SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a. Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization **Employer identification number** TIDALHEALTH NANTICOKE, INC. 51-0069243 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 X 1a If "Yes," was it a written policy?

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: X 1b Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities Generally tailored to individual hospital facilities 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: X 3a X 200% 150% Other 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: X 3b X 300% 400% Other 250% 350% 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. 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 X X 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5a b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? X 5b c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? X 5c X 6a Did the organization prepare a community benefit report during the tax year? 6a b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. Financial Assistance and Certain Other Community Benefits at Cost (a) Number of activities or programs (optional) (b) Persons (f) Percent of total expense (c) Total community benefit expense (d) Direct offsetting (e) Net community benefit expense Financial Assistance and (optional) **Means-Tested Government Programs** a Financial Assistance at cost (from 2,395,864 Worksheet 1) 1.45% 2,395,864 b Medicaid (from Worksheet 3, 12,906,018 34,218,502, 21,312,484 7.80% column a) c Costs of other means-tested government programs (from Worksheet 3, column b) d Total. Financial Assistance and 36,614,366. 21,312,484. 15,301,882, 9.25% Means-Tested Government Programs **Other Benefits** e Community health improvement services and community benefit operations (from Worksheet 4) 26,839 26,839 .00% f Health professions education (from Worksheet 5) g Subsidized health services 4,911,514 4,911,514 2.97% (from Worksheet 6) h Research (from Worksheet 7) i Cash and in-kind contributions for community benefit (from Worksheet 8) 51,105 51,105 008 4,989,458 4,989,458 2.97% j Total. Other Benefits 41,603,824. 21,312,484. 20,291,340. 12.22%

Total. Add lines 7d and 7j

Sche		LHEALTH NANTIC						51-006			age 2	
Pa	rt II Community Building A	Activities. Comp	lete this table if th	e organizatio	n condu	ucted any o	omm	unity building act	ivities o	luring	the	
	tax year, and describe in Par											
		(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											
3	Community support											
4	Environmental improvements											
5	Leadership development and											
	training for community members											
_6	Coalition building											
7	Community health improvement											
	advocacy											
8	Workforce development			7,	573.			7,573		.00	8	
9	Other											
10	Total	<u> </u>		7,	573.			7,573	. 00%			
Pa	rt III Bad Debt, Medicare, 8	k Collection Pr	actices							~		
Sect	ion A. Bad Debt Expense									Yes	No	
1	Did the organization report bad debt				_							
	Statement No. 15?								1	Х		
2	Enter the amount of the organization	n's bad debt expen	se. Explain in Part	VI the		1 1						
	methodology used by the organization	on to estimate this	amount			2		6,086,543				
3	Enter the estimated amount of the o	-	•									
	patients eligible under the organizati											
	methodology used by the organization to estimate this amount and the rationale, if any,											
	for including this portion of bad debt as community benefit											
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 whi	ch this footnote is	contained in the at	ttached finan	icial stat	tements.						
	ion B. Medicare					1 - 1		40 250 200				
5	Enter total revenue received from Mo				49,359,386	5552540066						
6		re relating to payments on line 5						47,250,627	0.0000000000000000000000000000000000000			
7		e surplus (or shortfall) 7 2,108,759.							-			
8	Describe in Part VI the extent to which any shortfall reported on 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.											
			urce used to deter	mine the am	ount rep	orted on III	ne 6.					
	Check the box that describes the method used: Cost accounting system Cost to charge ratio Other											
C4	Cost accounting system	Cost to char	ge ratio	Other								
Section C. Collection Practices									0-	х		
9a Did the organization have a written debt collection policy during the tax year?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									9a	- 21		
b	collection practices to be followed for par						παπ μ	novisions on the	9b	х		
Pai	rt IV Management Compan	ies and Joint	Ventures (owned	d 10% or more by	officers, di	irectors, trustee	es. kev	employees, and physic			ons)	
							\top	T				
	(a) Name of entity		scription of primary ctivity of entity	^y		janization's % or stock		Officers, direct- s, trustees, or		nysicia ofit % c		
			, ,			ership %	ke	ey employees' ofit % or stock	•	stock		
							Pi	ownership %	own	ership	%	
1 NA	ANTICOKE SURGICAL CENTER,											
LLC		SURGERY CENTER			51.00%					49.00	ક	
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