

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SUBURBAN HOSPITAL, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>8600 OLD GEORGETOWN ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>BETHESDA, MD 20814-1497</b> <b>F</b> Name and address of principal officer: <b>KIMBERLY ELYANOW</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>52-0610545</b> <b>E</b> Telephone number <b>443-997-5771</b> <b>G</b> Gross receipts \$ <b>416,988,598.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.SUBURBANHOSPITAL.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		<b>L</b> Year of formation: <b>1942</b>
		<b>M</b> State of legal domicile: <b>MD</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SUBURBAN HOSPITAL IS A COMMUNITY-BASED HOSPITAL SERVING MONTGOMERY COUNTY AND THE</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 19
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 14
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b> 2356
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 35
<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 364,889.
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b> 0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year: 18,258,468. Current Year: 4,334,051.
<b>9</b>	Program service revenue (Part VIII, line 2g)	319,073,516. 337,748,407.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,572,108. 61,822,081.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,784,188. 12,732,830.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	357,688,280. 416,637,369.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,609. 62,581.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	148,011,904. 152,447,487.
<b>16 a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	186,557,383. 204,634,627.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	334,609,896. 357,144,695.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	23,078,384. 59,492,674.
<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year: 689,946,694. End of Year: 642,957,547.
<b>21</b>	Total liabilities (Part X, line 26)	186,423,992. 180,991,196.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	503,522,702. 461,966,351.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer: <i>Kimberly Elyanow</i> Signature of preparer: <b>KIMBERLY ELYANOW, VP FINANCE &amp; TREASURER</b> Type or print name and title	Date: <b>5/10/2023</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed: <input type="checkbox"/> PTIN: _____	Firm's name: ▶ _____ Firm's EIN: ▶ _____ Phone no.: _____

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

Part III Statement of Program Service Accomplishments

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 62,264,212. including grants of \$ ) (Revenue \$ 64,415,523. )

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 1,500 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 1500 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 2022, SUBURBAN HOSPITAL ADMITTED 906

4b (Code: ) (Expenses \$ 140,953,958. including grants of \$ ) (Revenue \$ 138,907,528. )

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 2022, SUBURBAN HOSPITAL ADMITTED APPROXIMATELY 7,700 MEDICAL PATIENTS.

SUBURBAN HOSPITAL'S OBJECTIVES ARE TO MEASURE AND ANALYZE VARIANCES AND

4c (Code: ) (Expenses \$ 38,172,931. including grants of \$ ) (Revenue \$ 39,814,174. )

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 EXISITING CARDIAC PROGRAMS AT SUBURBAN HOSPITAL - FROM EMERGENCY CARE TO CARDIAC DIAGNOSTICS AND REHABILITATION. DURING 2022

4d Other program services (Describe on Schedule O.) (Expenses \$ 44,631,912. including grants of \$ 62,581.) (Revenue \$ 106,979,123.)

4e Total program service expenses 286,023,013.

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		19
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b		14
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**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     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 **KIMBERLY ELYANOW, VICE PRESIDENT, FINANCE AND TREASURER - 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, 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN W. SOWERS, M.S.N., R.N., TRUSTEE, CORPORATE VICE CHAIRMAN	2.50 57.50	X		X				0.	1,909,575.	21,374.
(2) RONALD PETERSON FORMER OFFICER	0.00 0.00					X		0.	1,275,825.	0.
(3) CAROLYN CARPENTER, M.H.A, F.A.C PRESIDENT OF NATIONAL CAP REGION FOR	30.00 30.00	X		X				0.	889,950.	133,973.
(4) MARY MYERS, M.S., R.N. TRUSTEE	1.00 59.00	X						0.	781,017.	169,363.
(5) MARTY BASSO SR VICE PRESIDENT FINANCE & TREASURE	30.00 30.00			X				0.	715,393.	102,353.
(6) PETER B. MANCINO, ESQ. SECRETARY	1.00 59.00			X				0.	550,291.	69,793.
(7) ERIC DOBKIN, M.D. VICE PRESIDENT MEDICAL AFFAIRS	57.00 3.00			X				0.	513,240.	30,743.
(8) JESSICA THOMPSON MELTON, M.H.A. PRESIDENT	58.00 2.00			X				0.	439,111.	53,034.
(9) LEIGHANN SIDONE, R.N. VICE PRESIDENT NURSING & CNO	59.00 1.00			X				0.	373,885.	102,005.
(10) JOSEPH LINSTROM VICE PRESIDENT OPERATIONS	58.00 2.00			X				0.	328,102.	87,503.
(11) CINDY MERZ, M.S. VICE PRESIDENT DEVELOPMENT	30.00 30.00			X				0.	299,858.	36,492.
(12) CHRISTOPHER GRANCAGNOLO SR DIRECTOR	50.00 0.00					X		233,915.	0.	31,607.
(13) JENNIFER RAYNOR DEPT DIR PHARMACY	50.00 0.00					X		235,807.	0.	25,625.
(14) THOMAS STEWART EXEC DIR NCR REGIONAL	50.00 0.00					X		237,109.	0.	16,796.
(15) LEIMING WANG PHYSICIAN ASSISTANT - SURGICAL	50.00 0.00					X		240,087.	0.	13,691.
(16) CHARLES HOOKS SR DIR MIS	50.00 0.00					X		226,518.	0.	19,322.
(17) BARTON LEONARD, M.D. TRUSTEE	2.50 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JANINE LOSSING TRUSTEE	2.50 0.00	X						0.	0.	0.
(19) MARY ELLEN BELIVEAU TRUSTEE CHAIRMAN	2.50 2.50	X						0.	0.	0.
(20) BRIAN COBB TRUSTEE	2.50 0.00	X						0.	0.	0.
(21) LINDA COURIE TRUSTEE	2.50 0.00	X						0.	0.	0.
(22) JONATHAN EFRON, M.D. TRUSTEE	2.50 1.00	X						0.	0.	0.
(23) MARIA GOMEZ TRUSTEE	2.50 0.00	X						0.	0.	0.
(24) ELIZABETH FLANAGAN TRUSTEE	2.50 0.00	X						0.	0.	0.
(25) DOUGLAS FORMAN, M.D. TRUSTEE	2.50 2.50	X						0.	0.	0.
(26) JON SLABAUGH TRUSTEE	2.50 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,173,436.	8,076,247.	913,674.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,173,436.	8,076,247.	913,674.

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 312

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
AYA HEALTHCARE INC., 5930 CORNERSTONE CT STE 300, SAN DIEGO, CA 92121	NURSING SERVICES	7,221,482.
ELECTRICO INC 1300 RACQUET RD, BALTIMORE, MD 21209	ELECTRICAL SERVICES	1,366,336.
MACKENZIE CONTRACTING CO LLC, 2324 W JOPPA RD STE 600, LUTHERVILLE, MD 21093	CONTRACTING SERVICES	1,284,407.
ALLIANT STAFFING LLC, 3 BETHESDA METRO CTR STE 460, BETHESDA, MD 20814	NURSING SERVICES	1,141,092.
FIRST COLONIES ANESTHESIA ASSOCIATES 12222 MERIT DR, STE 700, DALLAS, TX 75251	MEDICAL SERVICES	767,879.

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 72

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>	1,810,266.				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	2,523,785.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			4,334,051.			
Program Service Revenue	<b>2 a</b>	NET PATIENT REVENUE	Business Code	621990	337383518.	337383518.		
	<b>b</b>	LAB		541380	364,889.	364,889.		
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			337748407.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			3,930,815.		3930815.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	0.	351,229.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	58,242,495.	-351,229.			
<b>d</b>	Net gain or (loss) .....			57,891,266.		57891266.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	OTHER REVENUE	Business Code	621990	10,977,074.	10977074.		
	<b>b</b>	CAFETERIA INCOME		722514	827,145.	827,145.		
	<b>c</b>	PARKING		812930	539,529.	539,529.		
	<b>d</b>	All other revenue .....		621990	389,082.	389,082.		
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			12,732,830.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			416637369.	350116348.	364,889.	61822081.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	62,581.	62,581.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	125,208,602.	108,180,232.	17,028,370.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,462,496.	3,855,596.	606,900.	
<b>9</b> Other employee benefits .....	12,319,185.	10,643,776.	1,675,409.	
<b>10</b> Payroll taxes .....	10,457,204.	9,035,024.	1,422,180.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	168,533.		168,533.	
<b>c</b> Accounting .....	34,539.		34,539.	
<b>d</b> Lobbying .....	72,809.		72,809.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	356,223.	307,777.	48,446.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	22,292,925.	21,297,366.	995,559.	
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	31,978,028.	26,619,518.	5,358,510.	
<b>14</b> Information technology .....	866,610.	748,751.	117,859.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	4,776,897.	4,127,239.	649,658.	
<b>17</b> Travel .....	52,239.		52,239.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	78,338.	67,715.	10,623.	
<b>20</b> Interest .....	4,035,349.	4,035,349.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	26,802,246.	23,157,141.	3,645,105.	
<b>23</b> Insurance .....	2,305,504.	1,969,221.	336,283.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>MEDICAL SUPPLIES</b>	61,662,769.	61,662,769.		
<b>b</b> <b>PURCHASED SERVICES - AF</b>	42,573,649.	4,553,799.	38,019,850.	
<b>c</b> <b>PROFESSIONAL FEES</b>	4,525,893.	3,941,453.	584,440.	
<b>d</b> <b>OTHER</b>	2,052,076.	1,757,706.	294,370.	
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	357,144,695.	286,023,013.	71,121,682.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,575.	<b>1</b>	6,574.
	<b>2</b> Savings and temporary cash investments .....	23,227,398.	<b>2</b>	33,607,215.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	40,520,664.	<b>4</b>	43,379,873.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	12,223,016.	<b>8</b>	12,126,743.
	<b>9</b> Prepaid expenses and deferred charges .....	1,099,349.	<b>9</b>	1,645,117.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 495,984,274.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 216,665,516.	294,723,477.	<b>10c</b> 279,318,758.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	300,168,170.	<b>12</b>	261,831,562.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	17,978,045.	<b>15</b>	11,041,705.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	689,946,694.	<b>16</b>	642,957,547.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	35,961,714.	<b>17</b>	34,914,202.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	150,462,278.	<b>25</b>	146,076,994.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	186,423,992.	<b>26</b>	180,991,196.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	503,522,702.	<b>27</b>	461,966,351.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	503,522,702.	<b>32</b>	461,966,351.
	<b>33</b> Total liabilities and net assets/fund balances .....	689,946,694.	<b>33</b>	642,957,547.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	416,637,369.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	357,144,695.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	59,492,674.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	503,522,702.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-101,049,025.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	461,966,351.

**Part XII Financial Statements and Reporting**

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

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

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



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

SUBURBAN HOSPITAL, INC.

Employer identification number

52-0610545

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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  <b>SUBURBAN HOSPITAL, INC.</b>	Employer identification number  <b>52-0610545</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,810,266.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>17,766.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>570,874.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,399,432.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>535,712.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SUBURBAN HOSPITAL, INC.</b>	Employer identification number  <b>52-0610545</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization  <b>SUBURBAN HOSPITAL, INC.</b>	Employer identification number  <b>52-0610545</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <b>SUBURBAN HOSPITAL, INC.</b>	Employer identification number <b>52-0610545</b>
--	---

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		72,809.
<b>j</b> Total. Add lines 1c through 1i .....			72,809.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

SUBURBAN HOSPITAL PAID ITS PARENT CORPORATION, JOHNS HOPKINS HEALTH SYSTEM CORPORATION \$68,929 DURING FISCAL YEAR ENDED JUNE 30, 2022 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

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

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 PROFESSIONAL ASSOCIATIONS, STATE HOSPITAL ASSOCIATIONS, AND OTHER PROFESSIONAL MEDICAL SOCIETIES WHO ALLOCATE A PORTION OF THOSE DUES TOWARDS LOBBYING EXPENSES. FOR FY22, THE ORGANIZATION HAS CONFIRMED THAT \$3,880 OF SUCH DUES WERE ALLOCATED TOWARDS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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? <input type="checkbox"/> | 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		266,142,861.	107,638,826.	158,504,035.
c Leasehold improvements		140,637.	8,790.	131,847.
d Equipment		205,615,399.	102,457,614.	103,157,785.
e Other		22,748,593.	6,560,286.	16,188,307.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				279,318,758.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) <b>LONG TERM INV</b>	<b>261,831,562.</b>	<b>COST</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>261,831,562.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**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) <b>ADVANCES FROM THIRD PARTIES</b>	<b>7,542,752.</b>
(3) <b>CAPITAL ACCUMULATION ACCOUNT</b>	<b>459,450.</b>
(4) <b>457B FOR DIRECTORS</b>	<b>28,377.</b>
(5) <b>DUE TO AFFILIATES</b>	<b>130,838,073.</b>
(6) <b>WORKERS COMP INSURANCE LIABILITY</b>	<b>1,739,991.</b>
(7) <b>MALPRACTICE INSURANCE</b>	<b>1,352,466.</b>
(8) <b>L/T MAL LIAB</b>	<b>3,106,561.</b>
(9) <b>L/T FINANCING LEASE</b>	<b>532,470.</b>
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>146,076,994.</b>

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



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

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

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

**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.

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

**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, 2022 AND 2021.





**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

OMB No. 1545-0047

**2021**

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

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			7069940.	0.	7069940.	1.98%
<b>b</b> Medicaid (from Worksheet 3, column a)			0.	0.		
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			0.	0.		
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			7069940.		7069940.	1.98%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			22651757.	1510661.	21141096.	5.92%
<b>f</b> Health professions education (from Worksheet 5)			5153141.	0.	5153141.	1.44%
<b>g</b> Subsidized health services (from Worksheet 6)			0.	0.		
<b>h</b> Research (from Worksheet 7)			798,475.	798,475.		
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			191,624.	0.	191,624.	.05%
<b>j Total.</b> Other Benefits			28794997.	2309136.	26485861.	7.41%
<b>k Total.</b> Add lines 7d and 7j			35864937.	2309136.	33555801.	9.39%



Part V Facility Information

Section A. Hospital Facilities

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

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)

1 SUBURBAN HOSPITAL, INC.
8600 OLD GEORGETOWN RD
BETHESDA, MD 15332
WWW.HOPKINSMEDICINE.ORG/SUBURBAN\_HOSPI
15-028

Table with columns: 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. Row 1 has 'X' in the 'Licensed hospital' column.

**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
<b>Community Health Needs Assessment</b>			
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 two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The significant health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>			
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 <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>			
b <input type="checkbox"/> Other website (list url): _____			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d <input checked="" type="checkbox"/> 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 <u>21</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X	
a If "Yes," (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>			
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 financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** (continued)

**Billing and Collections**

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

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

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>X</b>	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> 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
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.	<b>23</b>	<b>X</b>
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.	<b>24</b>	<b>X</b>

**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 NURSES, PUBLIC HEALTH PROFESSIONALS AND EDUCATORS, 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 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 ENSURE THAT THE REPORTING OF HEALTH IMPROVEMENT OUTCOMES ACHIEVE THE TRI-ANNUAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND ANNUAL COMMUNITY BENEFIT REQUIREMENTS AND GOALS.

AFTER YEARS OF PLANNING AND COLLECTIVE DESIGN, SUBURBAN HOSPITAL'S MOST

**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.

RECENT CHNA, COMPLETED IN JUNE 2022, IS THE RESULT OF A UNIQUE COLLABORATIVE EFFORT WITH EACH OF THE FOUR HOSPITAL SYSTEMS IN MONTGOMERY COUNTY, MD. THE 2022 CHNA IS REFERRED TO AS THE MONTGOMERY COUNTY HOSPITAL COLLABORATIVE, OR MCHC. THE MCHC ADDRESSES 34 ZIP CODES SERVED BY 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.

THE METHODOLOGY UTILIZED TO IDENTIFY THE GREATEST HEALTH NEEDS WAS THOUGHTFUL AND DELIBERATE. THE MCHC CHNA USED A SYSTEMATIC DATA COLLECTION AND ANALYSIS PROCESS TO IDENTIFY KEY HEALTH NEEDS AND ISSUES THAT PERSIST IN OUR COMMUNITY. IN ADDITION TO USING THE HIGHEST QUALITY DATA AVAILABLE FROM PRIVATE AND PUBLIC SOURCES, THE MCHC CHNA WAS PROACTIVE IN ENGAGING A BROAD AND DIVERSE LEVEL OF STAKEHOLDERS AT KEY STAGES OF THE ASSESSMENT VIA SURVEYS AND COMMUNITY CONVERSATIONS. DATA COLLECTION OCCURRED BETWEEN APRIL 2021 AND MARCH 2022. THE 2022 MCHC CHNA RELIED ON MULTIPLE TOOLS AND RESOURCES TO UNDERSTAND AND IDENTIFY THE UNMET HEALTH NEEDS OF THOSE SERVED. USING THE COUNTY HEALTH RANKINGS MODEL AS THE GUIDE, OVER 100 INDICATORS WERE IDENTIFIED AND INTEGRATED TO CREATE A HEALTH PROFILE OF MONTGOMERY AND PRINCE GEORGE'S COUNTIES. IN ADDITION TO GATHERING TIMELY, RELIABLE, AND VALID SECONDARY HEALTH DATA AND REPORTS, THE MCHC COLLECTED FIRST-HAND INFORMATION, FROM THE FOLLOWING:

-HEALTHY MONTGOMERY

SERVING AS THE LOCAL HEALTH IMPROVEMENT COALITION (LHIC), HEALTHY

**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 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.

-EXTERNAL ADVISORY GROUPS

THE MCHC CONVENED A GROUP OF EXTERNAL PARTICIPANTS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY. PARTICIPANTS INCLUDED MONTGOMERY COUNTY'S HEALTH OFFICER, THE DIRECTOR OF THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (MCDHHS), VARIOUS INDIVIDUALS FROM LOCAL AND STATE GOVERNMENTAL AGENCIES, LEADERS FROM COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES, COALITIONS, AND ASSOCIATIONS. THESE PARTICIPANTS ARE EXPERTS IN A RANGE OF AREAS, INCLUDING PUBLIC HEALTH, HEALTH CARE, MINORITY POPULATIONS AND DISPARITIES IN HEALTH CARE, SOCIAL DETERMINANTS OF HEALTH (SDOH), AND SOCIAL SERVICES. THROUGH FEEDBACK AND ADVICE, THEY PROVIDED ONGOING INPUT TO ENSURE THE MCHC IDENTIFIED AND RESPONDED TO THE MOST PRESSING COMMUNITY HEALTH NEEDS. THROUGHOUT THE CHNA, ADVISORY GROUP MEMBERS WERE INVITED TO PARTICIPATE, PARTICULARLY IN THE PRIORITIZATION PROCESS, THOUGHT LEADERS' DISCUSSION, AND DATA EXPLORATION PROCESS.

-COMMUNITY SURVEYS, CONVERSATIONS AND KEY INFORMANT INTERVIEWS

IN 2021, THE MCHC WIDELY DISTRIBUTED A 19-QUESTION CHNA SURVEY CENTERED ON HEALTH STATUS, ACCESS TO CARE, AND PERCEIVED COMMUNITY HEALTH NEEDS AND STRENGTHS. THE SURVEY WAS AVAILABLE IN BOTH ENGLISH AND IN SPANISH. SURVEY DISSEMINATION INCLUDED COMMUNITY EVENTS, PROGRAMS, VIA EMAIL, LISTSERVS,

**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.

SOCIAL MEDIA, COMMUNITY PARTNERS AND ORGANIZATIONS. COMMUNITY

CONVERSATIONS AND KEY INFORMANT INTERVIEWS WERE CONDUCTED IN PARTNERSHIP WITH HEALTHY MONTGOMERY AND THE MCDHHS PROVIDED OVERSIGHT, PARTICIPATION, AND SUPPORT.

SUBURBAN HOSPITAL CONVENED ITS OWN AD HOC COMMITTEE TO CONDUCT A PRIORITIZATION PROCESS FOR THE IDENTIFIED UNMET HEALTH NEEDS. THIS GROUP, COMPRISED OF STAKEHOLDERS BOTH INTERNAL AND EXTERNAL TO THE HOSPITAL WERE MEMBERS OF EITHER A DISEASE OR CONDITION-SPECIFIC ADVISORY GROUP REFERRED TO AS THOUGHT LEADERS, OR AS A MEMBER OF THE COMMUNITY HEALTH IMPROVEMENT ADVISORY COUNCIL (CHIA). ON MAY 13, 2022, REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS CONVENED TO REVIEW AND EVALUATE THE CHNA FINDINGS AS WELL AS ESTABLISH AN ACCEPTABLE PRIORITIZATION PROCESS.

THOUGHT LEADERS:

BETHESDA NEWTRITION & WELLNESS SOLUTIONS

EVERYMIND

FRIENDSHIP HEIGHTS NEIGHBOR NETWORK

JOHNS HOPKINS COMMUNITY PHYSICIANS HEART CARE

MONTGOMERY COUNTY PUBLIC SCHOOLS

PHYSICIAN REPRESENTING PRIVATE PRACTICE

SUBURBAN HOSPITAL PATIENT AND FAMILY ADVISORY COUNCIL

SUBURBAN HOSPITAL

COMMUNITY HEALTH IMPROVEMENT ADVISORY COUNCIL:

ALPHA PHI ALPHA FRATERNITY

BRADLEY HILLS VILLAGE

**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.

CATHOLIC CHARITIES

EVERYMIND

GIRLS ON THE RUN MONTGOMERY COUNTY

MARY'S CENTER

MERCY HEALTH

MOBILE MEDICAL CARE, INC.

MYFINANCIAL

PARENT ENCOURAGEMENT PROGRAM

SUBURBAN HOSPITAL

NEEDS ASSESSMENTS AND REPORTS:

AS AVAILABLE, THE MCHC USED A RANGE OF NEEDS ASSESSMENTS AND REPORTS TO IDENTIFY UNMET NEEDS, ESPECIALLY FOR UNDERSERVED MINORITIES, SENIORS, AND WOMEN AND CHILDREN, INCLUDING:

AFRICAN AMERICAN HEALTH PROGRAM ANNUAL REPORT FY2020

AFRICAN AMERICAN HEALTH PROGRAM GEOGRAPHIC HOT SPOT REPORT 2019

ASIAN AMERICAN HEALTH INITIATIVE ANNUAL REPORT FY2021

BLUEPRINT FOR ASIAN AMERICAN HEALTH INITIATIVE 2020-2030

BLUEPRINT FOR LATINO HEALTH IN MONTGOMERY COUNTY 2017-2026

CDC NATIONAL DIABETES STATISTICS REPORT 2020

COMMUNITY ACTION PARTNERSHIP, COMMUNITY NEEDS ASSESSMENT 2019-2022

LATINO HEALTH INITIATIVE ANNUAL REPORT FY2019

MONTGOMERY COUNTY COLLABORATION COUNCIL, COMMUNITY NEEDS ASSESSMENT, 2020

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES MCDHHS, HEALTH EQUITY IN MONTGOMERY COUNTY 2010-2018

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, STATUS OF

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

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

HEALTH IN MONTGOMERY COUNTY FY2018

MONTGOMERY COUNTY FOOD COUNCIL ANNUAL REPORT 2020

PRINCE GEORGE'S COUNTY COMMUNITY HEALTH ASSESSMENT 2019

PRINCE GEORGE'S COUNTY FOOD SECURITY TASK FORCE REPORT 2021

PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT, HEALTH REPORT 2018

STATE OF MARYLAND VITAL STATISTICS ANNUAL REPORT 2019

STATE OF MARYLAND, DIABETES IN MARYLAND ACTION PLAN

SURVEILLANCE REPORT ON POPULATION HEALTH, HEALTH IN MONTGOMERY COUNTY  
2010-2019

THRIVE MONTGOMERY 2050 (DRAFT)

TRINITY HEALTH SYSTEM FULL ASSESSMENT REPORT 2021

TRUST FOR AMERICA'S HEALTH, THE STATE OF OBESITY REPORT 2021 P UNIVERSITY  
OF WISCONSIN POPULATION HEALTH INSTITUTE'S COUNTY HEALTH RANKINGS DATA P  
USDA ECONOMIC RESEARCH REPORT, HOUSEHOLD FOOD SECURITY IN THE US 2020

OTHER AVAILABLE DATA

THE MCHC ALSO REVIEWED INTERNAL PATIENT DATA, E.G. EMERGENCY ROOM  
UTILIZATION, PATIENT READMISSIONS, AND WHERE AVAILABLE, ACCESSED PUBLICLY  
AVAILABLE DATA ON MARKET ANALYSES, HEALTH INDICATORS, AND SOCIAL  
DETERMINANTS OF HEALTH. THESE SETS OF DATA PROVIDED A DETAILED LOOK AT THE  
COMMUNITY BY IDENTIFYING DISPARITIES THAT MIGHT NOT SURFACE WHEN LOOKING  
AT ONLY COUNTY OR STATE DATA. IN ADDITION, MEMBERS OF THE MCHC REGULARLY  
PARTICIPATE IN COALITIONS, COMMISSIONS, COMMITTEES, PARTNERSHIPS, AND  
PANELS, AFFORDING A DEEP UNDERSTANDING OF HEALTH OPPORTUNITIES AND  
CHALLENGES RESONATING WITHIN THE COMMUNITY.

THE SUBURBAN HOSPITAL BOARD OF TRUSTEES APPROVED THE 2022 CHNA ON JUNE 2,



**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.

2022. IT WAS POSTED ON SUBURBAN'S WEBSITE ON JUNE 28, 2022.

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 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 WERE MADE AVAILABLE TO COMMUNITY STAKEHOLDERS AND LEGISLATORS ANNUALLY. THE CHIA DISSEMINATES THE CHI TO THEIR STAKEHOLDERS AND COMMUNITY.

SUBURBAN HOSPITAL, INC.:

PART V, SECTION B, LINE 11: THE 2022 IMPLEMENTATION STRATEGY IS THE

**Part V Facility Information** (continued)

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

HOSPITAL'S FORMAL RESPONSE TO THE NEEDS ASSESSMENT AND WAS DRAFTED COLLABORATIVELY AMONG ALL SIX COUNTY HOSPITALS. IT OUTLINES THE MCHC'S PLAN TO ADDRESS EACH OF THE NINE PRIORITIZED UNMET HEALTH NEEDS, SPECIFICALLY NOTING THE ACTIONS EACH HOSPITAL INTENDS TO TAKE AND THE ANTICIPATED IMPACT OF THESE ACTIONS. APPROVED AND ADOPTED BY SUBURBAN HOSPITAL'S BOARD OF TRUSTEES ON SEPTEMBER 22, 2022, THE MCHC IMPLEMENTATION STRATEGY 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 MCHC WILL TACKLE DOWNSTREAM ISSUES THROUGH PREVENTION, EDUCATION, AND DISEASE MANAGEMENT INITIATIVES. UPSTREAM-IDENTIFIED NEEDS WILL BE ADDRESSED THROUGH POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE STRATEGIES IN AN EFFORT TO OPTIMIZE WELLNESS AND EQUITY, THUS REDUCING DISPARITIES IN OUR COMMUNITY. THE COLLABORATIVE APPROACH OF THE 2022 IMPLEMENTATION STRATEGY POSITIONS SUBURBAN AND THE OTHER HOSPITALS TO ADDRESS ALL NINE 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 STRATEGIC PLAN IS ALIGNED WITH THE OBJECTIVE OF PROVIDING A GUIDED HEALTHCARE SYSTEM TO OUR MOST VULNERABLE PATIENTS AND COMMUNITIES. DELIBERATELY APPLYING A COLLECTIVE IMPACT APPROACH, THE CHW

**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.

DIVISION GUIDES AND 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 CHI REPORT

INTEGRATION OF POPULATION HEALTH INTERVENTIONS AIMED AT REDUCING HEALTH INEQUITIES AND COLLABORATING WITH SAFETY NET CLINICS IN MONTGOMERY COUNTY TO INCREASE ACCESS OF CARE TO UNDERSERVED POPULATIONS 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.

MONTGOMERY COUNTY'S 2016 CHNA IDENTIFIED SIX KEY HEALTH PRIORITIES AND ONE EMERGING ISSUE, RESPECTIVELY: CHRONIC CONDITIONS, CARDIOVASCULAR HEALTH, DIABETES, CANCERS, MATERNAL AND INFANT HEALTH, BEHAVIORAL HEALTH, 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.

HEROIN AND OPIOID MISUSE. AN IDENTIFIED NEED FOR WHICH SUBURBAN HOSPITAL IS NOT ALIGNED TO ADDRESS IS MATERNAL AND INFANT HEALTH. SUBURBAN HOSPITAL DOES NOT HAVE AN OBSTETRICS DESIGNATION NOR DELIVERS BABIES. ONE REASON FOR NOT SEEKING THIS DESIGNATION IS TO AVOID DUPLICATION OF SERVICES; 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 ADDRESS THIS HEALTH PRIORITY 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 "CRITICAL TOPICS IN PARENTING" WEBINAR SERIES AND THEIR FAMILY RESILIENCY PROGRAM. TOPICS COVERED IN THEIR "CRITICAL TOPICS IN PARENTING" WEBINAR SERIES INCLUDES: "TALKING WITH YOUNG CHILDREN ABOUT EQUITY," "TALKING WITH KIDS ABOUT SOCIAL MEDIA AND MENTAL HEALTH," AND "10 TIPS TO HELP STRESSED & ANXIOUS CHILDREN WHEN YOU CAN'T FIND THERAPY," TO NAME A FEW. THE 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 HELP THEIR CHILDREN COPE WITH STRESS AND ANXIETY. PARENTS ALSO LEARN HOW TO STRENGTHEN THEIR RELATIONSHIPS AND COMMUNICATIONS WITH THEIR CHILDREN; EFFECTIVE LIMIT SETTING; PROBLEM-SOLVING SKILLS; AND HOW TO MANAGE THEIR OWN ANGER.

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

**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.

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 GIRLS ON THE RUN MONTGOMERY COUNTY WEBSITE.

SUBURBAN HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

WWW.HOPKINSMEDICINE.ORG/PATIENT\_CARE/BILLING-INSURANCE/ASSISTANCE-SERVICES/

SUBURBAN HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.HOPKINSMEDICINE.ORG/PATIENT\_CARE/BILLING-INSURANCE/ASSISTANCE-SERVICES/

SUBURBAN HOSPITAL, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.HOPKINSMEDICINE.ORG/PATIENT\_CARE/BILLING-INSURANCE/ASSISTANCE-SERVICES/

PART V, SECTION B, LINE 7A

WWW.HOPKINSMEDICINE.ORG/ABOUT/COMMUNITY\_HEALTH/SUBURBAN-HOSPITAL/NEEDS\_ASSESSMENT

PART V, SECTION B, LINE 10A

WWW.HOPKINSMEDICINE.ORG/ABOUT/COMMUNITY\_HEALTH/SUBURBAN-HOSPITAL/NEEDS\_ASSESSMENT

**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.

PART V, SECTION B, LINE 16A

[HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT\\_CARE/BILLING-INSURANCE/ASSISTANC  
E-SERVICES/ASSISTANCE\\_POLICIES.HTML](https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/assistance_policies.html)

PART V, SECTION B, LINE 16B

[HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT\\_CARE/BILLING-INSURANCE/ASSISTANC  
E-SERVICES/ASSISTANCE\\_POLICIES.HTML](https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/assistance_policies.html)

PART V, SECTION B, LINE 16C

[HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT\\_CARE/BILLING-INSURANCE/ASSISTANC  
E-SERVICES/ASSISTANCE\\_POLICIES.HTML](https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/assistance_policies.html)



**Part VI Supplemental Information**

Provide the following information.

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

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**PART I, LINE 3C:**

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**SEE DETAILS IN SCH H, PART V, SECTION B, LINE 13.**

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**PART I, LINE 7:**

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**-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.**

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**- 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**

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**Part VI** Supplemental Information (Continuation)

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 RECOGNIZES THE COMMUNITY'S UNMET HEALTH NEEDS BY LEVERAGING RESOURCES WITH LONG-STANDING COMMUNITY COALITIONS, PARTNERS, ADVISORY GROUPS, BOARDS, PANELS, AND COMMITTEES, AS WELL AS BY SERVING ON LOCAL COUNTY COMMISSIONS. 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 ONE'S HEALTH AND WELL-BEING.

SUBURBAN HOSPITAL'S COMMUNITY-BUILDING ACTIVITIES SUPPORT AND PROMOTE THE

**Part VI** Supplemental Information (Continuation)

HEALTH OF THE COMMUNITY IT SERVES THROUGH A NUMBER OF HEALTH IMPROVEMENT INITIATIVES THAT LEVERAGE 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. 4MONTGOMERYKIDS, A WIDER CIRCLE, AMERICAN HEART ASSOCIATION, AMERICAN LUNG ASSOCIATION, AMERICAN RED CROSS, ARCHDIOCESES HEALTHCARE NETWORK/CATHOLIC CHARITIES OF WASHINGTON DC, 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 CHAMBER OF COMMERCE, MONTGOMERY COUNTY SENIOR HEALTH AND WELLNESS ADVISORY COUNCIL, MONTGOMERY COUNTY FOOD COUNCIL, MANNA FOOD, MOBILE MEDICAL CARE, INC., NOURISHING NOW, NEXUS MONTGOMERY, PROYECTO SALUD CLINIC, PARENT ENCOURAGEMENT PROGRAM (PEP), SAFE KIDS COALITION, SCOTLAND COMMUNITY PARTNERSHIP, 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 UNDERSERVED, VULNERABLE YOUTH AND SENIOR POPULATIONS ACROSS THE THREE OVERARCHING HEALTH PRIORITY AREAS INCLUDE:

**ACCESS TO CARE**

SUBURBAN HOSPITAL PROVIDES FREE DIAGNOSTIC, OUTPATIENT AND INPATIENT 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 SERVICES AND MORE TO ADDITIONAL MONTGOMERY CARE

**Part VI** Supplemental Information (Continuation)

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.

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. THIS INEQUALITY AND INEQUITY PROVIDED THE IMPETUS FOR THE MOBILEMED/NIH HEART CLINIC, WHICH STRIVES TO ADDRESS A LEADING CAUSE OF DEATH IN MONTGOMERY COUNTY CARDIOVASCULAR DISEASE. REFERRED FROM SAFETY NET CLINICS IN THE COUNTY, CLINIC PATIENTS ARE EVALUATED BY A SUBURBAN CARDIOLOGIST AND CLINICAL STAFF FROM THE NIH. SINCE 2007, THE CLINIC, IN COLLABORATION WITH MOBILE MEDICAL CARE, INC. THE NATIONAL HEART, LUNG AND BLOOD INSTITUTE, AND SUBURBAN HOSPITAL, HAS SERVED OVER 4,000 PATIENTS AND HAS CONDUCTED MULTIPLE OPEN-HEART SURGERIES AT NO COST TO THOSE PATIENTS WHO ARE IN URGENT NEED OF THESE SPECIALTY CARE AND INPATIENT SERVICES.

THIS MODEL HAS SERVED AS A CATALYST FOR ADDRESSING OTHER HEALTH PRIORITIES IN SIMILAR MANNER. ALARMINGLY HIGH RATES 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, AND SUBURBAN HOSPITAL TO OFFER ONE-OF-A-KIND, COMPREHENSIVE ENDOCRINE CARE SPECIALTY SERVICES TO LOW-INCOME, UNINSURED RESIDENTS OF MONTGOMERY

**Part VI** Supplemental Information (Continuation)

COUNTY. STAFF FROM THE THREE INSTITUTIONS VOLUNTEER THEIR TIME ONCE A WEEK BY PROVIDING DIAGNOSTIC TESTS, LABORATORY SERVICES AND FREE MEDICAL EXAMINATIONS, AND THAT TO DATE HAS TREATED OVER 2,500 PATIENTS. IN ADDITION, PATIENTS HAVE THE OPPORTUNITY TO MEET FOR ONE-ON-ONE CONSULTATIONS AND COACHING SESSIONS WITH SUBURBAN HOSPITAL REGISTERED DIETITIANS TO REVIEW INDIVIDUAL NUTRITION PLANS AND EXAMINE DIETARY CHALLENGES AT NO COST.

## 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 THE 55 AND GREATER POPULATION DESIGNED TO IMPROVE AND MAINTAIN BALANCE, MUSCLE STRENGTH, FLEXIBILITY, AND CARDIOVASCULAR STRENGTH THROUGH VARIOUS FITNESS CLASSES. THE PROGRAM INCLUDES 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.

## EDUCATION, INCOME, JOB &amp; 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 YEARLONG PROGRAM IS LED BY STUDENT OFFICERS, ELECTED

**Part VI** Supplemental Information (Continuation)

BY THEIR PEERS, WHO HAVE FULL RESPONSIBILITY IN COORDINATING THE ATTENDANCE OF MORE THAN 90 REGISTERED STUDENTS IN EACH OF THE BI-MONTHLY INTERACTIVE SEMINARS.

## 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 REASONABLE COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY.

## PART III, LINE 4:

THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND AFFILIATES AUDITED FINANCIAL STATEMENTS PAGE 18.

## PART III, LINE 8:

THE TRIAL BALANCE EXPENSES ARE ADJUSTED TO ALLOWABLE EXPENSE IN ACCORDANCE WITH THE MEDICARE COST REPORTING RULES AND REGULATIONS.

## 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

**Part VI** Supplemental Information (Continuation)

## MINIMUM STANDARDS FOR FINANCIAL ASSISTANCE IN MARYLAND HOSPITALS.

## PART VI, LINE 2:

SUBURBAN HOSPITAL'S COMMUNITY BENEFIT PLAN IS AN INTEGRAL COMPONENT OF THE HOSPITAL'S STRATEGIC APPROACH TO ADDRESSING THE COMMUNITY'S HEALTH NEEDS. USING A COLLABORATIVE APPROACH THAT BUILDS ON 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 DIRECTLY TO 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, CHW DIVISION IS ABLE TO 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

**Part VI** Supplemental Information (Continuation)

REQUEST. THIS INFORMATION IS ALSO AVAILABLE IN SPANISH. NOTICE OF AVAILABILITY IS ALSO POSTED ON THE HOSPITALSS 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 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

**Part VI** Supplemental Information (Continuation)

ADMINISTRATION HAS IDENTIFIED TWO MEDICALLY UNDERSERVED AREAS (MUA) IN MONTGOMERY COUNTY (HEALTH RESOURCES & SERVICES ADMINISTRATION, N.D.). THE ZIP CODE 20906 REPRESENTS ONE OF THOSE MUAS.

THE DATA FOR THE IDENTIFIED CBSA CAN BE SUMMARIZED AS FOLLOWS: TOTAL POPULATION WAS 570,299 OF WHICH 48% WERE MALES AND 52% WERE FEMALES; 33% ARE GREATER THAN 55 YEARS AND 19.9% ARE GREATER THAN 65 YEARS. 70.2% OF THE POPULATION EARN \$75,000 OR MORE; 54.5% OF ADULTS 25 AND OLDER HAVE EARNED A BACHELOR DEGREE OR HIGHER; 6.26% OF RESIDENTS ARE UNINSURED; 33.38% OF RESIDENTS ARE COVERED BY MEDICAID OR MEDICARE AND 54.3% IDENTIFY AS A RACE OTHER THAN WHITE; 39.9% SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME.

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 TOPICS 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 PROVIDED EXPERT CARE TO OVER 4,000 PATIENTS AND HAS CONDUCTED MULTIPLE OPEN-HEART SURGERIES AT NO COST TO THOSE PATIENTS WHO ARE IN URGENT NEED OF THESE SPECIALTY CARE AND INPATIENT SERVICES. MOBILE MEDICAL CARE, INC., THE NATIONAL HEART, LUNG AND BLOOD INSTITUTE AND SUBURBAN HOSPITAL HAVE OPERATED A SPECIALTY CARDIAC CLINIC ON-SITE TO PROVIDE ACCESS TO CARE



**Part VI** Supplemental Information (Continuation)

AND ALLEVIATE THE GAP IN SPECIALTY PROVIDERS FOR CARDIAC PATIENTS. REFERRED FROM SAFETY NET CLINICS IN THE COUNTY, CLINIC PATIENTS ARE EVALUATED BY A SUBURBAN CARDIOLOGIST AND CLINICAL STAFF FROM THE NIH. IN ADDITION TO COORDINATING THE CARDIOLOGISTS AND NURSES WHO VOLUNTEER AT THE CLINIC, SUBURBAN HOSPITAL SUPPORTS THE COSTS ASSOCIATED WITH FREE CARDIOVASCULAR SPECIALTY DIAGNOSTIC SCREENINGS AND OPEN-HEART SURGERY FOR PATIENTS WHO REQUIRE ADVANCED CARDIAC CARE. A FEW YEARS LATER, AND BASED ON A SIMILAR FRAMEWORK MODELED BY THE MOBILEMED/NIH HEART CLINIC AT SUBURBAN HOSPITAL, MOBILE MEDICAL CARE, INC. AND THE NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES (NIDDK) PARTNERED TO ESTABLISH A FREE ENDOCRINE CLINIC PROVIDING LIFESTYLE AND CHRONIC DISEASE MANAGEMENT FOR PEOPLE WITH ENDOCRINE DISEASES IN JULY 2010. STAFF FROM THE THREE INSTITUTIONS VOLUNTEER THEIR TIME ONCE A WEEK BY PROVIDING DIAGNOSTIC TESTS, LABORATORY SERVICES, AND FREE MEDICAL EXAMINATIONS, AND TO DATE HAS TREATED EXCEEDINGLY OVER 2,500 PATIENTS. IN ADDITION, PATIENTS HAVE THE OPPORTUNITY TO MEET FOR ONE-ON-ONE CONSULTATIONS AND COACHING SESSIONS WITH SUBURBAN HOSPITAL REGISTERED DIETITIANS TO REVIEW INDIVIDUAL NUTRITION PLANS AND EXAMINE DIETARY CHALLENGES AT NO COST.

AS AN ORGANIZATION THAT ADVOCATES FOR BEHAVIORAL HEALTH PREVENTION, AWARENESS, AND TREATMENT, SUBURBAN HOSPITAL HAS COLLABORATED WITH EVERYMIND IN THE HOSPITAL BEHAVIORAL HEALTH WORKGROUP TO BRING POPULATION-SPECIFIC INITIATIVES TO OUR COMMUNITY SINCE 2016. INITIATIVES INCLUDE SCREENINGS OF MENTAL AWARENESS DOCUMENTARIES SUCH AS ANGST AND THE S WORD, EDUCATIONAL WEBINARS FOR SENIORS AND HEALTHCARE WORKERS ON SELF-CARE, ROUND-TABLE DISCUSSIONS WITH MENTAL HEALTH EXPERTS TO SUPPORT FAMILIES DEALING WITH THE MENTAL HEALTH EFFECTS OF THE PANDEMIC, AND HELPING THE MOST VULNERABLE NAVIGATE OUR EXISTING MENTAL HEALTH SYSTEM.

**Part VI** Supplemental Information (Continuation)

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 CERTIFIED DIABETES NURSE EDUCATORS, AND REGISTERED DIETICIANS. 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. SOCIAL DETERMINANTS OF HEALTH (SDOH), HEALTH SYSTEM BARRIERS, COMMUNITY LEVEL BARRIERS, AND INDIVIDUAL LEVEL BARRIERS STAND IN THE WAY OF PEOPLE BOTH PARTICIPATING IN DSMT AND CARRYING OUT THE LIFESTYLE CHANGE BEHAVIORS. THEREFORE, SUBURBAN'S DSMT MODEL INTEGRATES A TRANSITION GUIDE NURSE AND TWO COMMUNITY HEALTH WORKERS TO FOCUS ON ADDRESSING SOCIAL NEEDS THAT SERVE AS BARRIERS TO 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: 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

**Part VI** Supplemental Information (Continuation)

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. SINCE ITS INCEPTION, SUBURBAN HAS SERVED 884 PEOPLE AND HAS THE GOAL TO SERVE TWICE THIS MANY BY END OF YEAR TWO.

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 THE HOSPITAL'S STRATEGIC OBJECTIVES AS WELL AS THE 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 EXPERTISE 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, 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 FOCUSES ON FREE EDUCATION SERVICES TO PARENTS TO BUILD STRONG FAMILIES IN THE COMMUNITY. THE ANNUAL TURKEY CHASE 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.

SINCE JUNE 2021, SUBURBAN HOSPITAL AND JOHNS HOPKINS COVID-19 VACCINATION TEAM, IN COLLABORATION WITH MCDHHS SALUD & BIENSTAR INITIATIVE, HAVE

**Part VI** Supplemental Information (Continuation)

IDENTIFIED AND PROVIDED VACCINATION CLINICS TO HARD-TO-REACH COMMUNITIES. IN TOTAL, 1,297 RESIDENTS IN MONTGOMERY COUNTY RECEIVED THE COVID-19 VACCINE THROUGH 49 COMMUNITY-BASED CLINICS HELD AT LOCAL CHURCHES, AUTO DEALERSHIPS, APARTMENT BUILDINGS, LAUNDROMATS AND GROCERY STORES IN HOT SPOT ZIP CODES OF 20852, 20877, 20901, 20902, 20906, 20910, AND 20912. AT EACH CLINIC SITE, DESIGNATED TEAM MEMBERS REGISTER, VACCINATE AND OBSERVE PATIENTS. SINCE MOST PATIENTS AT THE CLINICS ARE THEIR RECEIVING FIRST DOSE, REMINDERS ARE SENT OUT VIA TEXT MESSAGE TO ENSURE THEY COME BACK AND RECEIVE THEIR SECOND DOSE IN THE GIVEN PERIOD. THE GOAL OF THE CLINICS WAS NOT ONLY TO VACCINATE COMMUNITY MEMBERS FROM COVID-19 BUT ALSO TO REDUCE VACCINE HESITANCY BY EDUCATING COMMUNITY MEMBERS WHO HAVE QUESTIONS ABOUT THE SAFETY OF VACCINES.

IN SEPTEMBER 2021, THE RISE OF THE COVID-19 DELTA VARIANT AND CONTINUED VACCINE HESITANCY LEAD TO THE INTRODUCTION OF POP-UP VACCINATION CLINICS. WITH THE SUPPORT OF MOBILE MEDICAL CARE, INC. "MOBILEMED," THE VACCINATION CLINICS WERE ON THE ROAD VISITING LAUNDROMATS AND GROCERY STORES IN MONTGOMERY COUNTY- PROVIDING A SAFE AND COMFORTABLE VACCINATION ENVIRONMENT. THE UNIQUE MODEL AND PARTNERSHIPS ALLOWED THE VACCINATION TEAM TO REACH OVER 700 RESIDENTS FROM OCTOBER 2021 TO MAY 2022. IN ADDITION, RESIDENTS WITHOUT PRIMARY CARE SERVICES HAD AN OPPORTUNITY TO CONNECT TO A MEDICAL HOME THROUGH MOBILEMED.

TO PROMOTE THE VACCINE CLINICS AND ADDRESS VACCINE HESITANCY IN THE LATINO COMMUNITY, SUBURBAN HOSPITAL RAN TWO LIVE "COVID-19 ASK A DOC" SESSIONS IN THE POPULAR RADIO STATION RADIO AMERICA 900 AM.

FURTHERMORE, 194 BACKPACKS FILLED WITH SCHOOL SUPPLIES WERE DISTRIBUTED AT DESIGNATED VACCINATION CLINICS IN AN EFFORT TO SUPPORT LOCAL FAMILIES

**Part VI** Supplemental Information (Continuation)

RETURNING TO SCHOOL AT THE END OF AUGUST 2021.

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, HOWARD COUNTY GENERAL HOSPITAL, INC. (HCGH), 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 CARE CHARITY CARE AND PATIENT BAD DEBT AND 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 OF FINANCIAL ASSISTANCE TO PAY THEIR HOSPITAL BILLS.

MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS GOVERNMENTALLY-INSURED, COMMERCIALY INSURED, OR SELF-PAY ARE CHARGED THE SAME PRICE FOR SERVICES AT ANY GIVEN HOSPITAL.

**Part VI** Supplemental Information (Continuation)

UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY THE 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](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)**

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

OMB No. 1545-0047

**2021**

**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? .....  **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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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)	6,000.	0.			LOCAL COMMUNITY ASSISTANCE
MONTGOMERY COUNTY CHAMBER 51 MONROE ST, STE 1800 ROCKVILLE, MD 20850	52-0735621	501(C)(6)	20,000.	0.			LOCAL COMMUNITY ASSISTANCE
THE NATIONAL CAPITAL POISON CENTER 3201 NEW MEXICO AVE, STE 310 WASHINGTON, DC 20016	52-1880478	501(C)(3)	10,000.	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.**

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

Schedule I (Form 990) 2021

**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)**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**SUBURBAN HOSPITAL, INC.**

Employer identification number

**52-0610545**

**Part I Questions Regarding Compensation**

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

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

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

**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? .....

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

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

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

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

Schedule J (Form 990) 2021

**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., TRUSTEE, CORPORATE VICE CHAIRMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,201,889.	690,648.	17,038.	9,436.	11,938.	1,930,949.	0.
(2) RONALD PETERSON FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	1,275,825.	0.	0.	1,275,825.	0.
(3) CAROLYN CARPENTER, M.H.A., F.A.C. PRESIDENT OF NATIONAL CAP REGION FOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	678,539.	202,500.	8,911.	78,124.	55,849.	1,023,923.	0.
(4) MARY MYERS, M.S., R.N. TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	413,371.	193,500.	174,146.	142,471.	26,892.	950,380.	0.
(5) MARTY BASSO SR VICE PRESIDENT FINANCE & TREASURE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	471,207.	105,248.	138,938.	83,379.	18,974.	817,746.	0.
(6) PETER B. MANCINO, ESQ. SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	342,161.	112,403.	95,727.	47,005.	22,788.	620,084.	72,544.
(7) ERIC DOBKIN, M.D. VICE PRESIDENT MEDICAL AFFAIRS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	407,548.	82,157.	23,535.	9,436.	21,307.	543,983.	0.
(8) JESSICA THOMPSON MELTON, M.H.A. PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	326,961.	65,625.	46,525.	42,386.	10,648.	492,145.	0.
(9) LEIGHANN SIDONE, R.N. VICE PRESIDENT NURSING & CNO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	293,024.	61,217.	19,644.	71,559.	30,446.	475,890.	0.
(10) JOSEPH LINSTROM VICE PRESIDENT OPERATIONS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	259,206.	57,165.	11,731.	75,609.	11,894.	415,605.	0.
(11) CINDY MERZ, M.S. VICE PRESIDENT DEVELOPMENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	215,818.	10,955.	73,085.	5,966.	30,526.	336,350.	0.
(12) CHRISTOPHER GRANCAGNOLO SR DIRECTOR	(i)	132,811.	7,899.	93,205.	9,413.	22,194.	265,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JENNIFER RAYNOR DEPT DIR PHARMACY	(i)	213,778.	15,478.	6,551.	9,298.	16,327.	261,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) THOMAS STEWART EXEC DIR NCR REGIONAL	(i)	167,487.	26,698.	42,924.	11,623.	5,173.	253,905.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LEIMING WANG PHYSICIAN ASSISTANT - SURGICAL	(i)	239,850.	0.	237.	11,541.	2,150.	253,778.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) CHARLES HOOKS SR DIR MIS	(i)	159,883.	0.	66,635.	10,141.	9,181.	245,840.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**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, AN EMPLOYEE OF THE ORGANIZATION RECEIVED A GROSS UP PAYMENT. THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THE LISTED INDIVIDUAL.

**PART I, LINES 4A-B:****SEVERANCE:**

CHRISTOPHER GRANCAGNOLO \$56,964

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

**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.

PRIOR YEARS GENERALLY VEST AFTER THE LATER OF FIVE YEARS OF SERVICE WITH JHHC 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 AT 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 2021 BUT REPORTED AS

**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.

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 2021.

MARTY BASSO \$112,508, MARY MYERS \$152,728 AND PETER MANCINO \$87,748.77

IN ADDITION TO THOSE LISTED ABOVE, RONALD PETERSON RECEIVED PAYMENT FROM A  
SUPPLEMENTAL RETIREMENT PROGRAM THAT WAS IN PLACE PRIOR TO 1986 AND SUBJECT  
TO DIFFERENT TAX RULES. MR. PETERSON ACCRUED BENEFITS OVER A 40+ YEAR  
CAREER AT JOHNS HOPKINS HEALTH SYSTEM AND THE BENEFIT HAS BEEN REPORTED ON  
THE FORM 990 TWICE ALREADY: ONCE WHEN ACCRUED AND AGAIN WHEN INCLUDED AS  
TAXABLE INCOME FOR MEDICARE TAX PURPOSES. BENEFITS ARE PAID AS AN ANNUITY  
TO MR. PETERSON OVER HIS REMAINING LIFETIME AND TAXED FOR INCOME TAX  
PURPOSES AS PAID. UNDER FORM 990 REPORTING REQUIREMENTS, MR. PETERSON'S  
BENEFIT IS REQUIRED TO BE REPORTED A THIRD TIME WHEN PAID. DURING 2021, MR.  
PETERSON RECEIVED A PAYMENT OF \$1,275,825; THIS AMOUNT IS REPORTED IN  
SCHEDULE J, PART II, COLUMN (B)(III).

PART I, LINE 7:

**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.

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.



**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
BARTON LEONARD	TRUSTEE	341,540.	SEE PART V		X
MARK FUTROVSKY	TRUSTEE	62,553.	SEE PART V		X

**Part V Supplemental Information.**

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

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

(A) NAME OF PERSON: BARTON LEONARD

(D) DESCRIPTION OF TRANSACTION: SEE PART V

DR. LEONARD HOLDS AN OWNERSHIP INTEREST IN BETHESDA EMERGENCY ASSOCIATES "BEA". SUBURBAN HOSPITAL PAID BEA FOR PROGRAM SERVICES AND PHYSICIAN SUPPORT.

(A) NAME OF PERSON: MARK FUTROVSKY

(D) DESCRIPTION OF TRANSACTION: SEE PART V

MR. FUTROVSKY IS PRESIDENT OF THE ROLYN COMPANIES, INC. ("ROLYN"). SHI RENTED EQUIPMENT AND PURCHASED LABOR FROM ROLYN FOR COVID-19 RESPONSE AND PREPAREDNESS.



**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

SUBURBAN HOSPITAL, INC.

Employer identification number

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 I, LINE 8

PURSUANT TO THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT, SUBURBAN HOSPITAL, INC. RECOGNIZED \$802,569 OF FUNDING FROM THE PROVIDER RELIEF FUND ADMINISTERED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION, AN AGENCY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES DURING FY22. THIS AMOUNT HAS BEEN RECOGNIZED AS GRANT REVENUE ON PART I, LINE 8 OF THE ORGANIZATION'S FORM 990.

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

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

Schedule O (Form 990) 2021

Name of the organization

SUBURBAN HOSPITAL, INC.

Employer identification number

52-0610545

SURGICAL INPATIENTS. 2,011 OPERATING ROOM CASES WERE PERFORMED.

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

IMPROVE CARE PROCESSES RELATED TO KEY TARGET ZERO QUALITY INITIATIVES:

- (1) FALLS WITH INJURY (2) CENTRAL-LINE ASSOCIATED BLOODSTREAM INFECTION  
 (3) VENTILATOR ASSOCIATED PNEUMONIA (4) PRESSURE ULCER RATES.

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

THERE WERE 501 ADMISSIONS.

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

1. BILL SHAW IS A TRUSTEE OF SUBURBAN HOSPITAL. WILLIAM CONWAY, JR. IS A TRUSTEE OF JOHNS HOPKINS MEDICINE, JOHNS HOPKINS HEALTH SYSTEM CORPORATION, AND THE JOHNS HOPKINS HOSPITAL. DAVID M. RUBENSTEIN IS A TRUSTEE OF JOHNS HOPKINS MEDICINE. MESSRS. SHAW, CONWAY AND RUBENSTEIN HAVE A BUSINESS RELATIONSHIP.

2. MICHAEL HANKIN IS A TRUSTEE OF JOHNS HOPKINS MEDICINE. KENNETH STUZIN IS A TRUSTEE OF JOHNS HOPKINS BAYVIEW MEDICAL CENTER. ELIZABETH FLANAGAN IS A TRUSTEE OF SUBURBAN HOSPITAL. MESSRS. HANKIN AND STUZIN AND MRS. FLANAGAN HAVE A BUSINESS RELATIONSHIP.

3. 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

Name of the organization SUBURBAN HOSPITAL, INC.	Employer identification number 52-0610545
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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 WAS PROVIDED TO THE BOARD OF TRUSTEES AND THE EXECUTIVE COMMITTEE BEFORE IT WAS FILED.

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

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 ON AN ANNUAL BASIS.

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

EVERY THREE YEARS AN INDEPENDENT STUDY IS CONDUCTED GATHERING INDUSTRY COMPENSATION AVERAGES FROM SELECT PEER INSTITUTIONS. EVERY YEAR THE JOHNS HOPKINS BOARD OF TRUSTEES COMPENSATION COMMITTEE REVIEWS COMPENSATION AMOUNTS FOR OFFICERS AND ALL EMPLOYEES AT THE DIRECTOR AND HIGHER LEVELS.

Name of the organization SUBURBAN HOSPITAL, INC.	Employer identification number 52-0610545
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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	-3,883,000.
NET ASSETS RELEASED FROM RESTRICTION	2,784,084.
CHANGE IN PENSION	2,544,996.
UNREALIZED GAIN ON INVESTMENT	-102,495,105.
TOTAL TO FORM 990, PART XI, LINE 9	-101,049,025.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2021**

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	713,035.	130,512.	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, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 12D, III-0	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
HOWARD COUNTY GENERAL HOSPITAL, INC. - 52-2093120, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. - 52-1341890, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X

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

Schedule R (Form 990) 2021

**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, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 12D, III-0	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS MEDICAL SERVICES CORPORATION - 52-1232569, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
THE JOHNS HOPKINS HOSPITAL - 52-0591656 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 430 BALTIMORE, MD 21211	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-0	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 FOUNDTION, INC - 59-2481738, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	FOUNDATION	FLORIDA	501(C)(3)	LINE 7	ALL CHILDREN'S HEALTH SYSTEM INC		X
JOHNS HOPKNIS ALL CHILDREN'S HOSPITAL, INC. - 59-0683252, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	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
KIDS HOME CARE, INC. - 59-3476049 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	HOME HEALTH CARE	FLORIDA	501(C)(3)	LINE 11	ALL CHILDREN'S HEALTH SYSTEM INC		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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HEALTHCARE SUPPLY CHAIN INNOVATIONS, LLC - 47-2509307, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE.	GROUP PURCHASING	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HOWARD COUNTY NEONATAL SERVICES SERIES - 52-2239401, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A,	NEONATAL HEALTH	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A
JHMI UTILITIES, LLC - 20-2814243, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211	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, 3910 KESWICK RD, SOUTH BLDG, 4TH	LEASING REAL PROPERTY	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HOWARD COUNTY HEALTH SERVICES, INC. - 52-1434783, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE MANAGEMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
HSI MEDICAL SERVICES CORPORATION - 52-1847705, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE SLEEP DIAGNOSTICS	MD	N/A	C CORP	N/A	N/A	N/A		X
JOHNS HOPKINS MEDICAL MANANGEMENT CORPORATION - 52-1250028, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS, INC - 52-1947678, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	BENEFIT PLANS	MD	N/A	C CORP	N/A	N/A	N/A		X
TCAS, INC - 52-1979344 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300 BALTIMORE, MD 21211	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X



**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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
JOHNS HOPKINS HEALTHCARE, LLC - 52-1899357, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211	MEDICAL SVCS	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A
JOHNS HOPKINS MEDICINE ALLIANCE FOR PATIENTS - 46-2866692, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE.	HEALTHCARE SVC	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A
JOHNS HOPKINS MEDICINE INTERNATIONAL, LLC - 52-2144849, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE.	MEDICAL SVCS	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A
JOHNS HOPKINS SURGERY CENTER SERIES - 20-8707724, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD	SURGERY	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A
MARYLAND HEALTH ADVANTAGE, LLC - 81-3898700, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD	HOLDING COMPANY	DE	N/A	N/A	N/A	N/A	X		N/A	X		N/A
OPHTHALMOLOGY ASSOCIATES, LLC - 52-1890957, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211	OPHTHALMOLOGY SVCS	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A
WEST COUNTY MEDICAL, LLC - 27-5234888, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211	REAL ESTATE	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A



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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SUBURBAN HOSPITAL FOUNDATION, INC	C	1,810,266.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			



**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:**

HEALTHCARE SUPPLY CHAIN INNOVATIONS, LLC

EIN: 47-2509307

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A

BALTIMORE, MD 21211

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

HOWARD COUNTY NEONATAL SERVICES SERIES

EIN: 52-2239401

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A

BALTIMORE, MD 21211

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

JOHNS HOPKINS HEALTH CARE AND SURGERY CENTER DEVELOPMENT,

LLC

EIN: 82-1388814

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A

BALTIMORE, MD 21211

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

JOHNS HOPKINS MEDICINE ALLIANCE FOR PATIENTS

EIN: 46-2866692

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A

BALTIMORE, MD 21211

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

**Part VII** Supplemental Information

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

JOHNS HOPKINS MEDICINE INTERNATIONAL, LLC

EIN: 52-2144849

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JOHNS HOPKINS SURGERY CENTER SERIES

EIN: 20-8707724

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MARYLAND HEALTH ADVANTAGE, LLC

EIN: 81-3898700

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A

BALTIMORE, MD 21211

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JOHNS HOPKINS MEDICAL MANANGEMENT CORPORATION

EIN: 52-1250028

3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A

BALTIMORE, MD 21211