COMPASSION FATIGUE.- WORK WITH COMMUN ITY PARTNERS TO COORDINATE THE GO PURPLE AWARENESS CAMPAIGN PROGRAM. 2. PROGRAM TO ENCOURA GE ACTIVE AND REWARDING LIVES (PEARLS) ACTIVITIES:- RAISE AWARENESS OF THIS FREE PROGRAM TH ROUGH TARGETED OUTREACH TO CLINICIANS CARING FOR OLDER ADULTS, AS WELL AS SENIOR CENTERS A ND OTHER LOCAL ORGANIZATIONS SERVING OLDER COMMUNITY MEMBERS.- PROVIDE ENGAGING AND IMPACT FUL CURRICULUM IN AN EASY-TO-LEARN APPROACH THROUGH FLEXIBLE ONE-ON-ONE VISITS AT LOCATION S CONVENIENT FOR THE COMMUNITY MEMBER BEING SERVED.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 DETERMIN ANTS OF HEALTH. BASED ON THEIR ASSESSMENT, PATIENTS ARE REFERRED, AS NECESSARY, FOR APPROP RIATE CARE INTERVENTIONS SUCH AS PRIMARY CARE PROVIDERS, MEDICAL SPECIALISTS, IN HOME PROV IDERS, FINANCIAL AND SOCIAL RESOURCES, AS WELL AS OTHER COMMUNITY RESOURCES. ALIGNMENT OPP ORTUNITIES: - THPR, AS PART OF A REGIONAL PARTNERSHIP WITH ATLANTIC GENERAL HOSPITAL IN WO RCESTER COUNTY, SCHD AND WICHD, IS COLLABORATING WITH THE MARYLAND HEALTH SERVICE COST REV IEW COMMISSION TO DEVELOP A REGIONAL APPROACH TO BEHAVIORAL HEALTH FOR FY 2021. WORK IN TH ESE 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 LO CAL HEALTH IMPROVEMENT COALITION: CHRONIC DISEASE AND BEHAVIORAL HEALTH. THPR AND WICHD WI LL BUILD OFF THE SUCCESSFUL EFFORTS THAT WERE INCLUDED FOR THIS PROGRAM IN THEIR 2016 IMPL EMENTATION STRATEGY PLAN.COLLABORATIVE ACTIVITIES:- TRAIN PEER SUPPORT SPECIALISTS.- PROVI DE PHONE AND IN-PERSON SUPPORT FOR PEOPLE WHO HAVE OVERDOSED OR WHO STRUGGLE WITH OPIOID A DDICTION, AS WELL AS OTHER SUBSTANCE ABUSE ISSUES.- PROVIDE CONNECTIONS TO RESOURCES INCLU DING TREATMENT OPTIONS.- PROVIDE PEER OUTREACH TO HIGH-RISK AREAS OF THE COMMUNITY.- MAINT AIN ONGOING COMMUNICATIONS ABOUT METRICS BETWEEN THPR AND COAT TEAM. - EVALUATE EXPANSION TO SOMERSET COUNTY. DIABETESGOAL: IMPROVE HEALTH OF PEOPLE WITH DIABETES OR PRE-DIABETES I N THE TRI-COUNTY SERVICE AREA.STRATEGIES:- OFFER EVIDENCE-BASED CHRONIC DISEASE SELF-MANAG EMENT CLASSES (CDSM) THROUGHOUT THE TRI-COUNTY SERVICE AREA.- EXPAND ACCESS TO DIABETES SC REENING, EDUCATION AND RESOURCES THROUGHOUT THE TRI-COUNTY SERVICE AREA WITH THE WAGNER WE LLNESS VAN MOBILE CLINIC SERVICES.- PROVIDE A FREE EVIDENCE-BASED WEIGHT LOSS, NUTRITION A ND PHYSICAL ACTIVITY PROGRAM FOR WOMEN AND CHILDREN IN WICOMICO AND SOMERSET COUNTIES.OBJE CTIVES AND ANTICIPATED IMPACT:- BY DECEMBER 2020, INCREASE THE NUMBER OF SIX-WEEK EDUCATIO NAL CLASSES WITH IDENTIFIED DIABETES PATIENTS AND THEIR SUPPORTING CAREGIVERS FROM 26 TO 5 2 PER YEAR.- BY PARTNERING WITH OTHER COMMUNITY STAKEHOLDERS, THE COMMUNITY WELLNESS PROGR AM WILL INCREASE ACCESS TO DIABETES SCREENING, EDUCATION AND CONNECTION TO COMMUNITY RESOU RCES. THIS PROGRAM, WHICH INCLUDES THE WAGNER WELLNESS VAN OUTREACH, PROVIDES HEALTH OUTRE ACH EVENTS THAT ARE BOTH LARGE-SCALE AND SMALL-SCALE, AND CAN BE AIMED TOWARD THE PUBLIC O R 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 LOS S OF AT LEAST 5% OF THEIR TOTA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
3. ER UTILIZATION REDUCTION AND ACCESS IMPROVEMENT ACTIVITIES:	L BODY WEIGHT FROM BASELINE; 20% OF ADULT PARTICIPANTS WILL REPORT A DROP-IN HEMOGLOBIN A1 C BY 0.2 POINTS OR MORE; 20% OF ADULT PARTICIPANTS WILL REPORT A DECREASE IN BLOOD PRESSUR E (DIASTOLIC AND SYSTOLIC) BY 5 POINTS OR MORE; DEMONSTRATED BEHAVIOR CHANGE AND IMPROVED HEALTH STATUS.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 HAV E DIABETES AND THEIR CAREGIVERS THROUGH SELF-REFERRAL OR PROVIDER REFERRAL.- TRAIN COMMUNI TY PEER TRAINERS AND THPR COMMUNITY HEALTH WORKERS TO CONDUCT CLASSES.- OFFER CLASSES IN E NGLISH, SPANISH AND AMERICAN SIGN LANGUAGE.- EXPLORE THE POSSIBILITY TO OFFER CLASSES IN H AITIAN-CREOLE, KOREAN AND MANDARIN LANGUAGES, BASED ON AVAILABILITY OF PEER TRAINERS IN TH ESE LANGUAGES. - OFFER SIX-WEEK CLASSES AT LEAST ONCE WEEKLY.- EDUCATE PARTICIPANTS ON DIA BETES SELF-MANAGEMENT AND HAVE THEM SET AND TRACK WEEKLY PERSONAL GOALS AND SHARE THOSE WI TH THEIR PROVIDERS.- PARTNER WITH MAC, INC. TO COLLECT DATA ON PRE AND POST A1C VALUES.- C ONNECT WITH THE STATEWIDE HEALTH INFORMATION EXCHANGE TO MAKE REFERRALS BETWEEN PROVIDER O FFICES AND MAC, INC. FOR ALL CDSM CLASSES.2. WAGNER WELLNESS VAN EXPANSIONTHPR AND WICHD W ILL BUILD OFF THE SUCCESSFUL EFFORTS THAT WERE INCLUDED FOR THIS PROGRAM IN ITS 2016 IMPLE MENTATION STRATEGY PLAN.ACTIVITIES:- OUTREACH TO COMMUNITIES UTILIZING A NURSE PRACTITIONE R (NP) TO PROVIDE PRIMARY CARE SERVICES. - PROVIDE SCREENINGS FOR DIABETES (OTHER SCREENIN GS PROVIDED AS WELL).- IDENTIFY NEED FOR AND MAKE REFERRALS TO COMMUNITY RESOURCES FOR HEA LTH EDUCATION PROGRAMS. - ENSURE THOSE PEOPLE IDENTIFIED AS DIABETIC OR PRE-DIABETIC ARE R EFERRED FOR PRIMARY CARE FOLLOW UP. - TRACK RATE OF SUCCESSFUL PCP FOLLOW UP FOR ALL REFER RALS.- IDENTIFY BARRIERS TO ACCESSING PCP FOLLOW UP AND WORK TOWARDS FUTURE SOLUTIONS.3. S USTAINABLE CHANGE AND LIFESTYLE ENHANCEMENT (SCALE)ACTIVITIES:- TARGET OUTREACH TO OVERWEI GHT 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 S UPPORT THROUGH COOKING DEMONSTRATIONS, GROCERY STORE TOURS, WALKS AND BETTER ACCESS TO FRE SH, HEALTHY FOOD. CANCERGOAL: - IMPROVE CANCER PREVENTION, EARLY DETECTION AND INTERVENTIO N/TREATMENT OF CANCER TO PROVIDE THE BEST POSSIBLE OUTCOMES IN THE TRI-COUNTY AREA FOR COL ORECTAL, 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 EDU CATION WITHIN STUDENT HEALTH CURRICULA.OBJECTIVES AND ANTICIPATED IMPACT:- WORKING IN PART NERSHIP 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 ACTIVIT IES:- CLINICAL BREAST EXAMS -

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
1. CHRONIC DISEASE SELF-MANAGEMENT (CDSM) CLASSES	SKIN CANCER SCREENING - EDUCATION - REFERRAL FOR CANCER SCREENINGS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TIDALHEALTH PENINSULA REGIONAL INC:	PART V, SECTION B, LINE 13B: ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCETIDALHEALTH 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 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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TIDALHEALTH PENINSULA REGIONAL INC:	PART V, SECTION B, LINE 15E: PUBLICIZING THE FINANCIAL ASSISTANCE POLICYIF A PATIENT IS UN ABLE TO PAY DUE TO FINANCIAL RESOURCES, ALL EFFORTS WILL BE MADE TO HELP THE PATIENT OBTAI N ASSISTANCE THROUGH APPROPRIATE AGENCIES. IN THE EVENT THAT THE PATIENT HAS APPLIED FOR A ND KEPT ALL NECESSARY APPOINTMENTS AND THIRD PARTY ASSISTANCE IS NOT AVAILABLE, TIDALHEALT H PENINSULA REGIONAL WILL PROVIDE CARE AT REDUCED OR ZERO COST.WHEN NO THIRD PARTY ASSISTA NCE IS AVAILABLE TO COVER THE TOTAL BILL AND THE PATIENT INDICATES THAT THEY HAVE INSUFFIC IENT FUNDS, THE FOLLOWING PROCEDURE WILL OCCUR:1) THE MARYLAND STATE UNIFORM FINANCIAL ASS ISTANCE APPLICATION SHOULD 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 FINAN CIAL ASSISTANCE APPLICATION TO PATIENT/GUARANTOR FOR COMPLETION AND SIGNATURE. PATIENT SHO ULD ATTACH APPROPRIATE DOCUMENTATION AND RETURN TO REPRESENTATIVE WITHIN 10 DAYS.UPON RECE IPT OF THE FINANCIAL ASSISTANCE REQUEST, THE REPRESENTATIVE WILL REVIEW INCOME AND ALL DOC UMENTATION. THE PATIENT MUST BE NOTIFIED WITHIN TWO BUSINESS DAYS OF THEIR PROBABLE ELIGIB ILITY AND INFORMED THAT THE FINAL DETERMINATION WILL BE MADE ONCE THE COMPLETED FORM AND A LL SUPPORTING DOCUMENTS ARE RECEIVED, REVIEWED, AND THE INFORMATION VERIFIED. INCOME INFOR MATION WILL BE VERIFIED USING THE DOCUMENTATION PROVIDED BY THE PATIENT AND EXTERNAL RESOU RCES WHEN AVAILABLE. A FINANCIAL ASSISTANCE DISCOUNT WILL BE APPLIED TO THE PATIENT'S RESP ONSIBILITY ACCORDINGLY. 4) IF INELIGIBLE, THE REPRESENTATIVE WILL NOTIFY THE PATIENT AND R ESUME 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 DIRE CTOR OF PATIENT FINANCIAL SERVICES INDICATING THE REASON FOR THE REQUEST.ONLY INCOME AND F AMILY SIZE WILL BE CONSIDERED IN APPROVING APPLICATIONS FOR FINANCIAL ASSISTANCE UNLESS ON E 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 WEAL TH.IF ONE OF THE ABOVE THREE SCENARIOS ARE APPLICABLE IN THE APPLICATION, LIQUID ASSETS MA Y BE CONSIDERED INCLUDING: CHECKING AND SAVINGS ACCOUNTS, STOCKS, BONDS, CERTIFICATES OF D EPOSIT, MONEY MARKET OR ANY OTHER ACCOUNTS FOR THE PAST THREE MONTHS ALONG WITH THE PAST Y EAR'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 RETI REMENT BENEFITS (SUCH AS A 401-K WHERE THE IRS HAS GRANTED PREFERENTIAL TAX TREATMENT AS A RETIREMENT ACCOUNT INCLUDING

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
TIDALHEALTH PENINSULA REGIONAL INC:	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.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 BI LL. 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 FI LE. 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 TH E PATIENT OR GUARANTOR INQUIRE ABOUT FINANCIAL ASSISTANCE, MAILS IN AN APPLICATION, OR IN THE NORMAL WORKING OF THE ACCOUNT THERE IS INDICATION THAT THE PATIENT MAY BE ELIGIBLE. AN Y PATIENT/CUSTOMER SERVICE REPRESENTATIVE, FINANCIAL COUNSELOR, OR COLLECTION REPRESENTATI VE 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 PHYSIC IAN CHARGES ARE ALL ELIGIBLE.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, PLAIN LANGUAGE SUMMARY	AVAILABLE ON THE HOSPITAL'S WEBSITESCHEDULE H, PART V, LINES 16A, 16B & 16CWWW.TIDALHEALTH.ORG/MEDICAL-CARE/FINANCIAL-ADMIN-SERVICES/BILLING/TIDALHEALTH-FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MAXIMUM CHARGE AMOUNTS FOR FAP-ELIGIBLE INDIVIDUALS	SCHEDULE H, PART V, LINE 22DTIDALHEALTH 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.

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Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

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

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., 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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not 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				
See Additional Data Table							

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.

Return Reference	Explanation
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 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 BRUCE RITCHIE $200,000 KARIN DIBARI $250,000 JAMES TODD $50,000 JAMES TODD RECEIVED A PARTIAL DISTRIBUTON 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 THAT COLUMN ARE PRODUCTIVITY PAYMENTS OF $223,330 (DANIELS) AND $167,993 (ARNAOUT).

Additional Data

Software ID:
Software Version:
EIN: 52-0591628
Name: TIDALHEALTH PENINSULA REGIONAL INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1STEVEN 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
1JAMES TODD MD 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
2ZACHARY BAKER MD PHYSICIAN	(i)	843,743	67,406	37,218	14,899	19,309	982,575	0
	(ii)	0	0	0	0	0	0	0
3FAWAD KHAN MD PHYSICIAN	(i)	839,624	67,409	1,218	14,564	20,381	943,196	0
	(ii)	0	0	0	0	0	0	0
4BRUCE 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
5KARIM ARANOUT MD PHYSICIAN	(i)	613,768	170,851	17,877	18,447	16,592	837,535	0
	(ii)	0	0	0	0	0	0	0
6DANIEL DANIELS MD PHYSICIAN	(i)	512,259	254,080	14,734	24,972	7,973	814,018	0
	(ii)	0	0	0	0	0	0	0
7LURA 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
8CHARLES SILVIA JR MD 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
9KARIN DIBARI MD 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
10TIMOTHY 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
11SARAH 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
12JAMES TRUMBLE MD 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
13KATHRYN 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
14SARAH 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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**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 **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total . . . . . ▶ $												

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	DESCRIPTION OF TRANSACTIONS WITH INTERESTED PERSONSEACH 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.

Additional Data

Software ID:
Software Version:
EIN: 52-0591628
Name: TIDALHEALTH PENINSULA REGIONAL INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(1) MARK EDNEY MD	TRUSTEE	159,302	MEDICAL STAFF FEES		No
(1) MARK EDNEY MD	TRUSTEE	275,920	CHESAPEAKE UROLOGY		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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**
(3) REV JANELLE BEILER	TRUSTEE	102,917	COASTAL HOSPICE PALLIATIVE CARE PROGRAM FEES		No
(1) VEL NATESAN MD	TRUSTEE	93,913	MEDICAL DIRECTOR/RENTAL PROPERTY FEES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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**
(5) KIRSTIE SILVIA	FAMILY MEMBER OF OFFICER CHARLES SILVIA, JR.	72,444	EMPLOYEE COMPENSATION		No
(1) BRIAN RITCHIE	FAMILY MEMBER OF OFFICER BRUCE I. RITCHIE	54,698	EMPLOYEE COMPENSATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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**
(7) FRANCES DIBARI	FAMILY MEMBER OF KEY EMPLOYEE KARIN DIBARI, M.D.	18,080	EMPLOYEE COMPENSATION		No
(1) RONDALL ALLEN PHARMD	TRUSTEE	251,125	UMES SCHOOL OF PHARMACY		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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**
(9) MARY DIBARTOLO PHD	TRUSTEE	15,721	SALISBURY UNIVERSITY		No
(1) ASHLEE PARKER	FAMILY MEMBER OF TRUSTEE JAMES HARTSTEIN	35,237	EMPLOYEE COMPENSATION		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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**
(11) ABIGAIL SUMMERVILLE	FAMILY MEMBER OF KEY EMPLOYEE	28,998	EMPLOYEE COMPENSATION		No
(1) MEMO DIRIKER PHD	TRUSTEE	15,721	SALISBURY UNIVERSITY		No

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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* 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 .

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS OR STOCKHOLDERS TIDALHEALTH, INC. IS THE SOLE CORPORATE MEMBER OF TIDALHEALTH PENINSULA REGIONAL, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 GOV ERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS SUBJECT TO APPROVAL AS THE SOLE CORPORATE MEMBER, TIDALHEALTH, INC. HAS THE ABIL ITY TO APPROVE MAJOR EXPENDITURES AND LONG TERM BORROWINGS OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS OVERSIGHT OF THE COMPLETION OF THE ORGANIZATION'S FORM 990 HAS BEE N DELEGATED TO THE CHIEF FINANCIAL OFFICER OF TIDALHEALTH, INC. BY THE PRESIDENT OF THE OR GANIZATION. ONCE THE FORM 990 AND ALL SCHEDULES HAVE BEEN PREPARED BY THE ORGANIZATION'S I NDEPENDENT TAX SERVICES PROVIDER, THEY ARE REVIEWED BY THE PRESIDENT PRIOR TO FILING. A CO PY OF THE FORM 990 WAS MADE AVAILABLE TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO THE FI LING WITH IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 COMPETIT IVE RELATIONSHIP WITH THE ORGANIZATION. THE BOARD HAS THE AUTHORITY TO DETERMINE IF A VIOL ATION 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 DISC LOSURES ARE REVIEWED BY THE ORGANIZATION'S CHIEF COMPLIANCE OFFICER. ANY CONFLICTS ARE PRE SENTED TO THE BOARD. IF A PERSON IS CONFLICTED, THEY WILL RECUSE THEMSELVES FROM ALL DISCU SSIONS AND DELIBERATIONS TO WHICH THEY WOULD APPEAR TO BE CONFLICTED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION THE ORGANIZATION USES A COMPENSATION COMMITTEE TO DET ERMINE 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 IND EPENDENT CONSULTANT, COMPENSATION SURVEYS AND OTHER ORGANIZATION'S FORM 990 IN THE DETERMI NATION PROCESS. THE MEMBERS OF THE COMPENSATION COMMITTEE ARE INDEPENDENT AND RELY ON THIS COMPARABILITY DATA WHEN THEY DISCUSS AND DETERMINE THE INDIVIDUAL'S COMPENSATION. CONTEMP ORANEOUS MINUTES OF SUCH DISCUSSIONS ARE KEPT AND MAINTAINED IN THE ORGANIZATION'S FILES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 51,070,854. MANAGEMENT AND GENERAL EXPENSES 10 ,676,842. FUNDRAISING EXPENSES 86,495. TOTAL EXPENSES 61,834,191.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 20:	TAX EXEMPT BONDS IN FEBRUARY 2015 MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHOR ITY ("MHHEFA") AUTHORIZED THE ISSUANCE OF $126,665,000 AGGREGATE PRINCIPAL AMOUNT OF REVEN UE BONDS (SERIES 2015 REVENUE BONDS) AT A PREMIUM OF $20,770,000. IN MAY 2020, MHHEFA AUTH ORIZED THE ISSUANCE OF $95,995,000 AGGREGATE PRINCIPAL AMOUNT OF REVENUE BONDS (SERIES 202 0A REVENUE BONDS) AT A PREMIUM OF $5,944,000. THE OBLIGATED GROUP FOR THE 2020A AND 2015 B ONDS (COLLECTIVELY THE "BONDS") CONSISTS OF TIDALHEALTH, INC., TPR, TN AND TPN AND THE OBL IGATED 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 INFO RMATION ON TAX-EXEMPT BONDS REPORTED ON SCHEDULE K OF FORM 990 FOR TIDALHEALTH INC., THE P ARENT ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	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 12 6,734.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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	(g) Section 512(b)(13) controlled entity? No
(1)TIDALHEALTH INC 100 EAST CARROLL STREET SALISBURY, MD 21801 52-2132761	PARENT	MD	501(C)(3)	LINE 12C, III-FI	N/A		No
(2)TIDALHEALTH FOUNDATION INC 100 EAST CARROLL STREET SALISBURY, MD 21801 52-1851935	FUNDRAISING	MD	501(C)(3)	LINE 7	TIDALHEALTH INC		No
(3)TIDALHEALTH PHYSICIAN NETWORK 801 MIDDLEFORD ROAD SEAFORD, DE 19973 51-0224470	HEALTH SERVICES	DE	501(C)(3)	LINE 10	TIDALHEALTH INC		No
(4)TIDALHEALTH NANTICOKE INC 801 MIDDLEFORD ROAD SEAFORD, DE 19973 51-0069243	HOSPITAL	DE	501(C)(3)	LINE 3	TIDALHEALTH INC		No
(5)DELMARVA PENINSULA INSURANCE COMPANY PO BOX 1159 KY1-1102 GRAND CAYMAN CJ 98-1110617	INSURANCE	CJ	501(C)(3)		TIDALHEALTH INC		No
(6)PENINSULA GENERAL HOSPITAL INS TRUST 100 EAST CARROLL STREET SALISBURY, MD 21801 52-6321234	INSURANCE	MD	501(C)(3)	LINE 12C, III-FI	TIDALHEALTH INC		No
(7)MCCREADY FOUNDATION INC 201 HALL HIGHWAY CRISFIELD, MD 21817 52-0607921	FUNDRAISING	MD	501(C)(3)	LINE 10	TIDALHEALTH INC		No

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) DELMARVA SURG CTR 641 S SALISBURY SALISBURY, MD 21801 52-2251436	HEALTH CARE	MD	N/A					No			No	
(2) DELMARVA ENDOSC CTR 11103 CATHAGE ROAD BERLIN, MD 21801 83-1509115	HEALTH CARE	MD	N/A					No			No	

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	(i) No
(1)PENINSULA HEALTH VENTURES (PHV) 100 EAST CARROLL STREET SALISBURY, MD 21801 52-2250012	P'SHIP INVESTMENT	MD	N/A	C					No
(2)PRLTC INC 100 EAST CARROLL STREET SALISBURY, MD 21801 52-2190588	LONG TERM CARE	MD	N/A	C					No

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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation