Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
TIDALHEALTH 403(B) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2009

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TIDALHEALTH, INC.

100 EAST CARROLL STREET
SALISBURY, MD 21801-5422

2b Employer Identification Number (EIN) 52-2132761

2c Plan Sponsor's telephone number 410-543-7462

2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	DEMI GILMORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	DEMI GILMORE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	6149
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	5367
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5676
b	Retired or separated participants receiving benefits	**6b**	54
c	Other retired or separated participants entitled to future benefits	**6c**	811
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6541
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	6541
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	3568
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	3823
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	56
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2F 2M 2G 2L 2T 3H 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 6
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TIDALHEALTH 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TIDALHEALTH, INC.

D Employer Identification Number (EIN)
52-2132761

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR18887	34	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
13	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

OSAIC FA INC
18700 N HAYDEN RD SUITE 255
SCOTTSDALE, AZ 85255-6786

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
13			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	72549
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND

b	Balance at the end of the previous year			7b	70093
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2456		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	2456
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	72549
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	72549

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TIDALHEALTH 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TIDALHEALTH, INC.

D Employer Identification Number (EIN)
52-2132761

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TALCOTT RESOLUTION LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	744866-01	162	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
21521	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KAREN HALL
OSAIC WEALTH INC
30386 MOUNT VERNON ROAD
PRINCESS ANNE, MD 21853-1449

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
17735			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KAREN HALL
OSAIC FS INC
30386 MOUNT VERNON ROAD
PRINCESS ANNE, MD 21853-1449

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
3786			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	572323
5	Current value of plan's interest under this contract in separate accounts at year end	5	3360295

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	791911
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	17586		
	(4) Transferred from separate account	7c(4)	22029		
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	39615
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	831526
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	173292		
	(2) Administration charge made by carrier	7e(2)	1809		
	(3) Transferred to separate account	7e(3)	84102		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	259203
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	572323

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TIDALHEALTH 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TIDALHEALTH, INC.

D Employer Identification Number (EIN)
52-2132761

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
BRIGHTHOUSE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0566090	87726	025382	10	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	286718
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	299432
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	10123		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	10123
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	309555
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	22837		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	22837
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	286718

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TIDALHEALTH 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TIDALHEALTH, INC.

D Employer Identification Number (EIN)
52-2132761

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HORACE MANN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
37-0726637	64513	07058	2	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	370090
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	16625		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	16625
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	386715
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14336		
	(2) Administration charge made by carrier	7e(2)	25		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	14361
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	372354

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TIDALHEALTH 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TIDALHEALTH, INC.

D Employer Identification Number (EIN)
52-2132761

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GP26145	2	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
613	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

OSAIC FA INC
18700 N HAYDEN RD SUITE 255
SCOTTSDALE, AZ 85255-6786

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
613			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	189006
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY GUARANTEED FUND

b	Balance at the end of the previous year			7b	182609
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	6397		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	6397
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	189006
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	189006

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TIDALHEALTH 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TIDALHEALTH, INC.

D Employer Identification Number (EIN)
52-2132761

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN FINANCIAL GROUP

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	893931+007	243	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	15372778
5	Current value of plan's interest under this contract in separate accounts at year end	5	295508218

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	15240400
c	Additions: (1) Contributions deposited during the year	7c(1)	717875		
	(2) Dividends and credits	7c(2)	57		
	(3) Interest credited during the year	7c(3)	348021		
	(4) Transferred from separate account	7c(4)	3675763		
	(5) Other (specify below)	7c(5)	230943		
	▶ INTER-PLAN TRANSFERS				
	(6) Total additions			7c(6)	4972659
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	20213059
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1971843		
	(2) Administration charge made by carrier	7e(2)	7077		
	(3) Transferred to separate account	7e(3)	2662257		
	(4) Other (specify below)	7e(4)	199104		
	▶ INTER-PLAN TRANSFERS				
	(5) Total deductions			7e(5)	4840281
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	15372778

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TIDALHEALTH 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TIDALHEALTH, INC.

D Employer Identification Number (EIN)
52-2132761

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LINCOLN NATIONAL CORPORATION

35-0472300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	131960	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

EMPOWER ANNUITY INSURANCE COMPANY

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	3407	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

LINCOLN - APS

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	275	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MORNINGSTAR

36-3297908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	198	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

BRIGHTHOUSE LIFE INSURANCE COMPANY

91-3846992

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	12	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TIDALHEALTH 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TIDALHEALTH, INC.

D Employer Identification Number (EIN)
52-2132761

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT II

b Name of sponsor of entity listed in (a): TALCOTT RESOLUTION LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974148-000	P	3360295

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TIDALHEALTH 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TIDALHEALTH, INC.

D Employer Identification Number (EIN)
52-2132761

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2892081	3267424
(2) Participant contributions	1b(2)	953649	712954
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	2545881	2998511
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	229162649	273420422
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	40605346	43513202
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	276159606	323912513
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	276159606	323912513

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3268367	
(B) Participants	2a(1)(B)	22525756	
(C) Others (including rollovers)	2a(1)(C)	4462621	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		30256744
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	216535	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	57	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		216592
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3718339	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3718339
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	347847	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		347847

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		35307068
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		69846590
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21774536	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		21774536
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		139956
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	175586	
(3) Recordkeeping fees	2i(3)	3407	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	198	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		179191
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		22093683
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		47752907
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SC&H ATTEST SERVICES, P.C. **(2)** EIN: 52-1743645

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TIDALHEALTH 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TIDALHEALTH, INC.

D Employer Identification Number (EIN)
52-2132761

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 35-0472300 06-0974148

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500844A .

Independent Auditors' Report

To the Investment Committee of the
TidalHealth 403(b) Plan and its Participants:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of TidalHealth 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025 stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the TidalHealth 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the TidalHealth 403(b) Plan's ability to continue as a going concern for one year after the date of the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards in the United States of America will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards in the United States of America, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the TidalHealth 403(b) Plan's internal control. Accordingly, no such opinion is expressed.

- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the TidalHealth 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards in the United States of America. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

JC+H Attest Services, P.C.

October 14, 2026

Plan Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2025

(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	(e) Current Value
Alliance Bernstein Global Risk All Fund Inc	Interest in pooled separate accounts	XX	$ 147
Alliance Bernstein International Value	Interest in pooled separate accounts	XX	580
American Century Heritage	Interest in pooled separate accounts	XX	68,367
American Century Ultra	Interest in pooled separate accounts	XX	517,773
American Funds Cap World Growth & Income	Interest in pooled separate accounts	XX	128,103
American Funds Europacific Growth	Interest in pooled separate accounts	XX	37,965
American Funds Growth Fund of America	Interest in pooled separate accounts	XX	597,332
Ariel Appreciation	Interest in pooled separate accounts	XX	185
Artisan Mid Cap Value	Interest in pooled separate accounts	XX	5,207
BNY Mellon Smallcap	Interest in pooled separate accounts	XX	139
BNY Mellon MidCap	Interest in pooled separate accounts	XX	13,242
Blackrock Life Dynamic Retirement	Interest in pooled separate accounts	XX	948
Blackrock Life Dynamic 2030	Interest in pooled separate accounts	XX	148,643
Blackrock Life Dynamic 2040	Interest in pooled separate accounts	XX	83,021
Clearbridge Value Trust	Interest in pooled separate accounts	XX	30,176
CRM Mid Cap Value	Interest in pooled separate accounts	XX	1,703
Goldman Sachs High Yield	Interest in pooled separate accounts	XX	3,051
Goldman Sachs Mid Cap	Interest in pooled separate accounts	XX	17,335
Hartford Balanced HLS	Interest in pooled separate accounts	XX	38,117
Hartford Disciplined Equity HLS	Interest in pooled separate accounts	XX	179,601
Hartford Dividend and Growth HLS	Interest in pooled separate accounts	XX	28,817
Hartford Smallcap Growth HLS	Interest in pooled separate accounts	XX	402
Hartford Total Return Bond HLS	Interest in pooled separate accounts	XX	52,583
Hotchkis Wiley Large Cap Value	Interest in pooled separate accounts	XX	53,311
Invesco Oppenheimer Developing Markets	Interest in pooled separate accounts	XX	54,331
Invesco Real Estate	Interest in pooled separate accounts	XX	381
Keeley Small Cap Value	Interest in pooled separate accounts	XX	21,626
Lord Abbett Value Opportunities	Interest in pooled separate accounts	XX	1,025
MFS International New Discovery	Interest in pooled separate accounts	XX	254
Neuberger Berman Sustainable Equity	Interest in pooled separate accounts	XX	55,169
PIMCO Real Return	Interest in pooled separate accounts	XX	26,455
Royce Smaller Comp Growth	Interest in pooled separate accounts	XX	43,886
SSGA S&P 500 Index	Interest in pooled separate accounts	XX	984,862
Templeton Growth	Interest in pooled separate accounts	XX	8,719
Victory Diversified Stock	Interest in pooled separate accounts	XX	88,552
Victory Munder MidCap Core Growth	Interest in pooled separate accounts	XX	68,287
			3,360,295
AB Large Cap Growth Class I Fund	Interest in registered investment companies	XX	7,434,754
Alliance Bernstein Global Thematic Growth Fund	Interest in registered investment companies	XX	8,272
Allspring Special Mid Cap Value Class A Fund	Interest in registered investment companies	XX	1,368,603
American Funds Europacific Growth Class R6 Fund	Interest in registered investment companies	XX	6,171,572
American Funds Fundamental Investors Class R6 Fund	Interest in registered investment companies	XX	6,500,168
American Funds Growth Fund	Interest in registered investment companies	XX	110,536
American Funds International Fund	Interest in registered investment companies	XX	472
Dodge & Cox Income Fund	Interest in registered investment companies	XX	4,549,504
Fidelity 500 Index Fund	Interest in registered investment companies	XX	21,027,636
Fidelity VIP Contrafund	Interest in registered investment companies	XX	313
Fidelity VIP Growth Fund	Interest in registered investment companies	XX	5,171
Janus Henderson Triton Class N Fund	Interest in registered investment companies	XX	1,277,153
JP Morgan Equity Income Class R6 Fund	Interest in registered investment companies	XX	4,050,374

Plan Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – continued
As of December 31, 2025

(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	(e) Current Value
Lincoln YourPath 2010 Aggressive Fund	Interest in registered investment companies	XX	$ 1,560
Lincoln YourPath 2010 Conservative Fund	Interest in registered investment companies	XX	19,500
Lincoln YourPath 2010 Moderate Fund	Interest in registered investment companies	XX	1,343
Lincoln YourPath 2015 Aggressive Fund	Interest in registered investment companies	XX	1,575
Lincoln YourPath 2015 Conservative Fund	Interest in registered investment companies	XX	1,605
Lincoln YourPath 2015 Moderate Fund	Interest in registered investment companies	XX	111
Lincoln YourPath 2020 Aggressive Fund	Interest in registered investment companies	XX	791,851
Lincoln YourPath 2020 Conservative Fund	Interest in registered investment companies	XX	691,756
Lincoln YourPath 2020 Moderate Fund	Interest in registered investment companies	XX	6,867,820
Lincoln YourPath 2025 Aggressive Fund	Interest in registered investment companies	XX	6,845,825
Lincoln YourPath 2025 Conservative Fund	Interest in registered investment companies	XX	2,393,927
Lincoln YourPath 2025 Moderate Fund	Interest in registered investment companies	XX	18,781,712
Lincoln YourPath 2030 Aggressive Fund	Interest in registered investment companies	XX	9,424,170
Lincoln YourPath 2030 Conservative Fund	Interest in registered investment companies	XX	1,492,254
Lincoln YourPath 2030 Moderate Fund	Interest in registered investment companies	XX	28,635,002
Lincoln YourPath 2035 Aggressive Fund	Interest in registered investment companies	XX	14,393,905
Lincoln YourPath 2035 Conservative Fund	Interest in registered investment companies	XX	241,418
Lincoln YourPath 2035 Moderate Fund	Interest in registered investment companies	XX	30,726,667
Lincoln YourPath 2040 Aggressive Fund	Interest in registered investment companies	XX	2,552,895
Lincoln YourPath 2040 Conservative Fund	Interest in registered investment companies	XX	350,872
Lincoln YourPath 2040 Moderate Fund	Interest in registered investment companies	XX	15,926,731
Lincoln YourPath 2045 Aggressive Fund	Interest in registered investment companies	XX	3,873,706
Lincoln YourPath 2045 Conservative Fund	Interest in registered investment companies	XX	370,750
Lincoln YourPath 2045 Moderate Fund	Interest in registered investment companies	XX	11,909,456
Lincoln YourPath 2050 Aggressive Fund	Interest in registered investment companies	XX	2,412,183
Lincoln YourPath 2050 Conservative Fund	Interest in registered investment companies	XX	204,631
Lincoln YourPath 2050 Moderate Fund	Interest in registered investment companies	XX	14,753,518
Lincoln YourPath 2055 Aggressive Fund	Interest in registered investment companies	XX	1,825,801
Lincoln YourPath 2055 Conservative Fund	Interest in registered investment companies	XX	5,641
Lincoln YourPath 2055 Moderate Fund	Interest in registered investment companies	XX	10,869,889
Lincoln YourPath 2060 Aggressive Fund	Interest in registered investment companies	XX	516,463
Lincoln YourPath 2060 Conservative Fund	Interest in registered investment companies	XX	86,378
Lincoln YourPath 2060 Moderate Fund	Interest in registered investment companies	XX	4,694,269
Lincoln YourPath 2065 Aggressive Fund	Interest in registered investment companies	XX	332,398
Lincoln YourPath 2065 Conservative Fund	Interest in registered investment companies	XX	154
Lincoln YourPath 2065 Moderate Fund	Interest in registered investment companies	XX	1,851,028
Lincoln YourPath Income Aggressive Fund	Interest in registered investment companies	XX	1,008,598
Lincoln YourPath Income Conservative Fund	Interest in registered investment companies	XX	1,901,246
Lincoln YourPath Income Moderate Fund	Interest in registered investment companies	XX	3,462,240
LVIP Baron Growth Opportunities Fund	Interest in registered investment companies	XX	1,465
LVIP Blackrock Equity Dividend RPM Fund	Interest in registered investment companies	XX	309
LVIP Blended Large Cap Growth Fund	Interest in registered investment companies	XX	16,720
LVIP Dimensional U.S. Core Equity 1 Fund	Interest in registered investment companies	XX	219,635
LVIP JPMorgan Retirement Income Fund	Interest in registered investment companies	XX	38,126
LVIP Macquire Bond	Interest in registered investment companies	XX	21,010
LVIP Macquire Mid Cap Value Fund	Interest in registered investment companies	XX	2,910
LVIP Macquire Smid Cap Core Series	Interest in registered investment companies	XX	22,958
LVIP Macquire Social Awareness	Interest in registered investment companies	XX	118,980
LVIP Macquire U.S. REIT Fund	Interest in registered investment companies	XX	1,824
LVIP SSGA S&P 500 Index	Interest in registered investment companies	XX	15,269
LVIP T.Rowe Price Structured Mid-Cap Fund	Interest in registered investment companies	XX	21,871
MassMutual Select Mid Cap Growth Class R5 Fund	Interest in registered investment companies	XX	962,635

Plan Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – continued
As of December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	(e) Current Value
	PIMCO International Bond US Dollar Hedged Institutional Class Fund	Interest in registered investment companies	XX	$ 483,041
*	Putnam Money Market Fund - A	Interest in registered investment companies	XX	287,672
	Vanguard 500 Index Fund Admiral Shares	Interest in registered investment companies	XX	305,871
	Vanguard Inflation Protected Securities Institutional Fund	Interest in registered investment companies	XX	1,581,031
	Vanguard Mid Cap Index Institutional Fund	Interest in registered investment companies	XX	4,424,135
	Vanguard Small Cap Index Fund	Interest in registered investment companies	XX	5,252,616
	Vanguard Total Bond Market Index Institutional Fund	Interest in registered investment companies	XX	2,560,152
	Victory Sycamore Small Company Opportunity Class I Fund	Interest in registered investment companies	XX	996,521
				270,060,127
*	Mass Mutual General Account	Interest in unallocated insurance contract - fully benefit-responsive	XX	572,323
*	Lincoln Fixed Account	Interest in unallocated insurance contract - fully benefit-responsive	XX	261,555
*	Lincoln Stable Value Account	Interest in unallocated insurance contract - fully benefit-responsive	XX	15,372,778
*	Lincoln YourPath 2010 Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	392
*	Lincoln YourPath 2010 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	11,998
*	Lincoln YourPath 2010 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	606
*	Lincoln YourPath 2015 Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	372
*	Lincoln YourPath 2015 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	906
*	Lincoln YourPath 2015 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	43
*	Lincoln YourPath 2020 Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	151,840
*	Lincoln YourPath 2020 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	311,953
*	Lincoln YourPath 2020 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	2,302,723
*	Lincoln YourPath 2025 Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	1,030,182
*	Lincoln YourPath 2025 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	982,081
*	Lincoln YourPath 2025 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	5,022,739
*	Lincoln YourPath 2030 Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	938,893
*	Lincoln YourPath 2030 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	499,543
*	Lincoln YourPath 2030 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	5,906,617
*	Lincoln YourPath 2035 Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	763,956
*	Lincoln YourPath 2035 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	64,523
*	Lincoln YourPath 2035 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	3,824,853
*	Lincoln YourPath 2040 Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	52,631
*	Lincoln YourPath 2040 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	62,259
*	Lincoln YourPath 2040 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	1,023,813
*	Lincoln YourPath 2045 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	36,892
*	Lincoln YourPath 2045 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	370,866
*	Lincoln YourPath 2050 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	8,593
*	Lincoln YourPath 2050 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	150,531
*	Lincoln YourPath 2055 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	116
*	Lincoln YourPath 2060 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	881
*	Lincoln YourPath 2065 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	2
*	Lincoln YourPath Income Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	269,726
*	Lincoln YourPath Income Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	1,220,156
*	Lincoln YourPath Income Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	1,636,788
				42,854,130

Plan Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – continued
As of December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	(e) Current Value
*	Horace Mann Insurance Company Fixed Account	Interest in non-fully benefit responsive insurance contract	XX	$ 372,354
*	MetLife Fund 16B Account	Interest in non-fully benefit responsive insurance contract	XX	7,335
*	MetLife T-Flex Account	Interest in non-fully benefit responsive insurance contract	XX	279,383
				659,072
*	Participant Loans***	Interest rates from 3.25% - 9.50%; maturing through January 2046	$ -	$ 2,998,511

* Denotes a party-in-interest, as defined by ERISA
XX Not required as investment is participant-directed
*** Balance does not include IRS defaulted loans of $767,202 whereby the loans have not been distributed from the plan.

TidalHealth 403(b) Plan

Financial Statements
Together with Independent Auditors' Report

As of December 31, 2025 and 2024 and
For the Year Ended December 31, 2025

Independent Auditors' Report

To the Investment Committee of the
TidalHealth 403(b) Plan and its Participants:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of TidalHealth 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025 stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the TidalHealth 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the TidalHealth 403(b) Plan's ability to continue as a going concern for one year after the date of the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards in the United States of America will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards in the United States of America, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the TidalHealth 403(b) Plan's internal control. Accordingly, no such opinion is expressed.

- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the TidalHealth 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards in the United States of America. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

JC+H Attest Services, P.C.

October 14, 2026

Statements of Net Assets Available for Benefits

As of December 31,	*2025*	*2024*
Assets		
Investments		
Investments, at fair value	$ 274,079,494	$ 229,832,172
Investments, at contract value	42,854,130	39,935,823
Total Investments	316,933,624	269,767,995
Receivables		
Notes receivable from participants	3,765,713	3,173,127
Company contributions	3,267,424	2,892,081
Participant contributions	712,954	953,649
Total Receivables	7,746,091	7,018,857
Total Assets	324,679,715	276,786,852
Liabilities	-	-
Net Assets Available For Benefits	$ 324,679,715	$ 276,786,852

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

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

Changes in Net Assets Available for Benefits Attributable to:		
Contributions		
Participants	$	22,525,756
Company		3,268,367
Rollovers		4,462,621
Total Contributions		30,256,744
Investment Income		
Interest and dividends		3,718,396
Net appreciation in fair value of investments		35,654,915
Total Investment Income		39,373,311
Interest Income on Notes Receivable from Participants		216,535
Benefits Paid to Participants		(21,774,536)
Administrative Expenses		(179,191)
Net Increase in Net Assets Available for Benefits		47,892,863
Net Assets Available for Benefits:		
Beginning of Year		276,786,852
End of Year	$	324,679,715

The accompanying notes are an integral part of this financial statement.

1. DESCRIPTION OF THE PLAN

The following description of the TidalHealth 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established by TidalHealth, Inc. (Plan Sponsor or Company) effective January 1, 2009 that provides retirement savings to all eligible employees of the Plan Sponsor. There are no minimum age or service requirements in the employee elective deferral contribution portion of the Plan. Participants are eligible to enter the Plan on the first day of the pay period after their date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective January 1, 2024, the Plan was amended to provide certain past service credit for employees of Anesthesia Service, P.A. and Your Doc's In if hired by the Plan Sponsor on January 1, 2023 and December 17, 2023, respectively. The amendment also added a Roth provision to the Plan. Effective January 1, 2024, the Plan was again amended to update distribution provisions in accordance with the SECURE Act 2.0. Effective January 1, 2025, the Plan was amended to award past service credit for vesting purposes for employees of Children's Hospital if hired on July 1, 2024, amend the Plan's definition of excluded employee to include leased employees, employees covered by a collective bargaining agreement, employees who work on a per case or on call basis, and employees who works in a job category which is not full-time or a part-time position or a standby position, allow for participants to make rollover contributions into the Plan after completing one hour of service and to clarify exclusions from the matching contribution.

The Plan was most recently amended effective January 1, 2026 to add Atlantic General Hospital as an adopting participating employer and to revise certain contribution and administrative provisions of the Plan, including amending the regular Company matching contribution formula to be $0.50 for each $1.00 of participant elective deferrals, including eligible catch-up deferrals, up to 6% of compensation with a maximum match up to 3% of compensation. Upon effective date of match in 2026, the Plan discontinued its enhanced match to those working 15 years or more of service. The amendment also added provisions related to super catch-up contributions and Roth catch-up contribution requirements, implemented automatic enrollment at a 3% default elective deferral rate for employees hired or rehired on or after January 1, 2026 (unless the participant elects otherwise), and permits eligible in-plan Roth rollovers of vested non-Roth amounts to a designated Roth account under the Plan.

Participating employers that have adopted the Plan are as follows:

TidalHealth, Inc.
TidalHealth Nanticoke, Inc.
TidalHealth Medical Partners, LLC
Atlantic General Hospital

1. DESCRIPTION OF THE PLAN – continued

Participant Contributions

Under the terms of the Plan, an employee may contribute by making pre-tax contributions of up to 100% of their compensation but not less than $200, as defined by the Plan, not to exceed the maximum allowable contribution under the Internal Revenue Code (the Code), which totaled $23,500 for the year ended December 31, 2025. Participants may also contribute Roth elective contributions. A participant's Roth elective contributions are allocated to a separate account maintained for such contributions. Participants who have attained age 50 before the end of the Plan year may make additional catch-up contributions, subject to limitations imposed by the Code, which totaled $7,500 for the year ended December 31, 2025. For years beginning on or after January 1, 2025, participants who attain age 60 – 63 before the end of the applicable year may be eligible to make additional catch-up contributions in an amount equal to the greater of (i) $10,000 or (ii) 150% of the otherwise applicable age 50 catch-up contribution limit for such year. For the year ended December 31, 2025, this increased catch-up contribution limit totaled $11,250 (an accretive $3,750). Participants direct the investment of their contributions into various investment options offered by the Plan. Participants may roll over funds from other qualified plans into the Plan.

Company Matching Contributions

The Company makes matching contributions on behalf of each eligible participant who is employed by the Company as of the last day of the Plan year and has completed one eligible year of service during the Plan year. Effective January 1, 2020, the Plan defines an eligible year of service as a 12 consecutive month period during which a participant must complete at least 975 hours of service. Participants who have completed less than 15 years of service receive a matching contribution in an amount equal to $0.25 for each $1.00 deferred up to a maximum 1% of compensation (4% deferrals). Participants who have completed 15 or more years of service receive a matching contribution in an amount equal to $0.50 for each $1.00 deferred up to a maximum 2% of compensation (4% deferrals). Company matching contributions are calculated and contributed at the end of the Plan year. Company matching contributions totaled $3,268,367 for the year ended December 31, 2025.

Participant Accounts

Each participant's account is participant-directed and is credited with the participant's contributions and Company contributions in accordance with the investment options selected by each participant. Any earnings, losses, and administrative expenses are allocated to a participant's account based upon the balance in each account. The benefit to which a participant is entitled is that which can be provided from the participant's vested account.

1. DESCRIPTION OF THE PLAN – continued

Vesting

Participants are immediately vested in their elective and rollover contributions. Vesting in Company matching contributions is based on years of continuous service. A participant is 100% vested in the matching contribution after three years of credited service. Prior to three years of service, a participant is 0% vested in the matching contributions. Participants who terminated prior to January 1, 2011 were not subject to any vesting schedule. Certain participants from acquired entities received prior service credit towards Company matching contributions, as defined by the Plan.

Notes Receivable from Participants

Participants may borrow up to 50% of the vested account balance, not to exceed $50,000 without regard to the intended use of the funds. The minimum loan amount is $1,000. The notes are collateralized by the participant's vested account balance. Participants may only have one note outstanding at any time. Notes bear interest at a rate commensurate with local prevailing rates at the date of issuance as determined quarterly by the Plan administrator. Principal and interest are paid ratably through biweekly payroll deductions or directly by the participant outside of payroll. The notes must be repaid within five years unless the note is used to purchase a principal residence. Such notes are to be repaid within 20 years.

Forfeitures

Forfeitures of non-vested portions of Company contributions shall be used first to pay administrative expenses and then to offset future Company contributions. Forfeitures of a participant's non-vested balance will occur in the Plan year the participant receives a distribution of their vested account balance or if they do not receive a distribution after five consecutive one year breaks in service. The forfeitures account totaled $2,842 and $17,925 as of December 31, 2025 and 2024, respectively. There were $34,431 and $8,774 in forfeitures used during the year ended December 31, 2025 to pay administrative expenses and offset Company contributions, respectively.

Payment of Benefits

Upon termination of service, death, disability, retirement, or attainment of age 59 ½ (deferral account only), a participant or their beneficiary, in the event of death, is entitled to a distribution of their vested account balance. Amounts related to funds rolled into the Plan may be withdrawn at any time. Distributions are made in either a lump sum equal to the value of the participant's interest in their account, a single sum distribution of a portion of their balance, or installments for a specified term. Prior to retirement, distributions are made as lump sum payments. Upon termination, if a participant's account balance is less than $7,000, the Plan administrator may elect to automatically distribute the participant's vested account balance. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts contributed by the participant may be withdrawn for a hardship purpose. Distributions are subject to the applicable provisions of the Plan agreement.

1. DESCRIPTION OF THE PLAN – continued

Payment of Benefits – continued

Certain income tax penalties may apply to withdrawals or distributions prior to age 59 ½. As of December 31, 2025 and 2024, there were no net assets available for benefits of the Plan allocated to participants who had elected to withdraw from the Plan who had not received such distributions as of year-end.

Plan Expenses

All administrative expenses are paid with the assets of the Plan, unless paid by the Company, at its discretion. During the year ended December 31, 2025, the Company elected to pay a portion of the Plan's direct expenses. Expenses paid directly by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments are charged directly to participant's accounts and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The Lincoln Stable Value Account, Lincoln Fixed Account, certain Lincoln Yourpath Funds, and Mass Mutual General Account are considered fully benefit-responsive. Lincoln and Mass Mutual have represented that fair value equals contract value for the instrument in which the Plan invests.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to net assets available for benefits and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates and assumptions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Risks and Uncertainties

The Plan provides for investments in assets that are exposed to risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur and materially affect the amounts reported in the accompanying statements of net assets available for benefits.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully-benefit responsive investment contacts (Note 4), which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowances for credit losses have been recorded as of December 31, 2025 and 2024. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes are treated as distributions based on terms of the Plan agreement.

Payment of Benefits

Benefits are recorded when paid.

Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, defines fair value and establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Fair Value Measurement – continued

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Interests in registered investment companies: Valued at the closing price reported in the active market in which the funds are traded.

Interests in pooled separate accounts: Valued at fair value based on the unit value of the fund. Unit values are determined by the institutions sponsoring such funds by dividing the fund's net assets at fair value by its units outstanding at the valuation dates.

Interests in non-fully benefit responsive insurance contracts: Valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering creditworthiness of the issuer. Because the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the report date. There have been no changes in the methodologies used at December 31, 2025 and 2024.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Fair Value Measurement – continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Interests in registered investment companies	$ 270,060,127	$ -	$ -	$ 270,060,127
Interests in non-fully benefit responsive insurance contracts	-	-	659,072	659,072
Total investments in the fair value hierarchy	270,060,127	-	659,072	270,719,199
Interests in pooled separate accounts*	n/a	n/a	n/a	3,360,295
Total investments, at fair value	$ 270,060,127	$ -	$ 659,072	$ 274,079,494

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Interests in registered investment companies	$ 226,096,533	$ -	$ -	$ 226,096,533
Interests in non-fully benefit responsive insurance contracts	-	-	669,523	669,523
Total investments in the fair value hierarchy	226,096,533	-	669,523	226,766,056
Interests in pooled separate accounts*	n/a	n/a	n/a	3,066,116
Total investments, at fair value	$ 226,096,533	$ -	$ 669,523	$ 229,832,172

* In accordance with ASC 820-10, certain investments that were measured at net asset value (NAV) per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Fair Value Measurement – continued

The following table presents the investments, measured using the NAV per share practical expedient as of December 31,:

	2025	2024	Redemption Frequency	Redemption Notice Period	Unfunded Commitments
Interests in pooled separate accounts (a)	$ 3,360,295	$ 3,066,116	Daily	Daily	None

(a) Funds in this category invest in a diversified portfolio of various fixed income funds, money markets, debt securities, domestic and/or international stocks to achieve a long-term rate of return.

The following sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2025:

Balance, beginning of year	$	669,523
Sales		(37,173)
Unrealized gains		26,747
Fees		(25)
Balance, end of year	$	659,072

The following table presents information about significant unobservable inputs related to the Plan's investments in assets categorized as Level 3 in the ASC 820 fair value hierarchy as of December 31,:

	2025	2024	Valuation Technique	Significant Unobservable Inputs	Range
MetLife T-Flex Account	$ 279,383	$ 292,346	Discounted Cash Flows	Composite Credit Rating	3.45%
Horace Mann Insurance Company Fixed Account	372,354	370,090	Discounted Cash Flows	Composite Credit Rating	4.48%
MetLife Fund 16B Account	7,335	7,087	Discounted Cash Flows	Composite Credit Rating	3.44%
Total	$ 659,072	$ 669,523			

Subsequent Events

The Plan evaluated for disclosure any subsequent events through October 14, 2026, the date the financial statements were available to be issued, and determined there were no material events that warrant disclosure, except as disclosed in Note 1.

3. INVESTMENTS

Lincoln Financial Group, the Trustee of the Plan, Great-West Life and Annuity Insurance Company, a part of Empower Retirement and Great West Trust Company, LLC (Great West), Brighthouse Life Insurance Company (Brighthouse), and Fiduciary Trust International of the South (FTIOS) have supplied the Plan Administrator with certifications as to the completeness and accuracy of the notes receivable from participants and investments totaling $320,021,112 and $272,034,886 reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, respectively, and investment gain totaling $39,310,401 on the statement of changes in net assets available for benefits for the year ended December 31, 2025, and the supplemental schedule of assets (held at end of year) as of December 31, 2025.

4. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan offers investment contracts with MassMutual Life Insurance Company (Mass Mutual) and Lincoln Financial Group as investment options to Plan participants. The accounts are fully benefit-responsive investment contracts. The accounts are credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses. Withdrawals and transfers are allowed at any time; however, MassMutual and Lincoln Financial Group reserve the right to delay payment for up to six months. The guaranteed investment contract issuers are contractually obligated to repay the principal and specified interest rate that is guaranteed to the Plan by the Issuer.

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the fully benefit-responsive guaranteed investment contracts. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by MassMutual and Lincoln Financial Group, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan’s ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer’s ability to meet its financial obligations. The issuer’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

4. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS – continued

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contract
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the Plan Sponsor or other Plan Sponsor events that significantly affect the Plan's normal operations.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer that would limit the ability of the Plan to transact at contract value with the participants.

5. PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are managed by Lincoln Financial Group, who acts as a Custodian of the Plan and is a related entity to the Trustee, MassMutual, Great West, Horace Mann, Brighthouse, Putnam and Newport Trust Company, the insurance companies. The Plan allows for participants to take out notes against their account balances. The Company provides the Plan with certain accounting and administrative services for which no fees are charged. All such transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

6. INCOME TAX STATUS

The volume submitter document, upon which the Plan was designed, received a favorable opinion letter from the Internal Revenue Service (IRS) dated March 31, 2017, stating that the Plan is qualified under the Code and, therefore, is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan was amended subsequent to receiving the opinion letter, however, the Plan administrator believes the Plan is being operated in compliance with applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ASC 740, *Income Taxes*, prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. As the Plan is tax exempt and has no unrelated business taxable income, the provisions of ASC 740 do not have an impact on the Plan's financial statements. The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued related to interest and penalties as of December 31, 2025 and 2024.

The Plan is subject to routine audits by the IRS and Department of Labor; however, there are currently no audits for any periods in progress.

7. PLAN TERMINATION

Although the Company has not expressed any intent to do so, it has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants will become 100% vested in their accounts.

8. RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500 as of December 31;

	2025	2024
Net assets available for benefits reported on the financial statements	$ 324,679,715	$ 276,786,852
Deemed loans reported on the financial statements; not on the Form 5500	(767,202)	(627,246)
Net assets available for benefits per Form 5500	$ 323,912,513	$ 276,159,606

8. RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500 – continued

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2025:

Net increase in net assets available of benefits reported on the financial statements	$	47,892,863
Change in deemed distributions reported on the financial statements; not on the Form 5500		(139,956)
Net increase in net assets available for benefits reported on Form 5500	$	47,752,907

SUPPLEMENTAL SCHEDULE PROVIDED PURSUANT TO
THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS

Plan Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2025

(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	(e) Current Value
Alliance Bernstein Global Risk All Fund Inc	Interest in pooled separate accounts	XX	$ 147
Alliance Bernstein International Value	Interest in pooled separate accounts	XX	580
American Century Heritage	Interest in pooled separate accounts	XX	68,367
American Century Ultra	Interest in pooled separate accounts	XX	517,773
American Funds Cap World Growth & Income	Interest in pooled separate accounts	XX	128,103
American Funds Europacific Growth	Interest in pooled separate accounts	XX	37,965
American Funds Growth Fund of America	Interest in pooled separate accounts	XX	597,332
Ariel Appreciation	Interest in pooled separate accounts	XX	185
Artisan Mid Cap Value	Interest in pooled separate accounts	XX	5,207
BNY Mellon Smallcap	Interest in pooled separate accounts	XX	139
BNY Mellon MidCap	Interest in pooled separate accounts	XX	13,242
Blackrock Life Dynamic Retirement	Interest in pooled separate accounts	XX	948
Blackrock Life Dynamic 2030	Interest in pooled separate accounts	XX	148,643
Blackrock Life Dynamic 2040	Interest in pooled separate accounts	XX	83,021
Clearbridge Value Trust	Interest in pooled separate accounts	XX	30,176
CRM Mid Cap Value	Interest in pooled separate accounts	XX	1,703
Goldman Sachs High Yield	Interest in pooled separate accounts	XX	3,051
Goldman Sachs Mid Cap	Interest in pooled separate accounts	XX	17,335
Hartford Balanced HLS	Interest in pooled separate accounts	XX	38,117
Hartford Disciplined Equity HLS	Interest in pooled separate accounts	XX	179,601
Hartford Dividend and Growth HLS	Interest in pooled separate accounts	XX	28,817
Hartford Smallcap Growth HLS	Interest in pooled separate accounts	XX	402
Hartford Total Return Bond HLS	Interest in pooled separate accounts	XX	52,583
Hotchkis Wiley Large Cap Value	Interest in pooled separate accounts	XX	53,311
Invesco Oppenheimer Developing Markets	Interest in pooled separate accounts	XX	54,331
Invesco Real Estate	Interest in pooled separate accounts	XX	381
Keeley Small Cap Value	Interest in pooled separate accounts	XX	21,626
Lord Abbett Value Opportunities	Interest in pooled separate accounts	XX	1,025
MFS International New Discovery	Interest in pooled separate accounts	XX	254
Neuberger Berman Sustainable Equity	Interest in pooled separate accounts	XX	55,169
PIMCO Real Return	Interest in pooled separate accounts	XX	26,455
Royce Smaller Comp Growth	Interest in pooled separate accounts	XX	43,886
SSGA S&P 500 Index	Interest in pooled separate accounts	XX	984,862
Templeton Growth	Interest in pooled separate accounts	XX	8,719
Victory Diversified Stock	Interest in pooled separate accounts	XX	88,552
Victory Munder MidCap Core Growth	Interest in pooled separate accounts	XX	68,287
			3,360,295
AB Large Cap Growth Class I Fund	Interest in registered investment companies	XX	7,434,754
Alliance Bernstein Global Thematic Growth Fund	Interest in registered investment companies	XX	8,272
Allspring Special Mid Cap Value Class A Fund	Interest in registered investment companies	XX	1,368,603
American Funds Europacific Growth Class R6 Fund	Interest in registered investment companies	XX	6,171,572
American Funds Fundamental Investors Class R6 Fund	Interest in registered investment companies	XX	6,500,168
American Funds Growth Fund	Interest in registered investment companies	XX	110,536
American Funds International Fund	Interest in registered investment companies	XX	472
Dodge & Cox Income Fund	Interest in registered investment companies	XX	4,549,504
Fidelity 500 Index Fund	Interest in registered investment companies	XX	21,027,636
Fidelity VIP Contrafund	Interest in registered investment companies	XX	313
Fidelity VIP Growth Fund	Interest in registered investment companies	XX	5,171
Janus Henderson Triton Class N Fund	Interest in registered investment companies	XX	1,277,153
JP Morgan Equity Income Class R6 Fund	Interest in registered investment companies	XX	4,050,374

Plan Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – continued
As of December 31, 2025

(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	(e) Current Value
Lincoln YourPath 2010 Aggressive Fund	Interest in registered investment companies	XX	$ 1,560
Lincoln YourPath 2010 Conservative Fund	Interest in registered investment companies	XX	19,500
Lincoln YourPath 2010 Moderate Fund	Interest in registered investment companies	XX	1,343
Lincoln YourPath 2015 Aggressive Fund	Interest in registered investment companies	XX	1,575
Lincoln YourPath 2015 Conservative Fund	Interest in registered investment companies	XX	1,605
Lincoln YourPath 2015 Moderate Fund	Interest in registered investment companies	XX	111
Lincoln YourPath 2020 Aggressive Fund	Interest in registered investment companies	XX	791,851
Lincoln YourPath 2020 Conservative Fund	Interest in registered investment companies	XX	691,756
Lincoln YourPath 2020 Moderate Fund	Interest in registered investment companies	XX	6,867,820
Lincoln YourPath 2025 Aggressive Fund	Interest in registered investment companies	XX	6,845,825
Lincoln YourPath 2025 Conservative Fund	Interest in registered investment companies	XX	2,393,927
Lincoln YourPath 2025 Moderate Fund	Interest in registered investment companies	XX	18,781,712
Lincoln YourPath 2030 Aggressive Fund	Interest in registered investment companies	XX	9,424,170
Lincoln YourPath 2030 Conservative Fund	Interest in registered investment companies	XX	1,492,254
Lincoln YourPath 2030 Moderate Fund	Interest in registered investment companies	XX	28,635,002
Lincoln YourPath 2035 Aggressive Fund	Interest in registered investment companies	XX	14,393,905
Lincoln YourPath 2035 Conservative Fund	Interest in registered investment companies	XX	241,418
Lincoln YourPath 2035 Moderate Fund	Interest in registered investment companies	XX	30,726,667
Lincoln YourPath 2040 Aggressive Fund	Interest in registered investment companies	XX	2,552,895
Lincoln YourPath 2040 Conservative Fund	Interest in registered investment companies	XX	350,872
Lincoln YourPath 2040 Moderate Fund	Interest in registered investment companies	XX	15,926,731
Lincoln YourPath 2045 Aggressive Fund	Interest in registered investment companies	XX	3,873,706
Lincoln YourPath 2045 Conservative Fund	Interest in registered investment companies	XX	370,750
Lincoln YourPath 2045 Moderate Fund	Interest in registered investment companies	XX	11,909,456
Lincoln YourPath 2050 Aggressive Fund	Interest in registered investment companies	XX	2,412,183
Lincoln YourPath 2050 Conservative Fund	Interest in registered investment companies	XX	204,631
Lincoln YourPath 2050 Moderate Fund	Interest in registered investment companies	XX	14,753,518
Lincoln YourPath 2055 Aggressive Fund	Interest in registered investment companies	XX	1,825,801
Lincoln YourPath 2055 Conservative Fund	Interest in registered investment companies	XX	5,641
Lincoln YourPath 2055 Moderate Fund	Interest in registered investment companies	XX	10,869,889
Lincoln YourPath 2060 Aggressive Fund	Interest in registered investment companies	XX	516,463
Lincoln YourPath 2060 Conservative Fund	Interest in registered investment companies	XX	86,378
Lincoln YourPath 2060 Moderate Fund	Interest in registered investment companies	XX	4,694,269
Lincoln YourPath 2065 Aggressive Fund	Interest in registered investment companies	XX	332,398
Lincoln YourPath 2065 Conservative Fund	Interest in registered investment companies	XX	154
Lincoln YourPath 2065 Moderate Fund	Interest in registered investment companies	XX	1,851,028
Lincoln YourPath Income Aggressive Fund	Interest in registered investment companies	XX	1,008,598
Lincoln YourPath Income Conservative Fund	Interest in registered investment companies	XX	1,901,246
Lincoln YourPath Income Moderate Fund	Interest in registered investment companies	XX	3,462,240
LVIP Baron Growth Opportunities Fund	Interest in registered investment companies	XX	1,465
LVIP Blackrock Equity Dividend RPM Fund	Interest in registered investment companies	XX	309
LVIP Blended Large Cap Growth Fund	Interest in registered investment companies	XX	16,720
LVIP Dimensional U.S. Core Equity 1 Fund	Interest in registered investment companies	XX	219,635
LVIP JPMorgan Retirement Income Fund	Interest in registered investment companies	XX	38,126
LVIP Macquire Bond	Interest in registered investment companies	XX	21,010
LVIP Macquire Mid Cap Value Fund	Interest in registered investment companies	XX	2,910
LVIP Macquire Smid Cap Core Series	Interest in registered investment companies	XX	22,958
LVIP Macquire Social Awareness	Interest in registered investment companies	XX	118,980
LVIP Macquire U.S. REIT Fund	Interest in registered investment companies	XX	1,824
LVIP SSGA S&P 500 Index	Interest in registered investment companies	XX	15,269
LVIP T.Rowe Price Structured Mid-Cap Fund	Interest in registered investment companies	XX	21,871
MassMutual Select Mid Cap Growth Class R5 Fund	Interest in registered investment companies	XX	962,635

Plan Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – continued
As of December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	(e) Current Value
	PIMCO International Bond US Dollar Hedged Institutional Class Fund	Interest in registered investment companies	XX	$ 483,041
*	Putnam Money Market Fund - A	Interest in registered investment companies	XX	287,672
	Vanguard 500 Index Fund Admiral Shares	Interest in registered investment companies	XX	305,871
	Vanguard Inflation Protected Securities Institutional Fund	Interest in registered investment companies	XX	1,581,031
	Vanguard Mid Cap Index Institutional Fund	Interest in registered investment companies	XX	4,424,135
	Vanguard Small Cap Index Fund	Interest in registered investment companies	XX	5,252,616
	Vanguard Total Bond Market Index Institutional Fund	Interest in registered investment companies	XX	2,560,152
	Victory Sycamore Small Company Opportunity Class I Fund	Interest in registered investment companies	XX	996,521
				270,060,127
*	Mass Mutual General Account	Interest in unallocated insurance contract - fully benefit-responsive	XX	572,323
*	Lincoln Fixed Account	Interest in unallocated insurance contract - fully benefit-responsive	XX	261,555
*	Lincoln Stable Value Account	Interest in unallocated insurance contract - fully benefit-responsive	XX	15,372,778
*	Lincoln YourPath 2010 Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	392
*	Lincoln YourPath 2010 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	11,998
*	Lincoln YourPath 2010 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	606
*	Lincoln YourPath 2015 Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	372
*	Lincoln YourPath 2015 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	906
*	Lincoln YourPath 2015 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	43
*	Lincoln YourPath 2020 Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	151,840
*	Lincoln YourPath 2020 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	311,953
*	Lincoln YourPath 2020 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	2,302,723
*	Lincoln YourPath 2025 Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	1,030,182
*	Lincoln YourPath 2025 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	982,081
*	Lincoln YourPath 2025 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	5,022,739
*	Lincoln YourPath 2030 Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	938,893
*	Lincoln YourPath 2030 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	499,543
*	Lincoln YourPath 2030 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	5,906,617
*	Lincoln YourPath 2035 Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	763,956
*	Lincoln YourPath 2035 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	64,523
*	Lincoln YourPath 2035 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	3,824,853
*	Lincoln YourPath 2040 Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	52,631
*	Lincoln YourPath 2040 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	62,259
*	Lincoln YourPath 2040 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	1,023,813
*	Lincoln YourPath 2045 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	36,892
*	Lincoln YourPath 2045 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	370,866
*	Lincoln YourPath 2050 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	8,593
*	Lincoln YourPath 2050 Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	150,531
*	Lincoln YourPath 2055 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	116
*	Lincoln YourPath 2060 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	881
*	Lincoln YourPath 2065 Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	2
*	Lincoln YourPath Income Aggressive Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	269,726
*	Lincoln YourPath Income Conservative Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	1,220,156
*	Lincoln YourPath Income Moderate Fund	Interest in unallocated insurance contract - fully benefit-responsive	XX	1,636,788
				42,854,130

Plan Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – continued
As of December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	(e) Current Value
*	Horace Mann Insurance Company Fixed Account	Interest in non-fully benefit responsive insurance contract	XX	$ 372,354
*	MetLife Fund 16B Account	Interest in non-fully benefit responsive insurance contract	XX	7,335
*	MetLife T-Flex Account	Interest in non-fully benefit responsive insurance contract	XX	279,383
				659,072
*	Participant Loans***	Interest rates from 3.25% - 9.50%; maturing through January 2046	$ -	$ 2,998,511

* Denotes a party-in-interest, as defined by ERISA
XX Not required as investment is participant-directed
*** Balance does not include IRS defaulted loans of $767,202 whereby the loans have not been distributed from the plan.