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Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2024

Name of filer: SUBURBAN HOSPITAL, INC.

EIN or SSN: 52-0610545

Name and title of officer or person subject to tax: KATINA WILLIAMS
VP FINANCE, TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	X	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	427,696,589.
2a	**Form 990-EZ** check here		b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here		b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here		b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here		b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here		b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here		b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here		b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here		b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here		b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) ______, (EIN) ______ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[ ] I authorize ______ (ERO firm name) to enter my PIN ______ (Enter five numbers, but do not enter all zeros)

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[X] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

DocuSigned by:
Katina Williams
B7E9387DE26941E

Signature of officer or person subject to tax

Date 5/8/2026

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52360310545
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ______ Date ______

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868** (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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

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

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

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
SUBURBAN HOSPITAL, INC.

Taxpayer identification number (TIN)
52-0610545

Number, street, and room or suite no. If a P.O. box, see instructions.
8600 OLD GEORGETOWN ROAD

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
BETHESDA, MD 20814-1497

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

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

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name

Plan Number

Plan Year Ending (MM/DD/YYYY)

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

The books are in the care of THE CORPORATION
8600 OLD GEORGETOWN RD - BETHESDA, MD 20814-1497

Telephone No. 202-660-7720 Fax No.

- If the organization does not have an office or place of business in the United States, check this box .... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ________. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 ____ or

☒ tax year beginning JUL 1, 20 24, and ending JUN 30, 20 25

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

EXTENDED TO MAY 15, 2026

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047 **2024**

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending

C Name of organization: SUBURBAN HOSPITAL, INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address): 8600 OLD GEORGETOWN ROAD | Room/suite
City or town, state or province, country, and ZIP or foreign postal code: BETHESDA, MD 20814-1497

D Employer identification number: 52-0610545
E Telephone number: 443-997-5771
G Gross receipts $ 441,162,132.

F Name and address of principal officer: KATINA WILLIAMS
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No
H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions
H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.SUBURBANHOSPITAL.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other | **L** Year of formation: 1942 | **M** State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SUBURBAN HOSPITAL IS A COMMUNITY-BASED HOSPITAL SERVING MONTGOMERY COUNTY AND THE

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	2499
6	Total number of volunteers (estimate if necessary)	6	18
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	562,697.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,192,704.	2,650,100.
	9	Program service revenue (Part VIII, line 2g)	372,974,527.	401,323,747.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,877,426.	19,478,510.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,231,654.	4,244,232.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	394,276,311.	427,696,589.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	69,722.	52,864.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	184,384,047.	190,594,356.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	206,176,779.	228,847,179.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	390,630,548.	419,494,399.
	19	Revenue less expenses. Subtract line 18 from line 12	3,645,763.	8,202,190.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	694,250,517.	716,597,237.
	21	Total liabilities (Part X, line 26)	186,646,120.	179,677,503.
	22	Net assets or fund balances. Subtract line 21 from line 20	507,604,397.	536,919,734.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

DocuSigned by: Katina Williams
B7E3310E26401E...
Signature of officer | Date 5/8/2026

KATINA WILLIAMS, VP FINANCE, TREASURER
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:
SUBURBAN HOSPITAL WILL DELIVER SUPERIOR HEALTHCARE ENHANCED BY TECHNOLOGY, WELLNESS EDUCATION, RESEARCH, AND INNOVATIVE PARTNERSHIPS WITH PHYSICIANS, HOSPITALS, THE COMMUNITY, AND THE NATIONAL INSTITUTES OF HEALTH. MISSION: IMPROVING HEALTH WITH SKILL AND COMPASSION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .... [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .... [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 49,008,799. including grants of $) (Revenue $ 56,799,655.)
SURGICAL PATIENT SERVICES:
SUBURBAN HOSPITAL OFFERS COMPREHENSIVE INPATIENT AND OUTPATIENT SURGICAL SERVICES. THESE INCLUDE ORTHOPEDIC SERVICES, INCLUDING SPINE, NEUROSURGERY AND JOINT REPLACEMENT, WITH THE JOINT REPLACEMENT PROGRAM SERVING OVER 2,800 PATIENTS ANNUALLY. WITH THE DAVINCI SURGICAL SYSTEM, UROLOGIC, GYNECOLOGIC AND THORACIC PROCEDURES ARE PERFORMED WITH STATE-OF-THE-ART ROBOTIC TECHNOLOGY. SUBURBAN HOSPITAL IS THE ONLY CERTIFIED TRAUMA CENTER IN MONTGOMERY COUNTY. THE LEVEL II TRAUMA CENTER TREATS 3,000 MAJOR TRAUMA CASES ANNUALLY AND HAS AN ORTHOPEDIC TRAUMATOLOGIST ON STAFF. THE FOLLOWING SPECIALISTS ARE ON CALL FOR EMERGENCIES: TRAUMA SURGEONS, NEUROSURGEONS, UROLOGISTS, ENT, OB/GYN, AND CARDIOLOGISTS. DURING 2024, SUBURBAN HOSPITAL ADMITTED 3,500+

4b (Code:) (Expenses $ 156,595,297. including grants of $) (Revenue $ 156,475,214.)
MEDICAL PATIENT SERVICES:
SUBURBAN HOSPITAL PROVIDES ACUTE AND CRITICAL CARE FOR A COMPLETE RANGE OF MEDICAL DIAGNOSES. THE HOSPITAL IS A JOINT COMMISSION CERTIFIED PRIMARY STROKE CENTER FEATURING A DEDICATED NIH STROKE TEAM, WHICH PROVIDES RAPID DIAGNOSIS AND CUTTING-EDGE TREATMENT OF STROKES. SUBURBAN HOSPITAL ALSO OPERATES A CANCER CARE PROGRAM, WHICH IS ACCREDITED WITH COMMENDATION BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS. THE COMPREHENSIVE PROGRAM SERVICES PATIENTS WITH ALL DIAGNOSES AND OFFERS CUTTING-EDGE TECHNOLOGY AND PERSONALIZED CARE. IN 2025, SUBURBAN HOSPITAL ADMITTED APPROXIMATELY 9,300 MEDICAL PATIENTS. SUBURBAN IS ALSO HOME TO BOTH INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH PROGRAMS, AS WELL AS AN ADDICTION

4c (Code:) (Expenses $ 88,286,548. including grants of $) (Revenue $ 86,161,441.)
CARDIOVASCULAR PATIENT SERVICES:
SUBURBAN HOSPITAL'S SPECIALIZED CENTER FOR CARDIAC CARE, ANCHORED BY THE NIH HEART CENTER, BRINGS THE CLINICAL AND SCIENTIFIC EXCELLENCE OF TWO RENOWNED MEDICAL INSTITUTIONS TO A COMMUNITY-BASED CARDIAC PROGRAM. THROUGH COLLABORATION WITH THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI) OF THE NATIONAL INSTITUTES OF HEALTH AND JOHNS HOPKINS MEDICINE, SUBURBAN HOSPITAL PROVIDES PATIENTS EASY ACCESS TO ADVANCED CARDIOVASCULAR TREATMENTS AVAILABLE IN VERY FEW MEDICAL CENTERS. IN ADDITION TO STATE-OF-THE-ART CARDIAC SURGERY AND ANGIOPLASTY, THE NIH HEART CENTER AT SUBURBAN HOSPITAL COMPLEMENTS A BROAD RANGE OF EXISTING CARDIAC PROGRAMS AT SUBURBAN HOSPITAL - FROM EMERGENCY CARE TO CARDIAC DIAGNOSTICS AND REHABILITATION.

4d Other program services (Describe on Schedule O.)
(Expenses $ 36,744,927. including grants of $ 52,864.) (Revenue $ 105,568,972.)

4e Total program service expenses 330,635,571.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV | Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2499			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MD

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

THE CORPORATION - 202-660-7720
8600 OLD GEORGETOWN RD, BETHESDA, MD 20814-1497

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KEVIN W. SOWERS, M.S.N., R.N., TRUSTEE, CORPORATE VICE CHAIR	1.00 59.00	X		X				0.	2,887,047.	35,481.
(2) CAROLYN CARPENTER, M.H.A, F.A.C TRUSTEE, PRES NATIONAL CAP REGION	30.00 30.00	X		X				0.	1,072,517.	56,095.
(3) PETER B. MANCINO, ESQ. ASSISTANT SECRETARY	1.00 59.00			X				0.	619,924.	49,581.
(4) LEIGHANN SIDONE, D.N.P, R.N., C PRESIDENT	59.00 1.00			X				0.	547,185.	108,369.
(5) JESSICA THOMPSON MELTON, M.H.A. FORMER OFFICER	0.00 60.00						X	0.	609,980.	19,312.
(6) KIMBERLY ELYANOW, M.B.A VP, FINANCE & TREASURER	30.00 30.00			X				0.	553,308.	42,391.
(7) GEORGE CHEELY, M.D. VP, MEDICAL AFFAIRS	60.00 0.00			X				0.	511,488.	49,164.
(8) ATUL ROHATGI, M.D. FORMER OFFICER	0.00 60.00						X	0.	491,422.	43,456.
(9) ANU MULLICK VP, STRATEGIC INITIATIVES & PLANNING	60.00 0.00			X				0.	392,377.	55,428.
(10) ALVIN D'ANGELO VP, OPERATIONS	60.00 1.00			X				0.	382,016.	33,086.
(11) CINDY MERZ, M.S. VP, DEVELOPMENT	30.00 30.00			X				0.	313,980.	84,315.
(12) TIFFANY PRATT VP, HR NATIONAL CAP REGION	30.00 30.00			X				0.	370,000.	25,995.
(13) VADIM SCHICK (THRU 3/25) SECRETARY	1.00 59.00			X				0.	351,468.	20,263.
(14) JENNIFER RAYNOR DIRECTOR PHARMACY	50.00 0.00					X		276,931.	0.	33,502.
(15) LEIMING WANG LEAD SPECIALTY APP	50.00 0.00					X		263,162.	13,500.	20,477.
(16) MATTHEW TOVORNIK EXEC DIRECTOR PERIOPERATIVE SVCS	50.00 0.00					X		249,770.	0.	45,614.
(17) REGINA HOWELL MANAGER ADVANCED PRACTICE	50.00 0.00					X		254,486.	0.	38,433.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) MARK JOSEPH TULIAO NURSE CLINICIAN	50.00 0.00					X		240,382.	0.	47,779.
(19) COURTNEY CORNELL, M.S.N., R.N., VP, NURSING & CNO	60.00 0.00			X				167,725.	78,576.	36,938.
(20) CHRIS REINARD SECRETARY	1.00 59.00			X				0.	75,856.	10,206.
(21) JANINE LOSSING TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) MARY ELLEN BELIVEAU TRUSTEE, CHAIR	1.00 1.00	X						0.	0.	0.
(23) LARA EISENBERG, M.D. TRUSTEE, VICE CHAIR	1.00 0.00	X						0.	0.	0.
(24) ANDREW CAMERON, M.D., PH.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) BRIAN COBB TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) LINDA COURIE TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,452,456.	9,270,644.	855,885.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,452,456.	9,270,644.	855,885.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 516

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FIRST COLONIES ANESTHESIA ASSOCIATES 12222 MERIT DR, STE 700, DALLAS, TX 75251	MEDICAL SERVICES	3,034,994.
AYA HEALTHCARE INC., 5930 CORNERSTONE CT STE 300, SAN DIEGO, CA 92121	NURSING SERVICES	1,158,049.
VISION RADIOLOGY PLLC PO BOX 734931, DALLAS, TX 75373	RADIOLOGY SERVICES	1,109,360.
WHITING TURNER CONTRACTING CO PO BOX 17596, BALTIMORE, MD 21297	CONTRACTING SERVICES	957,889.
SPECIALTY CARE CARDIOVASCULAR RESOURCES PO BOX 11407, BIRMINGHAM, AL 35246	MEDICAL SERVICES	919,812.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 60

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) SARAH JOHNSON CONWAY, M.D. TRUSTEE	1.00 59.00	X						0.	0.	0.
(28) LAURA GIANGIULI (THRU 12/24) TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) MARIA GOMEZ (APPT 9/24) TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) ELIZABETH FLANAGAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) ED HEALY, M.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) JON SLABAUGH TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) MARK FUTROVSKY TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) DAVID RUBEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) MICHAEL A. SMITH, M.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) LEE WEINSTEIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) SUE WINGATE TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) BARTON LEONARD, M.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	2,008,566.				
	e	Government grants (contributions)	1e	639,334.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,200.				
	g	Noncash contributions included in lines 1a-1f	1g	$				
	h	**Total.** Add lines 1a-1f			2,650,100.			
Program Service Revenue				Business Code				
	2 a	NET PATIENT REVENUE		621990	399894701.	399894701.		
	b	LAB REVENUE		541380	1,429,046.	866,349.	562,697.	
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f			401323747.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			6,133,188.			6133188.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real / (ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
				(i) Securities / (ii) Other				
	7 a	Gross amount from sales of assets other than inventory	7a	(i) 25,323,000. / (ii) 1487865.				
	b	Less: cost or other basis and sales expenses	7b	(i) 13,465,543. / (ii) 0.				
	c	Gain or (loss)	7c	(i) 11,857,457. / (ii) 1487865.				
	d	Net gain or (loss)			13,345,322.			13345322.
	8 a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10 a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
	11 a	OTHER REVENUE		621990	2,000,942.	2,000,942.		
	b	CAFETERIA INCOME		722514	971,516.	971,516.		
	c	PARKING		812930	755,995.	755,995.		
	d	All other revenue		621990	515,779.	515,779.		
	e	**Total.** Add lines 11a-11d			4,244,232.			
	12	**Total revenue.** See instructions			427696589.	405005282.	562,697.	19478510.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	52,864.	52,864.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	58,825.		58,825.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	156,611,786.	136,800,395.	19,811,391.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,608,104.	4,025,179.	582,925.	
9 Other employee benefits	16,387,125.	14,314,154.	2,072,971.	
10 Payroll taxes	12,928,516.	11,293,059.	1,635,457.	
11 Fees for services (nonemployees):				
a Management				
b Legal	80,639.		80,639.	
c Accounting	71,096.		71,096.	
d Lobbying	149,004.		149,004.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	204,318.	178,472.	25,846.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,881,892.	6,945,751.	936,141.	
12 Advertising and promotion	85,213.		85,213.	
13 Office expenses	24,085,911.	19,288,872.	4,797,039.	
14 Information technology	1,096,165.	957,500.	138,665.	
15 Royalties				
16 Occupancy	4,273,809.	3,733,172.	540,637.	
17 Travel	168,221.		168,221.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	250,608.	218,906.	31,702.	
20 Interest	5,017,063.	5,017,063.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,484,392.	22,260,616.	3,223,776.	
23 Insurance	2,720,733.	2,205,021.	515,712.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	78,330,955.	78,330,955.	0.	
b PURCHASED SERVICES - AF	64,106,328.	11,835,054.	52,271,274.	
c PROFESSIONAL FEES	12,855,452.	11,488,834.	1,366,618.	
d OTHER	1,985,380.	1,689,704.	295,676.	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	419,494,399.	330,635,571.	88,858,828.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		6,574.	1	5,000.
	2	Savings and temporary cash investments		26,882,921.	2	27,895,198.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		50,896,387.	4	57,906,377.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		12,896,049.	8	13,391,057.
	9	Prepaid expenses and deferred charges		1,657,559.	9	1,639,554.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 519,414,729.			
	b	Less: accumulated depreciation	10b 276,824,636.	255,891,953.	10c	242,590,093.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		322,773,593.	12	338,470,594.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		23,245,481.	15	34,699,364.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		694,250,517.	16	716,597,237.
Liabilities	17	Accounts payable and accrued expenses		35,839,528.	17	36,968,176.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		150,806,592.	25	142,709,327.
	26	**Total liabilities.** Add lines 17 through 25		186,646,120.	26	179,677,503.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		507,604,397.	27	536,919,734.
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		507,604,397.	32	536,919,734.
	33	Total liabilities and net assets/fund balances		694,250,517.	33	716,597,237.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	427,696,589.
2	Total expenses (must equal Part IX, column (A), line 25)	2	419,494,399.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,202,190.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	507,604,397.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	21,113,147.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	536,919,734.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

Name of the organization: SUBURBAN HOSPITAL, INC.
Employer identification number: 52-0610545

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 [X] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ____
10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .... [ ]

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ☐

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ☐

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

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

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

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

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

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

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (describe in **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

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

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

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization	Employer identification number
SUBURBAN HOSPITAL, INC.	52-0610545

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year .... $ ________

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
SUBURBAN HOSPITAL, INC.	52-0610545

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 2,008,566.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 378,817.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 154,038.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 106,479.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SUBURBAN HOSPITAL, INC.	52-0610545

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

Name of organization	Employer identification number
SUBURBAN HOSPITAL, INC.	52-0610545

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number (EIN)
SUBURBAN HOSPITAL, INC.	52-0610545

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures .... $

3 Volunteer hours for political campaign activities ....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 .... $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 .... $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .... ☐ Yes ☐ No

4a Was a correction made? .... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities .... $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .... $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b .... $

4 Did the filing organization file **Form 1120-POL** for this year? .... ☐ Yes ☐ No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		149,004.
j Total. Add lines 1c through 1i			149,004.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:
SUBURBAN HOSPITAL PAID ITS PARENT CORPORATION, JOHNS HOPKINS HEALTH SYSTEM CORPORATION $144,121 DURING FISCAL YEAR ENDED JUNE 30, 2025 TO SUPPORT THEIR LOBBYING ACTIVITIES. JOHNS HOPKINS OFFICE OF GOVERNMENT AND COMMUNITY AFFAIRS (GCA) SERVES JOHNS HOPKINS UNIVERSITY AND MEDICINE, JOHNS HOPKINS HEALTH SYSTEM AND AFFILIATES. THE PRIMARY PURPOSE OF THIS DEPARTMENT IS TO MAINTAIN CONTACT WITH ELECTED AND APPOINTED STATE OFFICIALS, AND OCCASIONAL FEDERAL OFFICIALS, REGARDING ISSUES WHICH IMPACT JOHNS HOPKINS HEALTH SYSTEM AND ITS AFFILIATES AS WELL AS THE HEALTHCARE INDUSTRY IN GENERAL.

THE ORGANIZATION ALSO PAID CERTAIN DUES OR MEMBERSHIP FEES TO VARIOUS

Part IV **Supplemental Information** *(continued)*

PROFESSIONAL ASSOCIATIONS, STATE HOSPITAL ASSOCIATIONS, AND OTHER PROFESSIONAL MEDICAL SOCIETIES WHO ALLOCATE A PORTION OF THOSE DUES TOWARDS LOBBYING EXPENSES. FOR FY25, THE ORGANIZATION HAS CONFIRMED THAT $4,883 OF SUCH DUES WERE ALLOCATED TOWARDS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: SUBURBAN HOSPITAL, INC.

Employer identification number: 52-0610545

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ ______

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ______ %

b Permanent endowment ______ %

c Term endowment ______ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,336,784.		1,336,784.
b Buildings		265,649,187.	131,111,855.	134,537,332.
c Leasehold improvements		167,309.	162,969.	4,340.
d Equipment		229,912,781.	136,150,442.	93,762,339.
e Other		22,348,668.	9,399,370.	12,949,298.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				242,590,093.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LONG TERM INV	338,470,594.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	338,470,594.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTIES	14,445,138.
(3) CAPITAL ACCUMULATION ACCOUNT	289,397.
(4) 457B FOR DIRECTORS	30,229.
(5) DUE TO AFFILIATES	118,543,176.
(6) WORKERS COMP INSURANCE LIABILITY	2,298,933.
(7) MALPRACTICE INSURANCE	1,859,284.
(8) L/T MAL LIAB	3,207,399.
(9) L/T FINANCING LEASE	130,060.
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	142,709,327.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

SEE PART XIII FOR CONTINUATIONS

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

PART X, LINE 2:

FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. THE HOSPITAL HAS ADOPTED THIS GUIDANCE, AND THERE WAS NO IMPACT ON ITS FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2025 AND 2024.

Part XIII Supplemental Information *(continued)*

Part XIII Supplemental Information *(continued)*

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
S/T OPERATING LEASE LIABILITY	113,368.
DEFERRED OPERATING EXPENSE	105,343.
L/T PENSION LIABILITY	1,687,000.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047
2024
Open to Public Inspection

Name of the organization: SUBURBAN HOSPITAL, INC.
Employer identification number: 52-0610545

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [X] 200% [ ] Other ____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 500 %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial assistance at cost (from Worksheet 1)			8090320.	0.	8090320.	1.93%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial assistance and means-tested government programs			8090320.		8090320.	1.93%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			28276510.	3393935.	24882575.	5.93%
f Health professions education (from Worksheet 5)			9647659.	0.	9647659.	2.30%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			344,379.	344,379.		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1435329.	8,628.	1426701.	.34%
j **Total.** Other benefits			39703877.	3746942.	35956935.	8.57%
k **Total.** Add lines 7d and 7j			47794197.	3746942.	44047255.	10.50%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			0.	0.		
2 Economic development			66,254.	4,314.	61,940.	.01%
3 Community support			211,053.	4,314.	206,739.	.05%
4 Environmental improvements			132,442.	0.	132,442.	.03%
5 Leadership development and training for community members			0.	0.		
6 Coalition building			592,925.	14,380.	578,545.	.14%
7 Community health improvement advocacy			0.	0.		
8 Workforce development			286,826.	6,379.	280,447.	.07%
9 Other			0.	0.		
10 Total			1289500.	29,387.	1260113.	.30%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	8,415,957.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	145,976,880.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	142,884,620.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	3,092,260.

8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

		Yes	No
9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 SUBURBAN HOSPITAL, INC. 8600 OLD GEORGETOWN RD BETHESDA, MD 15332 WWW.HOPKINSMEDICINE.ORG/SUBURBAN_HOSPI 15-028	X									

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: SUBURBAN HOSPITAL, INC.

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

		Yes	No
Community Health Needs Assessment (CHNA)			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 24			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): SEE SUPPLEMENTAL INFORMATION			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [X] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 24			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," list url: SEE SUPPLEMENTAL INFORMATION			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: SUBURBAN HOSPITAL, INC.

			Yes	No
	Did the hospital facility have in place during the tax year a written FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 200 % for eligibility for discounted care of 500 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[ ] Insurance status			
f	[ ] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION			
b	[X] The FAP application form was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: SUBURBAN HOSPITAL, INC.

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):

- **a** ☒ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: SUBURBAN HOSPITAL, INC.

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

Part V Facility Information *(continued)*

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

SUBURBAN HOSPITAL, INC.:

PART V, SECTION B, LINE 5: SUBURBAN HOSPITAL'S FOOTPRINT IS ROOTED IN COMMUNITY HEALTH. IN LIVING OUT ITS MISSION TO IMPROVE THE HEALTH AND WELLBEING OF THE COMMUNITY, THE SERVICES AND CARE PROVIDED BY OUR COLLEAGUES EXPAND BEYOND THE WALLS OF THE HOSPITAL TO NURTURE A HEALTHY, VIBRANT AND RESILIENT MONTGOMERY COUNTY. THE FOLLOWING, SPEARHEADED BY THE COMMUNITY HEALTH AND WELLNESS (CHW) DIVISION, DESCRIBES SUBURBAN'S PROCESS FOR COMMUNITY HEALTH IMPROVEMENT, WHICH GUIDES AND INFORMS OUR WORK TO REDUCE HEALTH DISPARITIES AND IMPROVE HEALTH EQUITY.

THE CHW DIVISION IS A TEAM OF PUBLIC HEALTH PROFESSIONALS, COMMUNITY HEALTH NURSES, EDUCATORS AND COMMUNITY HEALTH WORKERS, ARMED WITH TRAINING, KNOWLEDGE AND EXPERIENCE IN PUBLIC HEALTH PRINCIPLES. THEY SERVE, INDIVIDUALLY AND COLLECTIVELY, AS PUBLIC HEALTH RESOURCES, COACHES AND GUIDES, DUE IN PART TO THEIR EDUCATIONAL BACKGROUND, TRUSTED RELATIONSHIPS BUILT IN THE COMMUNITY, AND FIRSTHAND KNOWLEDGE OF THE MAJOR HEALTH CONCERNS, BARRIERS AND NEEDS. IN SERVING THE SUBURBAN HOSPITAL'S MISSION OF IMPROVING HEALTH WITH SKILL AND COMPASSION, THE DIVISION LEVERAGES STRATEGIC PARTNERSHIPS WITH LOCAL GOVERNMENT, COALITIONS, COMMUNITY PARTNERS AND LEADERS TO ENSURE COMMON GOALS ARE ESTABLISHED TO PROVIDE RESOURCES TO THE COUNTY'S MOST VULNERABLE RESIDENTS. THE UTILIZATION OF RIGOROUS MEASUREMENT, EVALUATION AND ANALYSIS ENSURES THAT THE REPORTING OF HEALTH IMPROVEMENT OUTCOMES ACHIEVE THE TRI-ANNUAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND ANNUAL COMMUNITY BENEFIT REQUIREMENTS AND GOALS. PUBLIC HEALTH LEADERS WITHIN THE CHW DIVISION OVERSAW AND MANAGED THE 2025 CHNA PROCESS ON BEHALF OF SUBURBAN HOSPITAL AND INCLUDED DATA COLLECTION, COMMUNITY ENGAGEMENT, EVALUATION AND DRAFTING OF THE CHNA DOCUMENT. THE PROCESS BEGAN IN THE SUMMER OF 2024 AND WAS FINALIZED BY JUNE 30, 2025.

IN 2021, THE FOUR MONTGOMERY COUNTY HEALTH SYSTEMS, ADVENTIST HEALTHCARE (ADVENTIST HEALTHCARE REHABILITATION, ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER, AND THE ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER), HOLY CROSS HEALTH (HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL), MEDSTAR HEALTH (MEDSTAR MONTGOMERY MEDICAL CENTER) AND SUBURBAN HOSPITAL, JOHNS HOPKINS MEDICINE, SOUGHT THE OPPORTUNITY TO ALIGN USING THE COLLECTIVE IMPACT MODEL TO CREATE THE MONTGOMERY COUNTY HOSPITAL COLLABORATIVE, OR MCHC AND DEVELOPED A JOINT CHNA AND IMPLEMENTATION STRATEGY, ISSUED IN 2022.

MCHC BEGAN AS A SHARED PARTICIPATION IN HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS AND LOCAL HEALTH IMPROVEMENT COALITION. ESTABLISHED IN JUNE 2009, HEALTHY MONTGOMERY BRINGS TOGETHER COUNTY GOVERNMENT AGENCIES, COUNTY HOSPITAL SYSTEMS INCLUDING SUBURBAN HOSPITAL, MINORITY HEALTH PROGRAMS AND INITIATIVES, ADVOCACY GROUPS, AND OTHER STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL MONTGOMERY COUNTY RESIDENTS. THE MONTGOMERY COUNTY HOSPITALS RECOGNIZED THE OPPORTUNITY TO WORK TOGETHER TO LEVERAGE COMMUNITY BENEFIT RESOURCES, IDENTIFY OVERLAPPING IMPLEMENTATION STRATEGIES, AND DECREASE DUPLICATION OF EFFORTS.

WHILE MONTGOMERY COUNTY RANKS AS ONE OF THE HEALTHIEST COUNTIES IN MARYLAND, THERE ARE BARRIERS WITHIN THE COUNTY TO IMPROVING THE WELL-BEING FOR MANY IN OUR COMMUNITY. TO ADDRESS THESE, MCHC FOCUSES ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) EFFORTS ON 38 ZIP CODES ACROSS MONTGOMERY AND PRINCE GEORGE'S COUNTIES, WHERE THE NEED IS GREATEST DURING THE CHNA PROCESS IN 2022 AND IN 2025.

Part V Facility Information *(continued)*

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

THE 2025 MCHC CHNA RELIED ON MULTIPLE TOOLS AND RESOURCES TO UNDERSTAND AND IDENTIFY THE UNMET HEALTH NEEDS OF THE PEOPLE WE SERVE, INCLUDING:

- FEDERAL, STATE, AND LOCAL HEALTH SURVEILLANCE DATA SETS, COLLECTED FROM JULY 2024 TO NOVEMBER 2024.
- EXTERNAL STAKEHOLDERS, COMPRISING OFFICERS FROM LOCAL GOVERNMENT AGENCIES AND LEADERS FROM COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES, COALITIONS, AND ASSOCIATIONS.
- A COMMUNITY ENGAGEMENT COUNCIL, COMPRISING INDIVIDUALS WORKING DIRECTLY WITH COMMUNITIES THAT FACE THE HIGHEST NEEDS.
- A 19-QUESTION COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY OFFERED IN SIX LANGUAGES.
- COMMUNITY CONVERSATIONS, KEY INFORMANT INTERVIEWS, AND A FOCUS GROUP.
- EXISTING NEEDS ASSESSMENTS FROM LOCAL HEALTH INITIATIVES, GOVERNMENT AGENCIES, AND NONPROFIT COMMUNITY HEALTH ORGANIZATIONS.

BUILDING ON PREVIOUS ASSESSMENTS, THIS CHNA INCORPORATES NEW DATA SOURCES AND IMPROVED METHODOLOGIES TO BETTER CAPTURE THE EVOLVING HEALTH NEEDS OF THE COMMUNITY. GUIDED BY THE COUNTY HEALTH RANKINGS MODEL, WHICH OUTLINES FACTORS INFLUENCING LENGTH AND QUALITY OF LIFE, OVER 100 INDICATORS HAVE BEEN ASSESSED AND INTEGRATED TO CREATE A COMPREHENSIVE HEALTH PROFILE OF BOTH MONTGOMERY AND PRINCE GEORGE'S COUNTY. THIS ENHANCED APPROACH, SUPPORTED BY THE ONGOING COLLABORATION AND INVESTMENT OF THE MCHC, ENSURES A ROBUST UNDERSTANDING OF HEALTH INEQUITIES AND IDENTIFIES OPPORTUNITIES FOR INTERVENTION TO IMPROVE HEALTH OUTCOMES FOR ALL RESIDENTS. THE PROCESS INCLUDES 1) INFORMATION GATHERED FROM COMMUNITY MEMBERS AND SUBJECT MATTER EXPERTS THROUGH THE HEALTHY MONTGOMERY COMMUNITY HEALTH IMPROVEMENT PROCESS, EXTERNAL ADVISORY BOARD DISCUSSIONS, AND KEY INFORMANT INTERVIEWS; AND 2) THE COLLECTION OF TIMELY, RELIABLE, AND VALID SECONDARY HEALTH DATA AND REPORTS.

HEALTHY MONTGOMERY -SERVING AS THE LOCAL HEALTH IMPROVEMENT COALITION (LHIC), HEALTHY MONTGOMERY BRINGS TOGETHER MONTGOMERY COUNTY GOVERNMENT AGENCIES, HOSPITAL SYSTEMS, MINORITY HEALTH INITIATIVES/HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, COMMUNITY-BASED SERVICE PROVIDERS, THE HEALTH INSURANCE COMMUNITY, AND OTHER STAKEHOLDERS TO SET A HEALTH PRIORITY AGENDA AND AN ACTION PLAN FOR MONTGOMERY COUNTY'S PRIORITIZED NEEDS.

ADVISORY AND COMMUNITY ENGAGEMENT GROUPS - MCHC ENHANCED ITS COMMUNITY-CENTERED HEALTH IMPROVEMENT APPROACH BY FORMING A COMMUNITY ENGAGEMENT COUNCIL (CEC). THE CEC COMPRISED OF COMMUNITY MEMBERS FROM SEVERAL FOCUS AREAS WHO CONTRIBUTED THEIR LIVED EXPERIENCES AND INSIGHTS TO ENSURE THE CHNA ACCURATELY REFLECTED THE COMMUNITY'S NEEDS AND STRENGTHS. MEMBERS WERE INTEGRAL IN THE DEVELOPMENT OF A DISTRIBUTION PLAN FOR THE SURVEY AND PROVIDED INPUT ON THE SURVEY CONTENT.

IN THE SUMMER OF 2024, MCHC REACHED OUT TO KNOWN LEADERS IN THE COMMUNITY TO HELP IDENTIFY INDIVIDUALS COMMITTED TO THEIR RESPECTIVE COMMUNITIES, INCLUDING FAITH-BASED, OLDER ADULTS, GEOGRAPHICALLY ISOLATED, AND PEOPLE LIVING WITH DISABILITIES. RECRUITMENT FOCUSED ON THOSE LIVING OR WORKING IN DESIGNATED ZIP CODES FROM THE COMMUNITY EQUITY INDEX. MCHC INVITED 10 OF THESE INDIVIDUALS TO JOIN THE CEC, WHICH MET WEEKLY FOR SEVEN WEEKS BETWEEN OCTOBER AND NOVEMBER 2024.

THE OBJECTIVE OF THIS GROUP WAS TO DEVELOP A COMMUNITY ENGAGEMENT PLAN (CEP), THAT ONCE IMPLEMENTED, WOULD COLLECT MEANINGFUL AND ACTIONABLE INSIGHTS ABOUT KEY HEALTH CONCERNS, GAPS IN SERVICES, AND COMMUNITY RESOURCES FROM A BROAD AND REPRESENTATIVE SET OF COMMUNITY MEMBERS. TOPICS ON WHICH THE CEC STRATEGIZED OVER THE SEVEN WEEKS INCLUDED IDENTIFYING

Part V | Facility Information *(continued)*

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

ADDITIONAL STAKEHOLDERS WITHIN THEIR NETWORKS, TYPES OF ENGAGEMENT ACTIVITIES, CONSIDERATIONS FOR INCENTIVIZATION, COMMUNICATION METHODS, AND HOW TO MAINTAIN ONGOING ENGAGEMENT. KEY OUTCOMES OF THIS PROCESS INCLUDED THE RECOMMENDATION OF SPECIFIC LANGUAGES IN WHICH TO OFFER THE COMMUNITY SURVEY, THE BEST METHOD IN WHICH TO DELIVER SURVEYS TO COMMUNITIES (IN-PERSON VERSUS VIRTUAL OUTREACH), AND OTHER ACCESSIBILITY CONSIDERATIONS. THE RESULTING CEP SET MCHC UP TO SUCCESSFULLY DELIVER THE PRIMARY DATA COLLECTION ACTIVITIES FROM JANUARY THROUGH MARCH 2025; PRIMARY DATA COLLECTION ACTIVITIES INCLUDED A SURVEY AND FOCUS GROUP. THE MCHC USED THIS INFORMATION, IN TANDEM WITH LOCAL PUBLIC HEALTH LEADERS, SERVICE PROVIDERS AND COMMUNITY ADVOCATES, TO PRIORITIZE ROOT CAUSES OF HEALTH INEQUITIES OUTLINED INTO THREE HEALTH DOMAINS: 1) EASY ACCESS TO COMPREHENSIVE CARE, 2) PROMOTION OF HEALTHY LIVING AND WELL-BEING FOR ALL, AND 3) SUPPORT FOR ESSENTIAL COMMUNITY SERVICES. ADDRESSING THESE ROOT CAUSES WILL REDUCE THE BURDEN OF HEALTH OUTCOMES ASSOCIATED WITH HEART DISEASE, DIABETES, MENTAL HEALTH, CANCER, MATERNAL AND CHILD HEALTH, INFECTIONS, AND UNINTENTIONAL INJURIES.

-SEE SUPPLEMENTAL INFO FOR CONTINUATION

SUBURBAN HOSPITAL, INC.:
PART V, SECTION B, LINE 6A: THE COLLABORATIVE CHNA INCLUDED ALL HOSPITALS IN MONTGOMERY COUNTY:

1. ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER
2. ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER
3. HOLY CROSS HOSPITAL
4. HOLY CROSS GERMANTOWN HOSPITAL
5. MEDSTAR MONTGOMERY MEDICAL CENTER

SUBURBAN HOSPITAL, INC.:
PART V, SECTION B, LINE 6B: IN CONDUCTING THE 2025 CHNA, MONTGOMERY COUNTY DHHS AND HEALTHY MONTGOMERY WERE VITAL TO THE DATA COLLECTION, ENGAGEMENT AND PRIORITIZATION PROCESS. THE ORGANIZATIONS BELOW SERVED AS STAKEHOLDERS WHO WERE CONSULTED IN THE CHNA ENGAGEMENT AND PRIORITIZATION PROCESS.

A WIDER CIRCLE
AGE FRIENDLY MONTGOMERY COUNTY
AMERICAN DIVERSITY GROUP
CHARLES E. SMITH LIFE COMMUNITIES
COMMUNITY FARM SHARE
EASTERN MONTGOMERY EMERGENCY ASSISTANCE NETWORK
EVERYMIND
LINKAGES TO LEARNING PROGRAM
FAIR ACCESS FOR THE WESTERN COUNTY
GIRLS ON THE RUN OF MONTGOMERY COUNTY, MD
GREATER STONEGATE VILLAGE
GRISWOLD HOME CARE
HEALTHCARE INITIATIVE FOUNDATION
INTERFAITH WORKS
MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.
MUSLIM COMMUNITY CENTER (MCC) MEDICAL CLINIC

Part V Facility Information *(continued)*

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

MONTGOMERY COUNTY RECREATION
PRIMARY CARE COALITION
RETIRED COMMUNITY MEMBER, FORMERLY WITH CHEER
TRINITY HEALTH
PACE
VILLAGE OF FRIENDSHIP HEIGHTS
WASHINGTON METRO OASIS
WHOLISTIC BIRTH PROJECT
WESTERN UPPER MONTGOMERY COUNTY (WUMCO) HELP, INC.

SUBURBAN HOSPITAL, INC.:
PART V, SECTION B, LINE 7D: A FULL COPY OF THE MCHC CHNA IS AVAILABLE IN PRINT AT SUBURBAN HOSPITAL AND ON THE HOSPITAL'S WEBSITE. IN ADDITION, COMPONENTS OF THE CHNA WERE MADE AVAILABLE THROUGH THE HOSPITAL'S ELECTRONIC HEALTH AND WELLNESS NEWSLETTER KNOWN AS WELLWORKS. A SUPPLEMENTAL REPORT KNOWN AS THE COMMUNITY HEALTH IMPROVEMENT REPORT (CHI), WHICH HIGHLIGHTS THE HOSPITAL'S CHNA, IMPLEMENTATION STRATEGY AND COMMUNITY BENEFIT WAS MADE AVAILABLE TO COMMUNITY STAKEHOLDERS AND LEGISLATORS ANNUALLY. THE CHIAC DISSEMINATES THE CHI TO THEIR STAKEHOLDERS AND COMMUNITY.

SUBURBAN HOSPITAL, INC.:
PART V, SECTION B, LINE 11: 2025-2028 MONTGOMERY COUNTY REGIONAL COLLABORATIVE COMMUNITY
HEALTH IMPROVEMENT PLAN (CHIP) IS THE HOSPITAL'S FORMAL RESPONSE TO THE NEEDS ASSESSMENT AND WAS DRAFTED COLLABORATIVELY AMONG ALL SIX MONTGOMERY COUNTY HOSPITALS AS WELL AS MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (MCDHHS). IT IS THE FIRST TIME THAT MCDHHS AND MCHC HAVE MADE ALIGNED EFFORTS TO CREATE THE CHIP AND OUTLINES HOW MCHC AND MCDHHS PLAN TO ADDRESS EACH OF THE THREE PRIORITIZED HEALTH DOMAINS, SPECIFICALLY NOTING THE ACTIONS EACH HOSPITAL AND MCDHHS INTENDS TO TAKE AND THE ANTICIPATED IMPACT OF THESE ACTIONS.

THE CHIP REFLECTS AN OVERALL APPROACH TO IMPROVING COMMUNITY HEALTH BY TARGETING THE INTERSECTION BETWEEN THE IDENTIFIED NEEDS OF THE COMMUNITY AND THE KEY STRENGTHS AND MISSION COMMITMENTS OF EACH ORGANIZATION TO HELP BUILD A CONTINUUM OF CARE. TO ADDRESS THE UNMET NEEDS, THE CHIP FOCUSES ON PREVENTION, EDUCATION, AND DISEASE MANAGEMENT INITIATIVES. THE COLLABORATIVE APPROACH OF THE 2025 IMPLEMENTATION PLAN POSITIONS SUBURBAN AND THE OTHER HOSPITALS TO ADDRESS ALL THE UNMET NEEDS VIA A COLLECTIVE APPROACH THAT BUILDS ON STRENGTHENING AND EXPANDING EXISTING INFRASTRUCTURE AND SHARED MEASUREMENT SYSTEMS. TO ACHIEVE THIS GOAL, EACH HEALTH SYSTEM HAS ESTABLISHED LEAD COMMUNITY HEALTH IMPROVEMENT ACCOUNTABILITY LEVERS, WHICH INCLUDES AN ORGANIZATIONAL STRUCTURE TO PROVIDE OVERSIGHT OF ONGOING PLANNING, BUDGETING, STRATEGIC IMPLEMENTATION, AND MULTI-YEAR EVALUATION.

INTEGRATING BOTH THE MCHC AND HOSPITAL'S IMPLEMENTATION AND INTERNAL STRATEGIC GOALS, THE HOSPITAL'S STRATEGIC PLAN IS ALIGNED TO INCREASE HEALTHCARE ACCESS TO OUR MOST VULNERABLE PATIENTS AND COMMUNITIES. DELIBERATELY APPLYING A COLLECTIVE IMPACT APPROACH, THE SUBURBAN HOSPITAL'S COMMUNITY HEALTH AND WELLNESS (CHW) DIVISION GUIDES AND

Part V Facility Information *(continued)*

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

SUPPORTS THE FOLLOWING POPULATION HEALTH OBJECTIVES:
A SEAMLESS TRANSITION AND BETTER MANAGEMENT OF PATIENTS' COMPLEX NEEDS FROM HOSPITAL TO HOME THROUGH THE DEPLOYMENT OF FOUR TRANSITION GUIDE NURSES.
A RE-ADMISSIONS REDUCTION STRATEGY THAT SUPPORTS "AGING IN PLACE" VIA A VILLAGE ALLIANCE MODEL WITHIN SUBURBAN HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA (CBSA) ZIP CODES.
DATA ANALYTICS TO IDENTIFY VULNERABLE COMMUNITIES IN SUBURBAN HOSPITAL'S CBSA ZIP CODES TO SUPPORT AND INTEGRATE POPULATION HEALTH-SPECIFIC INTERVENTIONS WITH THE GOAL OF REDUCING HEALTH INEQUITIES AS OUTLINED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.
INTEGRATION OF POPULATION HEALTH INTERVENTIONS AIMED AT REDUCING HEALTH INEQUITIES AND COLLABORATING WITH SAFETY NET CLINICS IN MONTGOMERY COUNTY TO INCREASE ACCESS OF CARE AND PROVIDE A CONTINUUM OF CARE IN CHRONIC DISEASE MANAGEMENT INTERVENTIONS.
LEVERAGING CURRENT STAKEHOLDER RESOURCES TO IDENTIFY AND ADDRESS GAPS WITHIN POPULATION-SPECIFIC BEHAVIORAL HEALTH DISPARITIES AND SEEK TO IMPROVE ACCESS TO URGENT CARE MENTAL HEALTH SERVICES THROUGH HEALTHY MONTGOMERY AND BY PARTNERING WITH SAFETY NET CLINICS.
BRIDGING THE NEEDS OF PATIENTS THROUGH A COMMUNITY HEALTH WORKER MODEL THAT FOCUSES ON STRATEGIES THAT INFLUENCE HEALTH OUTCOMES, SUCH AS TRANSPORTATION, FOOD INSECURITY, TOBACCO USE, AND ACCESS TO PHYSICAL ACTIVITY OPPORTUNITIES.

IN THE MOST RECENT CHNA, SEVEN KEY HEALTH PRIORITIES WERE IDENTIFIED RESPECTIVELY: BEHAVIORAL HEALTH, CARDIOVASCULAR HEALTH, CANCERS, DIABETES, INFECTIONS, MATERNAL AND INFANT HEALTH AND UNINTENTIONAL INJURIES. AN IDENTIFIED NEED FOR WHICH SUBURBAN HOSPITAL IS NOT ABLE TO ADDRESS IS MATERNAL AND INFANT HEALTH. SUBURBAN HOSPITAL DOES NOT EMPLOY AN OBSTETRICS SERVICE LINE NOR DELIVER BABIES. ONE REASON FOR NOT SEEKING THIS DESIGNATION IS TO AVOID DUPLICATION OF SERVICES AS THERE ARE SEVERAL OTHER COMMUNITY HOSPITALS WITHIN 5-10 MILES OF OUR BETHESDA LOCATION WITH REPUTABLE OBSTETRICS PROGRAMS.

WHILE THE HOSPITAL MAY NOT BE ABLE TO PRIORITIZE MATERNAL AND INFANT HEALTH DIRECTLY, SUBURBAN HOSPITAL DOES INDIRECTLY SUPPORT MATERNAL AND INFANT HEALTH INITIATIVES THROUGH FUNDING AND PROGRAMMING OF SEVERAL OTHER ORGANIZATIONS THAT PROMOTE THE HEALTH AND WELL-BEING OF CHILDREN AND THEIR FAMILIES. NOTABLY, SUBURBAN HOSPITAL SUPPORTS PARENT ENCOURAGEMENT PROGRAM (PEP) IN THEIR EFFORTS TO BRING PARENTING EDUCATION TO PARENTS IN MONTGOMERY COUNTY THROUGH THEIR FAMILY RESILIENCY PROGRAM AND THEIR "CRITICAL TOPICS IN PARENTING" WEBINAR SERIES. PEP'S FAMILY RESILIENCY PROGRAM IS A CULTURALLY COMPETENT SUPPORT GROUP-STYLE PROGRAM OFFERED IN ENGLISH AND SPANISH THAT PROVIDES PARENTS AND CAREGIVERS WITH TOOLS TO HELP THEM SUPPORT THEIR CHILDREN COPE WITH STRESS AND ANXIETY. OVER 800 PARENTS AND CAREGIVERS LEARN HOW TO STRENGTHEN THEIR RELATIONSHIPS AND COMMUNICATIONS WITH THEIR CHILDREN; EFFECTIVE SETTING LIMITS; PROBLEM-SOLVING SKILLS; AND HOW TO MANAGE THEIR OWN ANGER IN FY2025. TOPICS COVERED IN THEIR "CRITICAL TOPICS IN PARENTING" WEBINAR SERIES INCLUDE "10 TIPS TO HELP STRESSED & ANXIOUS CHILDREN WHEN YOU CAN'T FIND THERAPY" AND "3 TIPS FOR CONNECTION FROM PEP DADS" TO NAME A FEW. THESE INITIATIVES ARE TIED TO SUPPORTING THE COUNTY'S FAMILIES AND STRENGTHENING MENTAL HEALTH APPROACHES IN CHILDREN AND FAMILIES.

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

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

IN ADDITION, SUBURBAN HOSPITAL PROVIDES FINANCIAL SUPPORT TO SAFETY NET CLINICS IN MONTGOMERY COUNTY WHO TREAT SPECIFIC PATIENTS REQUIRING OBSTETRIC OR PEDIATRIC CARE. THE HOSPITAL IS ALSO THE OFFICIAL HEALTH SPONSOR OF GIRLS ON THE RUN MONTGOMERY COUNTY, PROVIDING DISCOUNTED CPR TRAINING CLASSES TO THE COACHES, PURCHASING SHOES AND HEALTHY SNACKS FOR STUDENTS FROM TITLE I SCHOOLS, AND PROVIDING HEALTH TIPS ON THE GIRLS ON THE RUN MONTGOMERY COUNTY WEBSITE.

SUBURBAN HOSPITAL, INC.
PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:
SEE SUPPLEMENTAL INFORMATION

PART V, SECTION B, LINE 5
-CONTINUATION OF PARTV, SECTION B, LINE 5

COMMUNITY SURVEYS, CONVERSATIONS AND KEY INFORMANT INTERVIEWS - DURING THE 2025 CHNA PROCESS, A 19-QUESTION CHNA SURVEY WAS WIDELY DISTRIBUTED TO GATHER INSIGHTS ON HEALTH STATUS, ACCESS TO CARE, AND PERCEIVED COMMUNITY HEALTH NEEDS AND STRENGTHS. THE SURVEY WAS MADE AVAILABLE IN VARIOUS LANGUAGES INCLUDING AMHARIC, ENGLISH, FRENCH, MANDARIN, SPANISH, AND VIETNAMESE TO ENSURE INCLUSIVITY. THE SURVEY DISSEMINATION WAS CONDUCTED THROUGH A WELL-COORDINATED DISTRIBUTION PLAN DEVELOPED BY THE CEC. DISSEMINATION OF THE SURVEY OCCURRED FROM JANUARY THROUGH MARCH 2025 THROUGH COMMUNITY EVENTS, PROGRAMS AND HEALTH FAIRS, EMAIL, LISTSERVS, SOCIAL MEDIA, COMMUNITY PARTNERS, AND ORGANIZATIONS. REFER TO APPENDIX G OF THE MCHC CHNA FOR A LIST OF ORGANIZATIONS AND PARTNERS WHO DISTRIBUTED THE SURVEY.
A TOTAL OF 715 INDIVIDUALS RESPONDED TO THE SURVEY. SIX HUNDRED AND SIXTEEN (616) OF THOSE RESPONSES MET THE INCLUSION CRITERIA FOR THE ANALYSIS: ADULTS (AGES 18 AND OLDER) WHO RESIDE IN THE 2025 CHNA CBSA. THIS REPRESENTED A 26.2% INCREASE IN RESPONSE RATE ELIGIBILITY FROM 2022 TO 2025. WE CREDIT THE NOTABLE INCREASE IN COMMUNITY SURVEY RESPONSES TO THE DEVELOPMENT OF THE CEC. THE FINDINGS FROM THE COMMUNITY SURVEY WERE COMPARED TO SECONDARY LEVEL DATA AND USED IN THE PRIORITIZATION PROCESS.
COMMUNITY CONVERSATIONS WERE CONDUCTED IN PARTNERSHIP WITH HEALTHY MONTGOMERY AND WITH OVERSIGHT, PARTICIPATION, AND SUPPORT FROM THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (MCDHHS). A TOTAL OF 56 STAKEHOLDERS PARTICIPATED IN 11 KEY INFORMANT INTERVIEWS. IT IS IMPORTANT TO NOTE THAT THESE CONVERSATIONS AND INTERVIEWS WERE ORIGINALLY INCLUDED IN THE 2022 CHNA, AS MONTGOMERY COUNTY OPERATES ON A FIVE-YEAR CHNA CYCLE. THE COUNTY APPROVED THEIR CHNA IN 2024, AND THESE QUALITATIVE INSIGHTS CONTINUE TO PROVIDE VALUABLE CONTEXT TO COMPLEMENT THE SURVEY DATA, OFFERING A DEEPER UNDERSTANDING OF THE COMMUNITY'S NEEDS AND ASSETS.
KEY INFORMANT INTERVIEW STAKEHOLDERS - THE KEY INFORMANT INTERVIEWS (KII) INCLUDED REPRESENTATIVES FROM THE FOLLOWING COUNTY ENTITIES: ORGANIZATIONS PRIMARILY SERVING ASIAN AMERICANS, ORGANIZATIONS PRIMARILY SERVING LATINO/A OR HISPANIC INDIVIDUALS, ORGANIZATIONS PRIMARILY SERVING BLACK, AFRICAN OR AFRICAN AMERICANS, FAITH LEADERS, ADVENTIST HEALTHCARE, SUBURBAN HOSPITAL, A MEMBER OF JOHNS HOPKINS MEDICINE, MEDSTAR MONTGOMERY MEDICAL CENTER, HOLY CROSS HEALTH,

Part V Facility Information *(continued)*

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

REPRESENTATIVES FROM THE MONTGOMERY CARES CLINICS, AND MONTGOMERY COUNTY BOARDS, COMMITTEES AND COMMISSIONS (RACIAL EQUITY AND SOCIAL JUSTICE ADVISORY COMMITTEE, FIRE AND EMERGENCY SERVICES COMMISSION, AND BOARD OF PARTICIPANTS).

NEEDS ASSESSMENTS AND REPORTS - AS AVAILABLE, THE MCHC USED A RANGE OF NEEDS ASSESSMENTS AND REPORTS TO IDENTIFY UNMET NEEDS. THESE INCLUDE:

AFRICAN AMERICAN HEALTH PROGRAM ANNUAL REPORT FY2023

AFRICAN AMERICAN HEALTH PROGRAM HEALTH DISPARITIES HOT SPOT REPORT 2019

ASIAN AMERICAN HEALTH INITIATIVE ANNUAL REPORT FY2023

BLUEPRINT FOR ASIAN AMERICAN HEALTH INITIATIVE 2020-2030

BLUEPRINT FOR LATINO HEALTH IN MONTGOMERY COUNTY 2017-2026

CDC NATIONAL DIABETES STATISTICS REPORT 2022

COMMUNITY ACTION PARTNERSHIP, COMMUNITY NEEDS ASSESSMENT 2022-2025

HEALTHY MONTGOMERY HEALTH SURVEY REPORT 2022

LATINO HEALTH INITIATIVE ANNUAL REPORT FY2023

MATERNAL AND INFANT HEALTH IN MONTGOMERY COUNTY, MD 2012-2021

MARYLAND COMMISSION ON HEALTH EQUITY 2022 ANNUAL REPORT

MARYLAND VITAL STATISTICS ANNUAL REPORT 2022

MARYLAND DIABETES ACTION PLAN 2022

MONTGOMERY COUNTY COLLABORATION COUNCIL, COMMUNITY NEEDS ASSESSMENT, 2020

MONTGOMERY COUNTY 2023 COMMUNITY HEALTH NEEDS ASSESSMENT

MONTGOMERY COUNTY DHHS, HEALTH EQUITY REPORT 2013-2021

MONTGOMERY COUNTY DHHS, POPULATION HEALTH REPORT 2010-2019

MONTGOMERY COUNTY FOOD COUNCIL ANNUAL REPORT 2022 12 2025 CHNA REPORT

PRINCE GEORGE'S COUNTY COMMUNITY HEALTH ASSESSMENT 2022

PRINCE GEORGE'S COUNTY FOOD SECURITY TASK FORCE REPORT 2021

THRIVE MONTGOMERY 2050 PLAN 2022

TRUST FOR AMERICA'S HEALTH, STATE OF OBESITY 2022: BETTER POLICIES FOR A HEALTHIER AMERICA

UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE'S COUNTY HEALTH RANKINGS DATA 2023

USDA ECONOMIC RESEARCH REPORT, HOUSEHOLD FOOD SECURITY IN THE UNITED STATES 2022

OTHER AVAILABLE DATA - THE MCHC UTILIZED A COMPREHENSIVE APPROACH TO DATA COLLECTION BY REVIEWING PUBLICLY ACCESSIBLE DATA ON MARKET ANALYSES, HEALTH INDICATORS, AND SDOH. THESE DATA SETS PROVIDE A NUANCED UNDERSTANDING OF THE COMMUNITIES WE SERVE, HELPING TO IDENTIFY POTENTIAL DISPARITIES THAT MIGHT NOT EMERGE FROM EXAMINING ONLY COUNTY OR STATE DATA.

PRIORITIZATION PROCESS - THE PRIORITIZATION PROCESS WAS CONDUCTED VIA A BRIEF ELECTRONIC SURVEY SHARED WITH OVER 50 INTERNAL AND EXTERNAL HOSPITAL LEADERS, THE COMMUNITY ENGAGEMENT COUNCIL, AND OTHER MCHC EXTERNAL STAKEHOLDERS IN APRIL 2025. BELOW IS THE LIST OF THE ORGANIZATIONS REPRESENTED IN THE PRIORITIZATION PROCESS; SOME ORGANIZATIONS HAD MULTIPLE INDIVIDUALS RESPOND. THESE INDIVIDUALS WERE ASKED TO CONSIDER THEIR EXPERIENCES WORKING IN AND WITH THE COMMUNITY WHILE REVIEWING THE BARRIERS IDENTIFIED DURING THE PRIMARY DATA COLLECTION PROCESS AND SELECT WHAT THEY BELIEVED THE TOP THREE WERE IN EACH OF THREE CATEGORIES. EACH OF THE 50 RESPONDENTS WERE ALSO ASKED TO RANK (LOW, MODERATE, OR HIGH) THE SERIOUSNESS, THE EASE OF ADDRESS, AND THE IMPACT OF EACH OF THEIR RESPONSES.

Part V Facility Information *(continued)*

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

KEY ORGANIZATIONAL STAKEHOLDERS & INFORMANTS FOR PRIORITIZATION PROCESS:
A WIDER CIRCLE
ADVENTIST HEALTHCARE
AGE FRIENDLY MONTGOMERY COUNTY
AMERICAN DIVERSITY GROUP
CHARLES E. SMITH LIFE COMMUNITIES
COMMUNITY FARM SHARE
COMMUNITY MEMBER
EASTERN MONTGOMERY EMERGENCY ASSISTANCE NETWORK
EVERYMIND
LINKAGES TO LEARNING PROGRAM
FAIR ACCESS FOR THE WESTERN COUNTY
GIRLS ON THE RUN OF MONTGOMERY COUNTY, MD
GREATER STONEGATE VILLAGE
GRISWOLD HOME CARE
HEALTHCARE INITIATIVE FOUNDATION
HOLY CROSS HEALTH
HOLY CROSS HEALTH NETWORK
INTERFAITH WORKS
MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.
MUSLIM COMMUNITY CENTER (MCC) MEDICAL CLINIC
MEDSTAR HEALTH MEDSTAR MONTGOMERY MEDICAL CENTER
MONTGOMERY COUNTY DHHS
MONTGOMERY COUNTY RECREATION
PRIMARY CARE COALITION
RETIRED COMMUNITY MEMBER, FORMERLY WITH CHEER
SUBURBAN HOSPITAL
TRINITY HEALTH
PACE
VILLAGE OF FRIENDSHIP HEIGHTS
WASHINGTON METRO OASIS
WHOLISTIC BIRTH PROJECT
WESTERN UPPER MONTGOMERY COUNTY (WUMCO) HELP, INC.

THE SUBURBAN HOSPITAL BOARD OF TRUSTEES ADOPTED AND APPROVED THE 2025 CHNA ON MAY 7, 2025, WHICH WAS NOTED AND RETAINED IN THE MEETING MINUTES. MEETING MINUTES ARE KEPT ELECTRONICALLY IN THE EXECUTIVE SUITE AT THE HOSPITAL. IT WAS POSTED ON SUBURBAN'S WEBSITE ON JUNE 30, 2025.

PART V, SECTION B, LINE 7A
HTTPS://WWW.HOPKINSMEDICINE.ORG/-/MEDIA/ABOUT/DOCUMENTS/COMMUNITY-HEALTH/HEALTH-NEEDS-ASSESSMENT/SUBURBAN-CHNA-2025.PDF

PART V, SECTION B, LINE 10A
HTTPS://WWW.HOPKINSMEDICINE.ORG/-/MEDIA/ABOUT/DOCUMENTS/COMMUNITY-HEALTH/HEALTH-NEEDS-ASSESSMENT/SUBURBAN-CHNA-2025.PDF

PART V, SECTION B, LINE 16A
HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT-CARE/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16B

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

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

HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT-CARE/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16C
HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT-CARE/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of facility (describe)

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:
SEE DETAILS IN SCH H, PART V, SECTION B, LINE 13.

PART I, LINE 7:
-A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A AND 7B (FINANCIAL ASSISTANCE AT COST AND UNREIMBURSED MEDICAID). THE AMOUNTS FOR LINES 7E-7I WOULD COME FROM OUR HSCRC COMMUNITY BENEFIT REPORT FILED WITH THE STATE OF MARYLAND AND WOULD NOT BE BASED ON A COST-TO CHARGE RATIO.
- LINE 7B - MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.
- LINE 7F COLUMN (D) MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO HEALTH PROFESSIONS EDUCATION.

PART I, LINE 7G:
SUBURBAN HOSPITAL, INC. DOES NOT HAVE ANY SUBSIDIZED HEALTH SERVICES.

PART II, COMMUNITY BUILDING ACTIVITIES:
SUBURBAN HOSPITAL ADDRESSES SEVERAL OF THE COMMUNITY'S UNMET HEALTH NEEDS

Part VI Supplemental Information *(Continuation)*

BY LEVERAGING RESOURCES WITH LONG-STANDING COMMUNITY COALITIONS, PARTNERS, ADVISORY GROUPS, BOARDS, PANELS, AND COMMITTEES, AS WELL AS BY SERVING ON LOCAL COUNTY COMMISSIONS, SUCH AS THE MONTGOMERY CARES PROGRAM ADVISORY BOARD. IN ADDITION, SUBURBAN HOSPITAL WORKS CLOSELY WITH MCDHHS, PUBLIC HEALTH OFFICIALS, AND LEADERS OF ALL SIX MONTGOMERY COUNTY HOSPITALS TO IDENTIFY POTENTIAL GAPS IN LOCAL SERVICES THAT CAN NEGATIVELY INFLUENCE HEALTH AND WELL-BEING.

SUBURBAN HOSPITAL'S COMMUNITY-BUILDING ACTIVITIES SUPPORT AND PROMOTE THE HEALTH IMPROVEMENT OF THE COMMUNITY IT SERVES THROUGH SEVERAL INITIATIVES THAT INFLUENCE AND HIGHLIGHT THE EXPERTISE AND INSIGHT OF LOCAL AND TRUSTED ORGANIZATIONS. THE GOAL IS TO AVOID DUPLICATION AND RESERVE RESOURCES FOR THOSE WHO NEED THEM THE MOST. THE LIST OF SUBURBAN HOSPITAL'S LONG STANDING PARTNERS INCLUDE: 4MONTGOMERYKIDS, A WIDER CIRCLE, AMERICAN HEART ASSOCIATION GREATER WASHINGTON REGION, AMERICAN LUNG ASSOCIATION, AMERICAN RED CROSS, ARCHDIOCESES HEALTHCARE NETWORK/CATHOLIC CHARITIES OF WASHINGTON DC, BETHESDA CARES, BETHESDA CHEVY CHASE ROTARY CLUB, BETHESDA CHEVY CHASE YMCA, CHARLES E. SMITH LIFE COMMUNITIES, CATHOLIC CHARITIES CENTER, EVERYMIND, GREATER BETHESDA CHAMBER OF COMMERCE, IDENTITY INC., LATINO HEALTH INITIATIVE, MONTGOMERY COUNTY CHAMBER OF COMMERCE, MONTGOMERY COUNTY CANCER CRUSADE/TOBACCO COALITION, MONTGOMERY COUNTY HEALTH AND HUMAN SERVICES, MONTGOMERY COUNTY CHAMBER OF COMMERCE, MONTGOMERY COUNTY FOOD COUNCIL, MANNA FOOD, MOBILE MEDICAL CARE, INC., NATIONAL ALLIANCE ON MENTAL ILLNESS MONTGOMERY COUNTY (NAMI), NOURISHING BETHESDA, NEXUS MONTGOMERY, PROYECTO SALUD CLINIC, PARENT ENCOURAGEMENT PROGRAM (PEP), RAINBOW PLACE, SCOTLAND COMMUNITY PARTNERSHIP, STEPPING STONES SHELTER, THE UNITED WAY NATIONAL CAPITAL REGION, WASHINGTON METROPOLITAN OASIS AND AGING IN PLACE VILLAGE ALLIANCES ARE ALL VALUABLE ASSETS TO IDENTIFYING THE DIVERSITY OF COMMUNITY NEED AND ENGAGEMENT.

EXAMPLES OF HOW SUBURBAN HOSPITAL DELIVERS PROGRAMS AND SERVICES TO MEET THE NEEDS OF THE COMMUNITY AND PROVIDE ACCESS FOR ALL, ACROSS THE THREE OVERARCHING HEALTH PRIORITY AREAS INCLUDE:

ACCESS TO CARE

SUBURBAN HOSPITAL PROVIDES FREE DIAGNOSTIC, OUTPATIENT AND INPATIENT CARDIAC HEALTH SERVICES TO MOBILE MEDICAL CARE, INC., A LOCAL CLINIC THAT PROVIDES FREE AND LOW-COST MEDICAL CARE FOR THE UNINSURED. MOREOVER, SUBURBAN PROVIDES THESE SAME FREE AND WRAP-AROUND SERVICES TO ADDITIONAL MONTGOMERY CARE CLINICS LOCATED ACROSS MONTGOMERY COUNTY. MONTGOMERY CARES IS A PUBLIC-PRIVATE PARTNERSHIP COMPRISED OF 11 INDEPENDENT SAFETY-NET PRIMARY CARE CLINICS, SIX HOSPITALS, AND THE MCDHHS. AS OF APRIL 2024, SUBURBAN HOSPITAL HAS BEEN APPOINTED BY THE COUNTY EXECUTIVE TO REPRESENT THE SIX HOSPITALS ON THE MONTGOMERY CARES PROGRAM ADVISORY BOARD FOR A THREE-YEAR TERM.

IN MONTGOMERY COUNTY AND THROUGHOUT THE STATE OF MARYLAND, THE NEED FOR SPECIALTY CARE IS SUBSTANTIAL. SUBSIDIZED SPECIALTY CARE PROGRAMS IN THE AREA ARE SATURATED WITH LONG WAITING LISTS. AS A RESULT, MANY COUNTY RESIDENTS SUFFER COMPLICATIONS FROM THEIR DISEASES BECAUSE THEY ARE UNABLE TO ACCESS TIMELY SPECIALTY CARE. THE MOBILEMED/NIH HEART CLINIC STRIVES TO ADDRESS A LEADING CAUSE OF DEATH IN MONTGOMERY COUNTYCARDIOVASCULAR DISEASE. THE CLINIC, IN COLLABORATION WITH MOBILE MEDICAL CARE, INC., THE NATIONAL HEART, LUNG AND BLOOD INSTITUTE, AND SUBURBAN HOSPITAL, HAVE SERVED WELL OVER 8,900 PATIENTS AND HAVE CONDUCTED MULTIPLE OPEN-HEART SURGERIES AT NO COST TO PATIENTS WHO ARE IN URGENT NEED OF SPECIALTY CARE AND INPATIENT SERVICES SINCE 2007. REFERRED BY MOBILE MEDICAL CARE SAFETY NET CLINICS IN THE COUNTY, EACH PATIENT IS EVALUATED BY A CARDIOLOGIST AND CLINICAL STAFF FROM THE NHBLI AND SUBURBAN. IN ADDITION TO COORDINATING

Part VI Supplemental Information *(Continuation)*

THE CARDIOLOGISTS AND NURSES WHO VOLUNTEER THEIR TIME AND SERVICES, THE HOSPITAL ABSORBS ALL COSTS ASSOCIATED WITH FREE SPECIALTY CARDIOVASCULAR DIAGNOSTIC TESTS, LABORATORY SERVICES, AND MEDICAL EXAMINATIONS. IN FY25, THERE WERE 423 ENCOUNTERS WITH 254 UNDUPLICATED PATIENTS SERVED BY THE MOBILEMED HEART CLINIC AT SUBURBAN HOSPITAL. IN FY25, 348 CARDIAC DIAGNOSTIC TESTS WERE PERFORMED, INCLUDING 221 ELECTROCARDIOGRAMS (ECG), 81 ECHOCARDIOGRAMS, 23 CARDIOVASCULAR STRESS TESTS, AND 21FOR CARDIAC MONITORING.

THIS MODEL SERVED AS A CATALYST FOR ADDRESSING OTHER HEALTH PRIORITIES IN A SIMILAR MANNER. DUE TO AN ALARMINGLY HIGH RATE OF DIABETES, ALONG WITH DIFFICULTY ACCESSING SPECIALTY CARE LED TO THE CREATION OF THE MOBILE MED/NIH ENDOCRINE CLINIC AT SUBURBAN HOSPITAL IN 2010. THE ENDOCRINE CLINIC FOLLOWS THE MOBILEMED/NIH HEART CLINIC'S BEST-PRACTICE MODEL BY DRAWING UPON THE EXPERTISE AND RESOURCES OF MOBILE MEDICAL CARE, INC., THE NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES (NIDDK), AND SUBURBAN HOSPITAL TO OFFER COMPREHENSIVE ENDOCRINE CARE SPECIALTY SERVICES TO LOW-INCOME, UNINSURED RESIDENTS OF MONTGOMERY COUNTY. STAFF FROM THE THREE INSTITUTIONS VOLUNTEER THEIR TIME ONCE A WEEK BY PROVIDING DIAGNOSTIC TESTS, LABORATORY SERVICES AND FREE MEDICAL EXAMINATIONS. TO DATE, THE CLINIC HAS TREATED OVER 5,500 PATIENTS. IN FY25, THERE WERE 179 ENCOUNTERS, WITH 87 UNDUPLICATED PATIENTS WHO ATTENDED THE MOBILEMED/NIH ENDOCRINE CLINIC AT SUBURBAN HOSPITAL. NOTABLY, THE SUCCESS OF THE CLINIC IS MEASURED THROUGH A DECREASE IN HEMOGLOBIN A1C LEVELS AS 56.4% OF PATIENTS WITH DIABETES MELLITUS SHOWED IMPROVEMENT IN THESE LEVELS.

CURRENTLY, SIX MILLION PEOPLE IN THE UNITED STATES ARE AFFECTED BY CONGESTIVE HEART FAILURE (CHF), WITH A PROJECTED INCREASE TO EIGHT MILLION BY 2030. POPULATIONS HISTORICALLY FACING BARRIERS TO CARE ARE DISPROPORTIONATELY AFFECTED DUE TO A HIGHER PREVALENCE OF CHF RISK FACTORS, INCLUDING HYPERTENSION, OBESITY, TYPE 2 DIABETES (T2DM), AND CHRONIC KIDNEY DISEASE (CKD). SUBURBAN HOSPITAL'S POPULATION HEALTH DEPARTMENT TARGETED THESE PATIENTS TO RECEIVE ENHANCED EDUCATION AND SUPPORT KNOWN AS HEART FAILURE VIP INITIATIVE (HF VIP), FROM A MULTI-DISCIPLINARY TEAM LED BY COMMUNITY HEALTH NURSES AND SUPPORTED BY A CASE MANAGER ASSISTANT AND COMMUNITY HEALTH WORKERS. THE APPROACH IS HOLISTIC, PATIENT-CENTERED, AND EVIDENCE-BASED, WITH THE AIM OF PROMOTING DISEASE UNDERSTANDING AND SELF-MANAGEMENT TO PREVENT READMISSIONS AND REDUCE OVERALL HEALTHCARE UTILIZATION COSTS. OVER THE COURSE OF THE YEAR, 303 PATIENTS WERE EDUCATED BY THE HEART FAILURE VIP NURSES IN FY25. THESE PATIENTS MAY ALSO EXPERIENCE THEIR OWN CHALLENGES SUCH AS LACK OF SOCIAL SUPPORT, COGNITIVE LIMITATIONS, FINANCIAL STRAIN, AND LACK OF PATIENT/FAMILY READINESS FOR PALLIATIVE CARE/HOSPICE WHICH CONTRIBUTED TO READMISSIONS. AS A RESULT, COMMUNITY HEALTH WORKERS ASSIST THEM IN UTILIZING RESOURCES AND SERVICES SUCH AS FOOD ASSISTANCE, TRANSPORTATION AND UTILITIES PROGRAMS. OF THE 303 PATIENTS SEEN, THERE WERE 1,962 REQUESTS FOR RESOURCE NEEDS. THIS HIGHLIGHTS THAT A PATIENT MAY HAVE SEVERAL BARRIERS AFFECTING THEIR HEALTH AND REQUIRES FURTHER ASSISTANCE.

HEALTHY BEHAVIORS

TO ADDRESS THE HIGH NUMBERS OF BOTH PHYSICAL INACTIVITY AND SOCIAL ISOLATION AMONG THE GROWING AGING POPULATION, SUBURBAN HOSPITAL OFFERS SENIOR SHAPE, AN EXERCISE PROGRAM FOR THOSE 55 AND OLDER DESIGNED TO IMPROVE THE PHYSICAL, MENTAL, AND SOCIAL WELL-BEING OF OLDER ADULTS WITH PARTICIPANTS RANGING IN AGE FROM 70-90+ THROUGH VARIOUS FITNESS CLASSES. CERTIFIED GROUP FITNESS INSTRUCTORS LEAD PARTICIPANTS IN 45-MINUTE GROUP EXERCISE CLASSES THAT HELP PARTICIPANTS IMPROVE AND MAINTAIN BALANCE, STRENGTH, FLEXIBILITY, AND CARDIOVASCULAR HEALTH. THE PROGRAM INCLUDES

Part VI Supplemental Information *(Continuation)*

WEIGHT TRAINING, AEROBICS/STRENGTH AND STRETCH, STABILITY BALL, FLEXIBLE STRENGTH, ADVANCED WEIGHT TRAINING, AND ADVANCED AEROBIC/STRENGTH AND STRETCH EXERCISES AND IS OFFERED VIRTUALLY AND IN PERSON IN BOTH MONTGOMERY AND PRINCE GEORGE'S COUNTIES REACHING OVER 40,097 PARTICIPANTS IN FY25. BASED ON QUALITATIVE DATA FROM SURVEY RESULTS, OF THOSE WHO COMPLETED, 75 PERCENT AGREED THAT THEIR OVERALL QUALITY OF LIFE HAS IMPROVED SINCE PARTICIPATING IN SENIOR SHAPE. WHILE MAJORITY OF PARTICIPANTS (84%) FEEL THAT SENIOR SHAPE HAS HAD A POSITIVE IMPACT ON THEIR WELL-BEING, EITHER THROUGH PHYSICAL FITNESS, SOCIAL CONNECTION, OR BOTH. OF THOSE IN THAT SURVEY, 93 PERCENT STATED THAT THEY DID NOT EXPERIENCE A FALL WITHIN THE LAST 12 MONTHS. THESE RESULTS SUGGEST THAT SENIOR SHAPE MAY BE PLAYING A ROLE IN FALL PREVENTION AMONG OLDER ADULTS. THE HIGH PERCENTAGE OF PARTICIPANTS WHO HAVE NOT EXPERIENCED A FALL WITHIN THE PAST YEAR, COMBINED WITH THE FACT THAT NO FALLS RESULTED IN HOSPITALIZATION, REFLECTS POSITIVELY ON THE PROGRAM'S IMPACT IN IMPROVING BALANCE, STRENGTH, AND OVERALL PHYSICAL STABILITY.

-SEE SUPPLEMENTAL STATEMENTS FOR CONTINUATION

PART III, LINE 2:
THE PROVISION FOR BAD DEBTS IS BASED UPON A COMBINATION OF THE PAYOR SOURCE, THE AGING OF RECEIVABLES AND MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TRENDS IN HEALTH INSURANCE COVERAGE, AND OTHER COLLECTION INDICATORS.

PART III, LINE 3:
MARYLAND HOSPITALS ARE RATE REGULATED UNDER THE HSCRC, WHICH INCLUDES BAD DEBT AS PART OF THE REIMBURSEMENT FORMULA FOR EACH HOSPITAL. DUE TO THE RATE REGULATION, SHI CANNOT DETERMINE THE AMOUNT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY.

PART II, COMMUNITY BUILDING ACTIVITIES
CONTINUATION FROM PART II, COMMUNITY BUILDING ACTIVITIES:

EDUCATION, INCOME, JOB & ENVIRONMENT
THE MEDICAL EXPLORING PROGRAM (MEP) IS A SIGNATURE, ONE-OF-A-KIND, INTERACTIVE, EDUCATIONAL, AND WORKFORCE DEVELOPMENT PROGRAM DESIGNED FOR HIGH SCHOOL STUDENTS INTERESTED IN PURSUING A CAREER PATH IN HEALTH, SCIENCE AND MEDICINE. OFFERED IN A COMMUNITY HOSPITAL SETTING, HIGH SCHOOL STUDENTS LEARN ABOUT CAREER OPTIONS FROM THE REGION'S TOP PHYSICIANS, SURGEONS, AND HEALTH CARE PROFESSIONALS AS WELL AS OBTAIN CRITICAL HANDS-ON EXPERIENCE AND TRAINING IN AREAS SUCH AS CPR AND BLEEDING CONTROL. THE ACADEMIC YEAR-LONG PROGRAM IS LED BY STUDENT OFFICERS, ELECTED BY THEIR PEERS, WHO HAVE FULL RESPONSIBILITY IN COORDINATING THE ATTENDANCE OF 136 REGISTERED STUDENTS IN EACH OF THE BI-MONTHLY INTERACTIVE SEMINARS IN FY25.

PART III, LINE 4:
THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND AFFILIATES AUDITED FINANCIAL STATEMENTS PAGE 17.

PART III, LINE 8:
THE TRIAL BALANCE EXPENSES ARE ADJUSTED TO ALLOWABLE EXPENSE IN ACCORDANCE WITH THE MEDICARE COST REPORTING RULES AND REGULATIONS.

Part VI Supplemental Information *(Continuation)*

PART III, LINE 9B:
THE HOSPITAL CONFORMS TO THE PRINCIPLES AND STANDARDS OF THE MHA HOSPITAL BILLING AND DEBT COLLECTION PRACTICES PRINCIPLES AS WELL AS THE MHA MINIMUM STANDARDS FOR FINANCIAL ASSISTANCE IN MARYLAND HOSPITALS.

PART VI, LINE 2:
SUBURBAN HOSPITAL'S COMMUNITY BENEFIT PLAN IS AN INTEGRAL COMPONENT TO ADDRESS THE COMMUNITY'S HEALTH NEEDS. USING A COLLABORATIVE APPROACH THAT BUILDS LONG-STANDING INTERNAL AND EXTERNAL PARTNERSHIPS, SUBURBAN CAN EFFECTIVELY PLAN FOR AND UTILIZE RESOURCES TO ADDRESS IDENTIFIED HEALTH NEEDS. THIS APPROACH STARTS AT THE TOP; THE ADMINISTRATIVE DIRECTOR OF COMMUNITY AFFAIRS & POPULATION HEALTH OF THE CHW DIVISION REPORTS TO NATIONAL CAPITAL REGION EXECUTIVE DIRECTOR OF COMMUNITY HEALTH AND THE PRESIDENT OF SUBURBAN HOSPITAL, ENSURING THE TWO STRATEGIES REMAIN LINKED TO LEVERAGE RESOURCES EFFICIENTLY WHILE MEETING OBJECTIVES. CHW'S COMMITMENT TO THE STRATEGIC PLAN IS ONGOING; QUARTERLY, PROGRESS IS REVIEWED AND REPORTED AS PART OF THE HOSPITAL'S OVERALL OPERATION PERFORMANCE SCORECARD. WITH CONSTANT COMMUNICATION AND CONSIDERATION OF COMMUNITY BENEFIT PLANNING AND STRATEGY, THE CHW DIVISION CAN EFFECTIVELY ALIGN AND SUPPORT HOSPITAL OPERATIONS AND OVERALL SYSTEM GOALS.

PART VI, LINE 3:
SHI'S PATIENT ACCESS DEPARTMENT PROVIDES ALL PATIENTS REGISTERED FOR EMERGENCY, OUTPATIENT, OR INPATIENT CARE A COPY OF OUR FINANCIAL ASSISTANCE INFORMATION SHEET. SIGNS ARE POSTED IN ENGLISH AND SPANISH EXPLAINING THE AVAILABILITY OF FINANCIAL ASSISTANCE AND WHERE TO CALL FOR ASSISTANCE. THE SIGNS ARE LOCATED IN THE EMERGENCY, PEDIATRICS, CATH LAB, AND FINANCIAL COUNSELING DEPARTMENTS, AS WELL AS THE MAIN REGISTRATION DESK. A FINANCIAL ASSISTANCE APPLICATION IS GIVEN TO EVERY SELF-PAY PATIENT WITH INSTRUCTIONS ON HOW TO APPLY AND WHO TO CONTACT FOR ASSISTANCE. THE SAME INFORMATION IS PROVIDED TO ALL OTHER PATIENTS UPON REQUEST. THIS INFORMATION IS ALSO AVAILABLE IN SPANISH. NOTICE OF AVAILABILITY IS ALSO POSTED ON THE HOSPITAL'S WEBSITE.
SUBURBAN HOSPITAL'S FINANCIAL COUNSELORS AND SOCIAL WORKERS ARE TRAINED TO ANSWER PATIENTS' QUESTIONS ABOUT FINANCIAL ASSISTANCE AND PROVIDE LINKAGE TO OTHER COMMUNITY ASSISTANCE RESOURCES PRIOR TO DISCHARGE. REGISTRATION AND PATIENT ACCOUNTING STAFF IS TRAINED TO ANSWER QUESTIONS REGARDING FINANCIAL ASSISTANCE AND WHO TO CONTACT TO APPLY. THE PATIENT ACCESS DEPARTMENT ALSO HAS MEDICAID SPECIALISTS ONSITE TO ASSIST PATIENTS IN APPLYING FOR MARYLAND MEDICAL ASSISTANCE. ALL UNINSURED PATIENTS ARE SCREENED FOR MEDICAID UPON ADMISSION AND PROVIDED WITH INFORMATION AND REFERRAL FOR FINANCIAL ASSISTANCE. IN ADDITION, SINCE IMPLEMENTATION OF THE AFFORDABLE CARE ACT, SUBURBAN HOSPITAL NOW HAS STAFF MEMBERS WHO ARE CERTIFIED APPLICATION COUNSELORS AND AVAILABLE TO ASSIST PATIENTS WHO HAVE QUESTIONS ABOUT ELIGIBILITY REQUIREMENTS FOR THE MARYLAND HEALTH INSURANCE EXCHANGE. OUR CERTIFIED APPLICATION COUNSELORS PROVIDE INFORMATION AND ASSIST PATIENTS WITH INITIATION OF ONLINE HEALTH EXCHANGE PLAN ENROLLMENT WHEN REQUESTED.

PART VI, LINE 4:
SUBURBAN HOSPITAL IS ONE OF SIX HOSPITALS LOCATED IN MONTGOMERY COUNTY. THE GEOGRAPHIC SERVICE AREA OF SUBURBAN HOSPITAL IS SUBURBAN. THE HOSPITAL DEFINES ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) AS SPECIFIC POPULATIONS OR COMMUNITIES OF NEED TO WHICH THE HOSPITAL ALLOCATES RESOURCES THROUGH ITS COMMUNITY BENEFIT PLAN. THE HOSPITAL DOES NOT LIMIT ITS COMMUNITY

Part VI Supplemental Information *(Continuation)*

SERVICES TO THE PRIMARY SERVICE AREA. SUBURBAN HOSPITAL'S CBSA IS DEFINED BY THE GEOGRAPHIC AREA CONTAINED WITHIN THE FOLLOWING FOURTEEN ZIP CODES: 20814, 20815, 20816, 20817, 20850, 20851, 20852, 20853, 20854, 20895, 20902, 20904, 20906, AND 20910. THE HEALTH RESOURCES AND SERVICES ADMINISTRATION HAS IDENTIFIED TWO MEDICALLY UNDERSERVED AREAS (MUA) IN MONTGOMERY COUNTY, ONE OF WHICH (20906) IS IN SUBURBAN'S CBSA. (HEALTH RESOURCES & SERVICES ADMINISTRATION, N.D.).

THE DEMOGRAPHICS FOR THE IDENTIFIED CBSA IN FY2025 CAN BE SUMMARIZED AS FOLLOWS: TOTAL POPULATION IS 561,875 OF WHICH 47.5% ARE MALES AND 52.5% ARE FEMALES; 32.3% ARE GREATER THAN 55 YEARS AND 19.7% ARE GREATER THAN 65 YEARS. 69.73% OF THE POPULATION EARN $75,000 OR MORE; 56.3% OF ADULTS 25 AND OLDER HAVE EARNED A BACHELOR DEGREE OR HIGHER; 6.4% OF RESIDENTS ARE UNINSURED; 18.4% OF RESIDENTS ARE COVERED BY MEDICAID, 18.7% OF RESIDENTS ARE COVERED BY MEDICARE AND 54.3% IDENTIFY AS A RACE OTHER THAN WHITE; 40.56% SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME; 5.09% OF THE POPULATION LIVE BELOW THE POVERTY LINE.

PART VI, LINE 5:
THROUGHOUT THE CALENDAR YEAR AND BEYOND THE WALLS OF THE HOSPITAL, PHYSICIANS, NURSES, PHARMACISTS, AND OTHER ALLIED HEALTH STAFF VOLUNTEER THEIR TIME AND EXPERTISE TO PRESENT VALUABLE AND CUTTING-EDGE HEALTH AND WELLNESS EDUCATION TO COMMUNITY GROUPS INCLUDING SENIOR COMMUNITIES, LOCAL VILLAGE NETWORKS AND LOCAL YOUTH GROUPS. OUR COLLEAGUES INVEST IN FUTURE GENERATIONS OF HEALTHCARE PROFESSIONALS BY SERVING AS PRECEPTORS OR MENTORING UNDERGRADUATE AND GRADUATE STUDENTS IN AN EFFORT TO EXPAND WORKFORCE DEVELOPMENT.

SINCE 2007, THE MOBILEMED/NIH HEART CLINIC AT SUBURBAN HOSPITAL HAS BEEN A MODEL OF COMPASSIONATE CARE, SERVING OVER 8,900 PATIENTS WITH EXPERTISE AND CONDUCTING NUMEROUS LIFE-SAVING OPEN-HEART SURGERIES, ALL WITHOUT COST TO THOSE IN URGENT NEED OF SPECIALIZED CARE. THROUGH A COLLABORATIVE EFFORT BETWEEN MOBILE MEDICAL CARE, INC., THE NATIONAL HEART, LUNG AND BLOOD INSTITUTE, AND SUBURBAN HOSPITAL, A DEDICATED CARDIAC CLINIC OPERATES ON-SITE, BRIDGING THE GAP IN SPECIALTY CARE PROVISION FOR CARDIAC PATIENTS. PATIENTS, REFERRED FROM SAFETY NET CLINICS ACROSS THE COUNTY, UNDERGO THOROUGH EVALUATION BY A TEAM OF CARDIOLOGISTS AND CLINICAL STAFF FROM THE NIH. SUBURBAN HOSPITAL EXTENDS ITS SUPPORT BY COVERING THE EXPENSES OF ESSENTIAL CARDIOVASCULAR SCREENINGS AND SURGERIES FOR INDIVIDUALS REQUIRING ADVANCED CARDIAC TREATMENT. BUILDING UPON THIS SUCCESSFUL MODEL, MOBILE MEDICAL CARE, INC. AND THE NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES (NIDDK) ESTABLISHED A COMPLIMENTARY ENDOCRINE CLINIC IN JULY 2010. THIS CLINIC OFFERS LIFESTYLE MANAGEMENT AND CHRONIC DISEASE CARE TO THOSE GRAPPLING WITH ENDOCRINE DISORDERS, INCLUDING DIABETES. VOLUNTEER CLINICAL PROVIDERS FROM ALL THREE INSTITUTIONS GENEROUSLY DEDICATE THEIR TIME EACH WEEK, PROVIDING DIAGNOSTIC TESTS, LABORATORY SERVICES, AND FREE MEDICAL CONSULTATIONS. TOGETHER, THEY HAVE POSITIVELY IMPACTED THE LIVES OF OVER 5,500 PATIENTS, EMBODYING THE ESSENCE OF COMMUNITY-DRIVEN HEALTHCARE.

AS AN ORGANIZATION THAT ADVOCATES BEHAVIORAL HEALTH PREVENTION, AWARENESS, AND TREATMENT, SUBURBAN HOSPITAL HAS COLLABORATED WITH EVERYMIND AND THE HOSPITAL BEHAVIORAL HEALTH WORKGROUP TO BRING POPULATION-SPECIFIC INITIATIVES TO OUR COMMUNITY SINCE 2016. INITIATIVES INCLUDE FILM SCREENINGS OF DOCUMENTARIES SUCH AS ANGST AND THE S WORD, EDUCATIONAL WEBINARS FOR SENIORS AND HEALTHCARE WORKERS ON SELF-CARE, ROUND-TABLE

Part VI **Supplemental Information** *(Continuation)*

DISCUSSIONS WITH EXPERTS TO SUPPORT FAMILIES DEALING WITH THE MENTAL HEALTH EFFECTS OF THE PANDEMIC AND HELPING THE MOST VULNERABLE INDIVIDUALS NAVIGATE THE EXISTING MENTAL HEALTH SYSTEM. RECENTLY, IN FY25, EVERYMIND AND MCHC HOSTED TWO VIRTUAL WEBINARS FOR 174 HEALTHCARE PROVIDERS ON NAVIGATING 988 LIFELINE AND HOW IT SUPPORTS PATIENTS WHO NEED TO ACCESS MENTAL HEALTH CRISIS SERVICES.

MOREOVER, SUBURBAN HOSPITAL'S BEHAVIORAL HEALTH TEAM HAS COLLABORATED THE NATIONAL ALLIANCE OF MENTAL ILLNESS IN MONTGOMERY COUNTY (NAMI), TO OFFER ADDITIONAL SUPPORT AND RESOURCES TO FAMILY MEMBERS VISITING THEIR LOVED ONES IN THE BEHAVIORAL HEALTH UNIT, STARTING IN EARLY 2025. AS PART OF THE NAMI IN THE LOBBY PROGRAM, TRAINED NAMI VOLUNTEERS PROVIDE SUPPORT AND CONNECT VISITORS TO NAMI MONTGOMERY COUNTY PROGRAMS AND ULTIMATELY GIVE HOPE TO LOVED ONES DURING AN UNCERTAIN TIME. ALL VOLUNTEERS HAVE EXPERIENCED CARING FOR AN INDIVIDUAL WITH A MENTAL HEALTH CONDITION OR ARE LIVING WITH A MENTAL HEALTH CONDITION THEMSELVES.

IN DECEMBER 2021, SUBURBAN HOSPITAL LAUNCHED THE DIABETES SELF-MANAGEMENT TRAINING (DSMT) PROGRAM TO HELP PEOPLE LIVING WITH DIABETES BETTER MANAGE THEIR CONDITION. THIS AMERICAN DIABETES ASSOCIATION-ACCREDITED PROGRAM USES A COMBINATION OF IN-PERSON AND TELEMEDICINE APPOINTMENTS TO TEACH PEOPLE THE SKILLS NECESSARY FOR MANAGING THEIR DIABETES AND PREVENTING COMPLICATIONS. THE GOAL OF THE PROGRAM IS TO EMPOWER PARTICIPANTS TO MAKE INFORMED DECISIONS ON THE SELF-MANAGEMENT AND TREATMENT OF DIABETES, RESULTING IN IMPROVED A1C LEVELS, BLOOD PRESSURE CONTROL, AND MEDICATION ADHERENCE. SUBURBAN'S DSMT PROGRAM IS TAUGHT BY A TEAM OF DEDICATED PROFESSIONALS, INCLUDING A CERTIFIED DIABETES NURSE EDUCATOR, AND A REGISTERED DIETICIAN. AS EACH PATIENT IN THE PROGRAM HAS THEIR OWN UNIQUE SET OF CHALLENGES, SUBURBAN'S DSMT TEAM WORKS TO DEVELOP A PERSONALIZED PLAN BASED UPON AN INDIVIDUAL'S NEEDS.

HEALTH-RELATED SOCIAL NEEDS (HRSN), HEALTH SYSTEM BARRIERS, COMMUNITY LEVEL BARRIERS, AND INDIVIDUAL LEVEL BARRIERS STAND IN THE WAY OF PEOPLE BOTH PARTICIPATING IN DSMT AND CARRYING OUT LIFESTYLE CHANGE BEHAVIORS. TO ADDRESS THESE CHALLENGES, SUBURBAN'S DSMT MODEL INTEGRATES A TRANSITION GUIDE NURSE AND TWO COMMUNITY HEALTH WORKERS TO FOCUS ON ADDRESSING ANY SOCIAL NEEDS THAT MAY PREVENT POSITIVE HEALTH OUTCOMES. THIS TEAM FACILITATES THE SUPPORT OF WRAP AROUND SERVICES, SUCH AS TRANSPORTATION, FOOD SUPPORT, INSURANCE TRANSITIONS, AND MEDICATION COSTS. THE WRAP AROUND SERVICES ARE DESIGNED TO MITIGATE KNOWN BARRIERS THAT STAND IN THE WAY OF PEOPLE WITH DIABETES FROM: 1) ENROLLING IN, ATTENDING, PARTICIPATING IN, AND COMPLETING DSMT; AND 2) HAVING THE ABILITY TO CARRY OUT THE BEHAVIORAL AND LIFESTYLE CHANGE ACTIVITIES THAT ARE THE FOCUS OF DSMT. MOST DOCTORS ARE UNABLE TO SPEND THE TIME NECESSARY TO HELP A PATIENT FULLY UNDERSTAND AND MANAGE THEIR DIABETES. THE DSMT PROGRAM, HOWEVER, DOES EXACTLY THIS. PARTICIPANTS WHO FOLLOW ITS GUIDELINES SEE POSITIVE RESULTS NOT ONLY IN BLOOD SUGAR LEVELS BUT ALSO IN BLOOD PRESSURE AND CHOLESTEROL, BOTH OF WHICH ARE AFFECTED BY DIABETES. THE IMPROVEMENTS LEAD TO FEWER DIABETES-RELATED COMPLICATIONS AND HOSPITALIZATIONS. APPROXIMATELY, 495 PATIENTS WERE SEEN BY THE CERTIFIED DIABETES EDUCATORS IN FY25 WHILE THE CHWS WORKED TO CONNECT OVER 500 PATIENTS TO APPROPRIATE RESOURCES AND SERVICES THAT ADDRESS THEIR UNMET NEEDS.

SUBURBAN HOSPITAL'S BOARD OF TRUSTEES APPROVES COMMUNITY FINANCIAL CONTRIBUTIONS TO ELIGIBLE LOCAL NOT-FOR-PROFIT ORGANIZATIONS ON AN ANNUAL BASIS. THE CONTRIBUTIONS ARE ALLOCATED TO ORGANIZATIONS THAT ALIGN WITH

Part VI Supplemental Information *(Continuation)*

THE HOSPITAL'S AREA OF EXPERTISE AS WELL AS ITS COMMUNITY HEALTH IMPROVEMENT PLAN, THEREBY DIRECTLY LINKING TO THE HOSPITAL'S CHNA AND CBR TO EXPAND HEALTH IMPROVEMENT INITIATIVES IN THE COMMUNITY BEYOND THE HOSPITAL'S LEVEL OF STRATEGIC OBJECTIVES OR CAPACITY. FOR EXAMPLE, SUBURBAN PROVIDES PROGRAMMING, IN-KIND SUPPORT, AND FINANCIAL CONTRIBUTIONS TO LOCAL ORGANIZATIONS SUCH AS A WIDER CIRCLE, BETHESDA CHEVY CHASE YMCA, PARENT ENCOURAGEMENT PROGRAM (PEP), EVERYMIND, MANNA FOOD, NAMI MONTGOMERY, NOURISHING BETHESDA, CENTRAL FARMERS MARKETS, AND GIRLS ON THE RUN MONTGOMERY COUNTY AS THE MISSIONS AND VALUES OF THOSE ORGANIZATIONS ALIGN WITH THE HEALTH PRIORITIES SET BY THE HOSPITAL'S CHNA. ANOTHER EXAMPLE INCLUDES THE SUPPORT OF THE BETHESDA CHEVY CHASE YMCA ANNUAL TURKEY CHASE, WHICH DRAWS OVER 10,000 INDIVIDUALS ON THANKSGIVING MORNING AND HOSTS OTHER ENGAGING ACTIVITIES FOR CHILDREN THAT CONNECT COMMUNITY ENGAGEMENT AND PERSONAL WELLNESS. SUBURBAN INVITES AND ENCOURAGES ITS EMPLOYEES TO CONNECT TO THE LOCAL COMMUNITY BY OFFERING DISCOUNTED ENTRY FEES TO PARTICIPATE IN THE WALK OR RUN.

IN PARTNERSHIP WITH SUBURBAN HOSPITAL AND MONTGOMERY COUNTY DHHS, SUBURBAN WELCOMED ITS THIRD COHORT OF HEALTH PROMOTERS FROM THE LATINO HEALTH INITIATIVE IN MAY 2025. THE HEALTH PROMOTERS COMPLETED A 40-HOUR PRACTICUM WITH THE COMMUNITY HEALTH AND WELLNESS TEAM IN ADDITION TO 100 HOURS OF CURRICULUM-BASED CLASSROOM INSTRUCTION DEVELOPED BY "VIAS DE LA SALUD HEALTH PROMOTERS TRAINING PROGRAM". THE GOAL OF THE PARTNERSHIP IS TO PROVIDE CAPACITY BUILDING TO COMMUNITY HEALTH WORKERS (CHWS) WHO FOSTER HEALTHY BEHAVIORS, FACILITATE ACCESS TO HEALTH SERVICES, AND ADVOCATE FOR HEALTH POLICIES THAT BENEFIT THE ENTIRE COMMUNITY. THE HEALTH PROMOTERS SPENT THEIR TIME AT SUBURBAN CONNECTING COMMUNITY MEMBERS WITH NECESSARY RESOURCES SUCH AS FOOD ASSISTANCE, TRANSPORTATION AND DISEASE MANAGEMENT EDUCATION. SINCE 2023, A GRADUATE FROM THE HEALTH PROMOTERS TRAINING OFFICIALLY JOINED THE COMMUNITY HEALTH AND WELLNESS DIVISION AND SERVES AS A COMMUNITY HEALTH WORKER, SUPPORTING THE NEEDS OF PATIENTS AND COMMUNITY MEMBERS WHO ARE MANAGING CHRONIC DISEASES SUCH AS DIABETES BY LINKING THEM TO RESOURCES SUCH AS TRANSPORTATION AND FOOD.

PART VI, LINE 6:

THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHSC) IS INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHSC AND AFFILIATES (JHHS). JHHS IS ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER INSTITUTION IN THIS COUNTRY OR ABROAD.

JHHSC IS THE SOLE MEMBER OF THE JOHNS HOPKINS HOSPITAL (JHH), AN ACADEMIC MEDICAL CENTER, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. (JHBMC), A COMMUNITY BASED TEACHING HOSPITAL AND LONG-TERM CARE FACILITY, JOHNS HOPKINS HOWARD COUNTY MEDICAL CENTER (JHHCMC), A COMMUNITY BASED HOSPITAL, SUBURBAN HOSPITAL, INC. (SHI), A COMMUNITY BASED HOSPITAL, SIBLEY MEMORIAL HOSPITAL (SMH), A D.C. COMMUNITY BASED HOSPITAL, AND JOHNS HOPKINS ALL CHILDRENS HOSPITAL, INC (JHACH), A FL ACADEMIC CHILDRENS HOSPITAL.

- MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF UNCOMPENSATED CARECHARITY CARE AND PATIENT BAD DEBTAND GRADUATE MEDICAL EDUCATION INTO THE RATES THAT HOSPITALS ARE REIMBURSED BY ALL PAYORS. THE SYSTEM IS BASED IN FEDERAL AND STATE LAW AND BENEFITS ALL MARYLAND RESIDENTS, INCLUDING THOSE IN NEED

Part VI Supplemental Information *(Continuation)*

OF FINANCIAL ASSISTANCE TO PAY THEIR HOSPITAL BILLS.
MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORSGOVERNMENTALLY-INSURED, COMMERCIALLYINSURED, OR SELF-PAYARE CHARGED THE SAME PRICE FOR SERVICES AT ANY GIVEN HOSPITAL.
UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCYTHE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC)THAT IS REQUIRED TO: PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF HOSPITALS; REVIEW AND APPROVE HOSPITAL RATES; COLLECT INFORMATION DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS WITH WHICH THEIR TRUSTEES HAVE A FINANCIAL INTEREST; AND, MAINTAIN THE SOLVENCY OF EFFICIENT AND EFFECTIVE HOSPITALS.
SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR REPORTING HOSPITALS' COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY REGARDING HOSPITALS' COMMUNITY BENEFIT TOTALS. THAT REPORT IS AVAILABLE ON HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX
BECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS' COMMUNITY BENEFITS NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATION'S HOSPITALS.
HOWEVER, MARYLAND HOSPITALS MEET OR EXCEED THE COMMUNITY BENEFIT STANDARD ESTABLISHED BY THE IRS IN 1969. ADDITIONAL DETAIL ILLUSTRATING THIS CAN BE FOUND WITHIN THIS SCHEDULE H REPORT.

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

SCHEDULE I
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: SUBURBAN HOSPITAL, INC.

Employer identification number 52-0610545

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE GREATER BETHESDA CHEVY CHASE CHAMBER OF COMMERCE - 7910 WOODMONT AVE, STE 1204 - BETHESDA, MD 20814	52-0545799	501(C)(6)	10,000.	0.			LOCAL COMMUNITY ASSISTANCE
MONTGOMERY COUNTY CHAMBER 51 MONROE ST, STE 1800 ROCKVILLE, MD 20850	52-0735621	501(C)(6)	25,000.	0.			LOCAL COMMUNITY ASSISTANCE
PARENT ENCOURAGEMENT PROGRAM, INC 10100 CONNECTICUT AVE KENSINGTON, MD 20895	52-1379642	501(C)(3)	5,500.	0.			LOCAL COMMUNITY ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 1.

3 Enter total number of other organizations listed in the line 1 table ..... 2.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

AS PART OF THE COMMUNITY BENEFIT REVIEW PROCESS, SUBURBAN HOSPITAL MONITORS AND REVIEWS SELECTED GRANTS MADE BY THE ORGANIZATION. THIS MONITORING INCLUDES VERIFICATION OF THE NATURE OF THE AWARD AND THE BENEFITING ORGANIZATION. FURTHER, AS A PRECONDITION FOR MAKING ANY DONATIONS, THE JOHNS HOPKINS HOSPITAL REQUIRES THE USE OF FUNDS FOR EACH AWARD TO BE USED ONLY FOR THEIR INTENDED CHARITABLE RECIPIENT.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: SUBURBAN HOSPITAL, INC.

Employer identification number 52-0610545

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KEVIN W. SOWERS, M.S.N., R.N.,	(i)	0.	0.	0.	0.	0.	0.	0.
TRUSTEE, CORPORATE VICE CHAIR	(ii)	1,634,273.	684,638.	568,136.	22,464.	13,017.	2,922,528.	123,586.
(2) CAROLYN CARPENTER, M.H.A, F.A.C	(i)	0.	0.	0.	0.	0.	0.	0.
TRUSTEE, PRES NATIONAL CAP REGION	(ii)	739,787.	231,917.	100,813.	22,464.	33,631.	1,128,612.	74,904.
(3) PETER B. MANCINO, ESQ.	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT SECRETARY	(ii)	426,428.	149,504.	43,992.	23,627.	25,954.	669,505.	9,799.
(4) LEIGHANN SIDONE, D.N.P, R.N., C	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	449,956.	85,544.	11,685.	74,781.	33,588.	655,554.	0.
(5) JESSICA THOMPSON MELTON, M.H.A.	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	421,739.	143,614.	44,627.	0.	19,312.	629,292.	41,082.
(6) KIMBERLY ELYANOW, M.B.A	(i)	0.	0.	0.	0.	0.	0.	0.
VP, FINANCE & TREASURER	(ii)	447,590.	95,256.	10,462.	22,464.	19,927.	595,699.	0.
(7) GEORGE CHEELY, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
VP, MEDICAL AFFAIRS	(ii)	421,466.	86,836.	3,186.	15,003.	34,161.	560,652.	0.
(8) ATUL ROHATGI, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	467,922.	0.	23,500.	11,694.	31,762.	534,878.	0.
(9) ANU MULLICK	(i)	0.	0.	0.	0.	0.	0.	0.
VP, STRATEGIC INITIATIVES & PLANNING	(ii)	320,509.	69,989.	1,879.	22,464.	32,964.	447,805.	0.
(10) ALVIN D'ANGELO	(i)	0.	0.	0.	0.	0.	0.	0.
VP, OPERATIONS	(ii)	314,835.	63,476.	3,705.	21,312.	11,774.	415,102.	0.
(11) CINDY MERZ, M.S.	(i)	0.	0.	0.	0.	0.	0.	0.
VP, DEVELOPMENT	(ii)	235,673.	42,007.	36,300.	51,830.	32,485.	398,295.	0.
(12) TIFFANY PRATT	(i)	0.	0.	0.	0.	0.	0.	0.
VP, HR NATIONAL CAP REGION	(ii)	303,585.	64,365.	2,050.	15,298.	10,697.	395,995.	0.
(13) VADIM SCHICK (THRU 3/25)	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	293,114.	56,905.	1,449.	7,233.	13,030.	371,731.	0.
(14) JENNIFER RAYNOR	(i)	231,648.	16,545.	28,738.	15,158.	18,344.	310,433.	0.
DIRECTOR PHARMACY	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LEIMING WANG	(i)	261,825.	0.	1,337.	15,763.	4,714.	283,639.	0.
LEAD SPECIALTY APP	(ii)	0.	0.	13,500.	0.	0.	13,500.	0.
(16) MATTHEW TOVORNIK	(i)	207,110.	26,003.	16,657.	14,547.	31,067.	295,384.	0.
EXEC DIRECTOR PERIOPERATIVE SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) REGINA HOWELL	(i)	246,365.	5,778.	2,343.	15,509.	22,924.	292,919.	0.
MANAGER ADVANCED PRACTICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) MARK JOSEPH TULIAO	(i)	238,426.	0.	1,956.	14,981.	32,798.	288,161.	0.
NURSE CLINICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) COURTNEY CORNELL, M.S.N., R.N.,	(i)	165,240.	0.	2,485.	10,393.	18,475.	196,593.	0.
VP, NURSING & CNO	(ii)	61,175.	15,700.	1,701.	3,747.	4,323.	86,646.	0.
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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:
THE ORGANIZATION WILL PROVIDE TAX GROSS UP PAYMENTS IN CERTAIN CIRCUMSTANCES WITH APPROPRIATE LEVELS OF REVIEW AND APPROVAL. DURING THE TAX YEAR, ONE OF THE HIGHEST PAID EMPLOYEES OF THE ORGANIZATION RECEIVED A GROSS UP PAYMENT. THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THE LISTED INDIVIDUALS.

PART I, LINE 4B:
A SELECT GROUP OF SENIOR LEADERS OF THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHSC) PARTICIPATE IN SUPPLEMENTAL RETIREMENT/DEFERRED COMPENSATION PROGRAMS, INCLUDING SOME LEGACY ARRANGEMENTS THAT ARE NO LONGER AVAILABLE TO NEW HIRES. PRE-2011 PARTICIPANTS RECEIVE CASH PAYMENTS EACH YEAR DETERMINED WITH REFERENCE TO THEIR SERVICE WITH JHHSC AND THEIR FINAL AVERAGE COMPENSATION. AS OF JANUARY 2019, FUTURE CASH PAYMENTS ARE MADE ACCORDING TO A FIXED SCHEDULE FOR THESE PARTICIPANTS. POST-2011 PARTICIPANTS ACCRUE BENEFITS UNDER A DEFINED CONTRIBUTION FORMULA WHERE CONTRIBUTIONS ARE TIERED BY POSITION LEVEL. CONTRIBUTIONS MADE IN 2018 AND PRIOR YEARS GENERALLY VEST AFTER THE LATER OF FIVE YEARS OF SERVICE WITH JHHSC OR THREE YEARS OF PLAN PARTICIPATION; CONTRIBUTIONS MADE IN 2019 AND FUTURE YEARS VEST THREE YEARS AFTER EACH CONTRIBUTION IS MADE, WITH FULL VESTING ON THE LATER OF AGE 65 OR THREE YEARS OF PLAN PARTICIPATION. ALL CONTRIBUTIONS VEST ON DEATH, DISABILITY OR INVOLUNTARY TERMINATION WITHOUT CAUSE. IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE, THE PARTICIPANT'S ENTIRE NON-VESTED BENEFIT IS FORFEITED

ALL OF THESE ARRANGEMENTS WERE APPROVED, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED IN ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A RECEIVED PAYMENT FROM ONE OR MORE SUPPLEMENTAL RETIREMENT/DEFERRED COMPENSATION PROGRAMS, WITH PAYMENTS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III); THE TOTAL OF AMOUNTS PAYABLE DURING 2024 BUT REPORTED AS DEFERRED COMPENSATION IN COLUMN (C) IN PREVIOUS YEARS IS REPORTED IN SCHEDULE J, PART II, COLUMN (F). THE AMOUNTS BELOW MAY REFLECT ANNUAL CASH PAYMENTS OR MULTIPLE YEARS OF ACCRUALS THAT VESTED IN 2024.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

KEVIN SOWERS $534,431.31; CAROLYN CARPENTER $74,904.26; JESSICA MELTON $41,082.42 AND PETER MANCINO $31,222.37

PART I, LINE 7:

ANNUAL INCENTIVE PLAN: EXECUTIVES PARTICIPATE IN AN ANNUAL INCENTIVE PLAN THAT REWARDS PARTICIPANTS FOR THE ACHIEVEMENT OF ORGANIZATION OBJECTIVES APPROVED BY THE JOHNS HOPKINS MEDICINE COMPENSATION COMMITTEE EACH YEAR, INCLUDING FINANCIAL AND NON-FINANCIAL MEASURES. A PORTION OF THE OVERALL AWARD IS DETERMINED BASED ON INDIVIDUAL PERFORMANCE.

SCHEDULE L (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: SUBURBAN HOSPITAL, INC.

Employer identification number 52-0610545

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 .... $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization .... $

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
(1)	BETHESDA EMERGENCY ASSOC	ENTITY IN WHICH AN	341,074.	SEE PART V		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: BETHESDA EMERGENCY ASSOCIATES PLLC
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
ENTITY IN WHICH AN SHI TRUSTEE HOLDS AN OWNERSHIP INTEREST
(D) DESCRIPTION OF TRANSACTION: SEE PART V
AN SHI TRUSTEE HOLDS AN OWNERSHIP INTEREST IN BETHESDA EMERGENCY
ASSOCIATES PLLC, THE EXCLUSIVE PROVIDER OF EMERGENCY MEDICINE SERVICES AT
SUBURBAN HOSPITAL. THE TRUSTEE ALSO RECEIVES SEPARATE COMPENSATION
INDIVIDUALLY FOR CONTRACT PHYSICIAN SERVICES.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
SUBURBAN HOSPITAL, INC.	52-0610545

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SURROUNDING AREA SINCE 1943. WE ARE A NOT-FOR-PROFIT HEALTHCARE PROVIDER GUIDED BY THE NEEDS OF OUR PATIENTS AND COMMUNITY. ON JUNE 30, 2009, SUBURBAN HOSPITAL BECAME A MEMBER OF JOHNS HOPKINS MEDICINE. THE DESIGNATED TRAUMA CENTER FOR MONTGOMERY COUNTY, SUBURBAN HOSPITAL IS AFFILIATED WITH MANY LOCAL HEALTHCARE ORGANIZATIONS, INCLUDING THE NATIONAL INSTITUTES OF HEALTH. IT IS COMMITTED TO CONTINUOUS IMPROVEMENT AND APPROPRIATE USE OF RESOURCES, AND CREATES AN ENVIRONMENT THAT ENCOURAGES THE SUCCESS AND FULFILLMENT OF OUR PHYSICIANS, STAFF, AND VOLUNTEERS.

SUBURBAN HOSPITAL WILL SET THE STANDARD FOR EXCELLENCE IN HEALTHCARE IN THE WASHINGTON METROPOLITAN REGION. THROUGH OUR AFFILIATIONS, WE ASPIRE TO PROVIDE WORLD-CLASS PATIENT CARE, TECHNOLOGY, AND CLINICAL RESEARCH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SURGICAL INPATIENTS AND 14,400+ OPERATING ROOM CASES WERE PERFORMED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
TREATMENT CENTER, OFFERING DAY TREATMENT PROGRAMS TO ADOLESCENTS AND ADULTS. SUBURBAN OPERATES A FULL-SERVICE EMERGENCY DEPARTMENT, TREATING MORE THAN 56,000 PATIENTS ANNUALLY, WHICH INCLUDES THE SHAW FAMILY PEDIATRIC EMERGENCY CENTER EXCLUSIVELY FOR CHILDREN AND ADOLESCENTS.

FORM 990, PART VI, SECTION A, LINE 2:
1. MARK FUTROVSKY IS A TRUSTEE OF SUBURBAN HOSPITAL. JULIE FUTROVSKY IS A TRUSTEE OF SUBURBAN HOSPITAL FOUNDATION. MR. FUTROVSKY AND MS. FUTROVSKY HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:
JOHNS HOPKINS HEALTH SYSTEM CORPORATION AN IRC 501(C)(3) TAX EXEMPT ORGANIZATION, IS THE SOLE CORPORATE MEMBER OF SUBURBAN HOSPITAL, INC.

FORM 990, PART VI, SECTION A, LINE 7A:
JOHNS HOPKINS HEALTH SYSTEM CORPORATION, AN IRC 501C (3) TAX EXEMPT ORGANIZATION AND THE SOLE MEMBER OF SUBURBAN HOSPITAL, INC. ELECTS THE MAJORITY OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:
THE GOVERNING BODY OF SUBURBAN HOSPITAL, INC. IS EMPOWERED BY ITS BY-LAWS TO MAKE CERTAIN DECISIONS; ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE SOLE MEMBER JOHNS HOPKINS HEALTH SYSTEM CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 IS PROVIDED ELECTRONICALLY TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED. THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S TRUSTEES AND APPROPRIATE OFFICERS, WHO ARE GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND PROVIDE FEEDBACK BEFORE THE FORM 990 IS FILED.

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

Name of the organization: SUBURBAN HOSPITAL, INC.

Employer identification number: 52-0610545

THE CONFLICT-OF-INTEREST POLICY IS A PART OF THE ANNUAL DISCLOSURE STATEMENT PROCESS. ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST AND TO COMPLY WITH THE CONFLICT-OF-INTEREST POLICY. CONFLICTS OF INTEREST ARE DETERMINED AT A HEALTH SYSTEM LEVEL AND INCLUDE THE ORGANIZATION AND ALL OF ITS AFFILIATES. THE ORGANIZATION'S LEGAL DEPARTMENT IS RESPONSIBLE FOR REVIEWING ALL THE ACTUAL OR POTENTIAL CONFLICTS OF INTERESTS AND FOR DETERMINING APPROPRIATE ACTION TO ELIMINATE OR MANAGE THE CONFLICT OF INTEREST. IF A CONFLICT ARISES, THE AFFECTED MEMBER MUST (1) REFRAIN FROM ANY ATTEMPTS TO EITHER DIRECTLY OR INDIRECTLY INFLUENCE THE DECISION MAKING PROCESS IN WHICH THERE EXISTS A POTENTIAL FOR CONFLICTS OF INTEREST; (2) REFRAIN FROM PARTICIPATING IN ANY DISCUSSIONS LEADING TO THE APPROVAL OR DISAPPROVAL OF THE TRANSACTION CREATING THE CONFLICT, EXCEPT TO DISCLOSE MATERIAL FACTS RELATING TO THE CONFLICT; AND (3) ABSTAIN FROM VOTING ON THE TRANSACTION CREATING THE CONFLICT OR TRANSMITTING ANY OTHER OPINION, INCLUDING NOT BEING PRESENT IN THE ROOM WHEN THE VOTE IS TAKEN, UNLESS THE VOTE IS BY SECRET BALLOT. FURTHERMORE, THE ORGANIZATION'S INTERMEDIATE SANCTIONS TRANSACTION REVIEW COMMITTEE REVIEWS AND DETERMINES WHETHER A PROPOSED TRANSACTION BETWEEN A TRUSTEE, OFFICER, KEY EMPLOYEE OR DISQUALIFIED PERSON AND THE ORGANIZATION WOULD CREATE AN EXCESS BENEFIT TO SUCH TRUSTEE, OFFICER, KEY EMPLOYEE OR A DISQUALIFIED PERSON, OR WHETHER SUCH PROPOSED TRANSACTION QUALIFIES FOR A REBUTTABLE PRESUMPTION AGAINST EXCESS BENEFIT.

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

THE COMPENSATION COMMITTEE OF THE BOARD OF JOHNS HOPKINS MEDICINE, ON BEHALF OF THE ORGANIZATION, REVIEWS THE PERFORMANCE AND APPROVES THE COMPENSATION OF THE OFFICERS AND KEY PERSONNEL OF THE ORGANIZATION. IN REVIEWING AND APPROVING COMPENSATION, THE COMMITTEE RELIES ON APPROPRIATE MARKET DATA FOR COMPARABLE JOBS IN ORGANIZATIONS, AND ENSURES THAT SUCH DATA INDICATES THE COMPENSATION ORDINARILY PROVIDED BY SIMILARLY SITUATED ORGANIZATIONS, UNDER LIKE CIRCUMSTANCES. DELIBERATIONS AND DECISIONS OF THE COMMITTEE REGARDING THE COMPENSATION ARRANGEMENTS ARE DOCUMENTED IN THE FORM OF MINUTES OF COMMITTEE MEETINGS, AND COPIES OF ALL COMPARABILITY DATA AND REPORTS RETAINED.

FORM 990, PART VI, SECTION C, LINE 19:

INTERNAL POLICIES, INCLUDING CONFLICT OF INTEREST POLICY, ARE PROVIDED TO THE PUBLIC ON THE ORGANIZATIONS WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, THE GOVERNING DOCUMENTS HAVE BEEN MADE AVAILABLE IN OUR PUBLIC FILING WITH THE STATE OF MARYLAND AND THE INTERNAL REVENUE SERVICE.

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

CHANGE IN FUND STATUS OF DEFINED BENEFIT PLANS	628,000.
NET ASSETS RELEASED FROM RESTRICTION	1,142,330.
CHANGE IN PENSION	-710,000.
UNREALIZED GAIN ON INVESTMENT	20,927,679.
CONTRIBUTIONS TO AFFILIATES	-348,842.
NON OPERATING EXPENSE	-526,022.
ROUNDING	2.
TOTAL TO FORM 990, PART XI, LINE 9	21,113,147.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: SUBURBAN HOSPITAL, INC.

Employer identification number 52-0610545

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SUBURBAN PHYSICIAN ASSISTANT ASSOCIATES, LLC - 01-0642496, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	MEDICAL SERVICES	MARYLAND	750,006.	49,645.	SUBURBAN HOSPITAL, INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
SUBURBAN HOSPITAL FOUNDATION, INC. - 52-2019696, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 12B, II	SUBURBAN HOSPITAL, INC	X	
JOHNS HOPKINS HEALTH SYSTEM CORPORATION - 52-1465301, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 12D, III-O	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
HOWARD COUNTY GENERAL HOSPITAL, INC. - 52-2093120, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. - 52-1341890, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
JOHNS HOPKINS COMMUNITY PHYSICIANS, INC. - 52-1467441, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 12D, III-O	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS MEDICAL SERVICES CORPORATION - 52-1232569, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
THE JOHNS HOPKINS HOSPITAL - 52-0591656 600 N. WOLFE ST, STE 5400 BALTIMORE, MD 21287	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
SUBURBAN HOSPITAL HEALTHCARE SYSTEM, INC. - 52-2052354, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 12D, III-O	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES & - 53-0196602, 5255 LOUGHBORO RD, NW, WASHINGTON, DC 20016	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
POTOMAC HOME SUPPORT INC - 52-1750383 6001 MONTROSE ROAD NO 1020 ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	LINE 12B, II	N/A		X
SIBLEY SUBURBAN HOME HEALTH AGENCY - 52-1450142, 6001 MONTROSE ROAD NO 307, ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	LINE 10	POTOMAC HOME SUPPORT, INC.		X
PEDIATRIC PHYSICIAN SERVICES, INC - 59-3425191, 501 SIXTH AVENUE SOUTH, ST PETERSBURG, FL 33701	PEDIATRIC MEDICAL SERVICES	FLORIDA	501(C)(3)	LINE 11	ALL CHILDREN'S HEALTH SYSTEM INC		X
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL FOUNDATION, INC - 59-2481738, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	FOUNDATION	FLORIDA	501(C)(3)	LINE 7	ALL CHILDREN'S HEALTH SYSTEM INC		X
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC. - 59-0683252, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	HOSPITAL	FLORIDA	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
ALL CHILDREN'S RESEARCH INSTITUTE, INC - 59-2481742, 501 SIXTH AVENUE SOUTH, ST PETERSBURG, FL 33701	RESEARCH	FLORIDA	501(C)(3)	LINE 4	ALL CHILDREN'S HEALTH SYSTEM INC		X
JOHNS HOPKINS ALL CHILDREN'S URGENT CARE, INC. - 59-3476049, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	URGENT CARE SERVICES	FLORIDA	501(C)(3)	LINE 11	ALL CHILDREN'S HEALTH SYSTEM INC		X

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
WEST COAST NEONATOLOGY, INC - 59-3398308 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701	NEONATAL CARE	FLORIDA	501(C)(3)	LINE 11	ALL CHILDREN'S HEALTH SYSTEM INC		X
ALL CHILDREN'S HEALTH SYSTEM, INC - 59-2481740, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	MANAGEMENT SERVICES	FLORIDA	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
HOWARD HOSPITAL FOUNDATION, INC. - 52-1072778, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	FUNDRAISING SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC. - 23-7252596, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	MANAGEMENT OF ENDOWMENT	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
SIBLEY MEMORIAL HOSPITAL FOUNDATION, INC. - 45-0562642, 5255 LOUGHBORO RD, NW, WASHINGTON, DC 20016	FINANCIAL SUPPORT	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
HOWARD COUNTY NEONATAL SERVICES SERIES - 52-2239401, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	NEONATAL HEALTH	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
JHMI UTILITIES, LLC - 20-2814243, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	UTILITY FACILITIES	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
JOHNS HOPKINS HEALTH CARE AND SURGERY CENTER DEVELOPMENT, LLC - 82-1388814, 600 N. WOLFE ST, STE 5400,	LEASING REAL PROPERTY	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
JOHNS HOPKINS HEALTHCARE, LLC - 52-1899357, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	MEDICAL SVCS	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
HOWARD COUNTY HEALTH SERVICES, INC. - 52-1434783, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	HEALTHCARE MANAGEMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION - 52-1250028, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS, INC - 52-1947678, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	BENEFIT PLANS	MD	N/A	C CORP	N/A	N/A	N/A		X
TCAS, INC - 52-1979344 600 N. WOLFE ST, STE 5400 BALTIMORE, MD 21287	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
SUBURBAN HEALTH ENTERPRISES, INC. - 52-2052352, 8600 OLD GEORGETOWN RD, BETHESDA, MD 20814	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C CORP	N/A	N/A	N/A		X

SEE PART VII FOR CONTINUATIONS

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
JOHNS HOPKINS MEDICINE ALLIANCE FOR PATIENTS - 46-2866692, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD	HEALTHCARE SVC	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
JOHNS HOPKINS MEDICINE INTERNATIONAL, LLC - 52-2144849, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD	MEDICAL SVCS	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
JOHNS HOPKINS SURGERY CENTER SERIES - 20-8707724, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	SURGERY	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MARYLAND HEALTH ADVANTAGE, LLC - 81-3898700, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	HOLDING COMPANY	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
WEST COUNTY MEDICAL, LLC - 27-5234888, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	REAL ESTATE	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
JOHNS HOPKINS PERSONALIZED CARE LLC - 93-1421927, 600 N. WOLFE ST, STE 5400, BALTIMORE, MD 21287	HEALTHCARE SVC	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A

Part IV **Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
VARIOUS CHARITABLE REMAINDER TRUSTS 600 N. WOLFE ST, STE 5400 BALTIMORE, MD 21287	CHARITABLE REMAINDER TRUSTS	MD	N/A	TRUST		57,946.	100%		X
SSA HOLDCO, INC. - 81-1040476 600 N. WOLFE ST, STE 5400 BALTIMORE, MD 21287	INVESTMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
SAFETOWER - 92-3428577 600 N. WOLFE ST, STE 5400 BALTIMORE, MD 21287	MEDICAL TECH COMPANY	DE	N/A	C CORP	N/A	N/A	N/A		X
ILLUSTRA HEALTH - 33-1239433 600 N. WOLFE ST, STE 5400 BALTIMORE, MD 21287	HEALTH SOLUTION SOFTWARE	DE	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)	SUBURBAN HOSPITAL FOUNDATION, INC	C	2,008,566.	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JOHNS HOPKINS HEALTH CARE AND SURGERY CENTER DEVELOPMENT,

LLC

EIN: 82-1388814

600 N. WOLFE ST, STE 5400

BALTIMORE, MD 21287

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JOHNS HOPKINS MEDICINE ALLIANCE FOR PATIENTS

EIN: 46-2866692

600 N. WOLFE ST, STE 5400

BALTIMORE, MD 21287

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JOHNS HOPKINS MEDICINE INTERNATIONAL, LLC

EIN: 52-2144849

600 N. WOLFE ST, STE 5400

BALTIMORE, MD 21287