Form **990**(Rev January 2020)
Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

<u> 2019</u>

Do not enter social security numbers on this form as it may be made public.

Go to ways its gov/Form990 for instructions and the latest information.

pen to Public

Inte	ernal Reve	nue S	ervice		Go to www	.irs.gov	/Form990	for in:	structions ar	nd the la	test in	nformation. 🗨	<u>UU</u>	) Inspection
Α	For the	e 20	19 calend		year beginni		UL 1,	20		d ending			20	
В	Check if applicable		C Name of	organization							С	Employer ide	ntific	ation number
	X Addre	ess je	Harr	iet Lan	e Home	Four	datio	n, :	Inc.					
	Name chang	, F		usiness as								52-603	578	34
<u></u>	Initial return		Number	and street (or	P.O box if mail	ıs not de	livered to str	eet add	lress)	Room/s	uite <b>E</b>	Telephone nu		
	Final	,		-	rd Aven				•			410-55		
, , , , , , , , , , , , , , , , , , ,	termin ated				province, coun		ZIP or fore	ign po	stal code	•	0	Gross receipts \$		8,171,064.
<u> </u>	Amen return	ded		imore,							F	I(a) Is this a grou	up ret	
$\mathbf{z}^{[}$	Application				principal office		glas I	M. ]	Hoffber	ger		for subordin	ates?	Yes X No
₹	pendi	aa		as C ab			-				づか	(b) Are all subordina	ates inc	
$\overline{a}$	Tax-ex			X 501(c)(3)	501(c) (	)	◀ (inserti	no.)	4947(a)(1)	) or 🔙	527			ist (see instructions)
			N/A								ŀ	I(c) Group exem		
Zĸ	Form of	forga	anization [	X Corporation	n Trust	A:	ssociation		Other	LY	ear of	formation: 190	6 м	State of legal domicile: MD
Z F	Part I	Su	ımmary						•					
، ج	, 1	Brie	fly describ	e the organiza	tion's mission	or mos	t significant	activi	ties <u>The</u>	Harr	<u>iet</u>	Lane Ho	me	Foundation
	<u> </u>	en	downe	nt fund	is man	aged	by a	Boa	ard con	ısist	ing	of eigh	t n	nembers
Š	2	Che	ck this box	x 🕨 🔲 ıf	the organizatio	n disco	ntinued its	opera	tions or dispo	osed of n	nore th	nan 25% of its n	et ass	sets
2	3 з	Nun	nber of vot	ing members	of the governin	ig body	(Part VI, lin	ne 1a)					3	8
ن	3 4	Nun	nber of ind	ependent voti	ng members o	f the go	verning bo	dy (Pa	rt VI, line 1b)				4	0
ď	5 5	Tota	al number o	of individuals	employed in ca	lendar	year 2019 (	Part V	, line 2a)				5	0
į	6	Tota	al number o	of volunteers (	estimate if nec	essary)							6	<u> </u>
Activities & Governance	7 a	Tota	al unrelated	d business rev	enue from Par	t VIII, co	olumn (C), lı	ne 12					7a	0.
_		Net	unrelated	business taxa	ble income froi	m Form	990-T, line	<del>30</del>					7b	0.
								l	RECE	VED		Prior Year		Current Year
4	8	Con	tributions	and grants (Pa	art VIII, line 1h)			٦٣١			اپر	63,50	0.	<u>67,389.</u>
Revenue	9	Prog	gram servi	ce revenue (Pa	art VIII, line 2g)			D025	NOV 23	2020	SO-S		0.	0.
٥	10	Inve	stment inc	ome (Part VIII	, column (A), lıı	nes 3, 4	, and 7d)		-110 1	2020	Ś	798,56		1,784,789.
	11				ımn (A), lınes 5						그뜨	3,28		<u>2,755.</u>
_	12	Tota	l revenue	- add lines 8 tl	nrough 11 (mus	st equa	Part VIII, 🏚	olumn	(4)/11/m (12)	V, UT		865,34		1,854,933.
	13	Grar	nts and sin	nılar amounts	paid (Part IX, c	olumn (	(A), lines 1-3	3)				485,00		525,000.
	14	Ben	efits paid t	o or for memb	ers (Part IX, co	olumn (A	4), line 4)						0.	0.
ď	3   15	Sala	ırıes, other	compensatio	n, employee be	enefits (	Part IX, col	umn (A	4), lines 5-10)	•			0.	0.
Fxnenses	16a	Prof	essional fu	indraising fee	s (Part IX, colur	mn (A),	line 11e)			_			0.	0.
Š	<u>{</u> b			- ,	Part IX, columr		-	·		<u>0.</u>				
ш	17	Othe	er.expense	es (Part IX, col	umn (A), lines 1	11a-11d	, 11f-24e)			ļ		94,35		103,562.
	4		-		3-17 (must equ			(A), line	e 25)	ļ		579,35	_	628,562.
	19	Rev	enue less e	expenses Sul	otract line 18 fr	om line	12					285,99		1,226,371.
t Assets or												ning of Current Yo		End of Year
SSet	BB 20		•	art X, line 16)						-		8,751,14		9,977,513.
et A				(Part X, line 2	•					-			0.	0.
Ne.					Subtract line	21 from	line 20					<u>8,751,14</u>	2.	9,977,513.
_	art II		ignature		11/1/1/						<del></del>			
					1 1 1/1/1	,							of my	knowledge and belief, it is
tru	e, correc	it, and	d complete	Declaration of p	reparer tothen i	nan office	er) is based (	on all in	formation of w	vhich prep	arer na	s any knowledge	1	2020
			Signature	of officer	<del>·       </del>	<u> </u>	_					Date	D	
Sı			- 1				D					Date	- [	
He	ere			las M. rınt name and tı	Hoffber	ger,	Presi	Laei	וד					
_			· · ·						·····		Date	Check	,	PTIN
n.				arer's name			Preparer's	signatu	71.		1 -	ol I		<b>-</b> 7
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	eparer • Only				one Real			тА,	Inc.			Firm's EIN	<u>&gt; 5</u>	52-0375561
US	e Only	FIRM	ıı s address		Holabiro							DL	/1 ^	, EEO 3030
_		- عد	1001122 44		more, Mi				1000)			Pnone no.	<del>A</del> T O	)-558-3830
_					e preparer sho									X Yes No
932	2001 01-2	0-20	LHA F	or Paperwork	Reduction A	et Notic	e, see the	separ	ate instruct	ions.				Form <b>990</b> (2019)

See Schedule O for Organization Mission Statement Continuation (

	1990 (2019) Harriet Lane Home Foundation, Inc. 52-6035784 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	Harriet Lane Johnson, former first lady under President James
	Buchanan, dedicated a generous endowment fund for invalid children at
	the Johns Hopkins University in Baltimore, MD. The endowment is
	managed by a Board who manage the trust and annually endow to the
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
7	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	
	Funded Johns Hopkins Hospital Children's Center Department of Pediatric
	Nephrology.
4b	(Code ) (Expenses \$ 40,000 • including grants of \$ 40,000 • ) (Revenue \$ )
	Funded Compassionate Care Initiative
	40,000
4c	(Code) (Expenses \$
	Funded Pediatric Dialysis and Transplant Mentoring Services Program
<i>A</i> ~1	Other program services (Describe on Schedule O)
40	
	(Expenses \$ 55,000 · including grants of \$ 55,000 ·) (Revenue \$ )
4e	Total program service expenses ► 525,000.
	Form <b>990</b> (2019)

			162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,5
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
E	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		<del></del>	
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	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	110		- 22
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		47
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		ι.	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u>X</u>	

Form 990 (2019) Harriet Lane Home Foundation, Inc.

Part IV Checklist of Required Schedules (continued) <u>52-6035784</u>

				1,10
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<del></del>
_,,,	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	İ		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
28	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		l
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 00		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c		

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	!		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	İ	х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		Ì	ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Ì	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	ŀ		
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ı		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )	ĺ		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			1
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans		ļ	
	Enter the amount of reserves on hand	4.5		<del></del>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	$\dashv$	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15	$\dashv$	<u>X</u>
	If "Yes," see instructions and file Form 4720, Schedule N	,,		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	- 1	X

If "Yes," complete Form 4720, Schedule O

52-6035784 Form 990 (2019) Harriet Lane Home Foundation, Inc. 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  $\mathbf{X}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 0 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? Яh Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? X a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 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 18 for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records Douglas M. Hoffberger - 410-558-3830

4851 Holabird Avenue, Baltimore, MD

statements available to the public during the tax year

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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 instructions for the order in which to list the persons above

X 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	box	not c	Pos heck ss pe	more	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Frederick S. Koontz Past President	0.00							0.	0.	0.
(2) Dr. Linda C. Mistler President	0.00							0.	0.	0.
(3) Susan Kilmartin Treasurer	0.00							0.	0.	0.
(4) Douglas Hoffberger	0.00							0.	0.	0.
V. President / Asst. Treas (5) Edward Chambers (Ted)	0.00			-				0.	0.	0.
Asst. Secretary  (6) Martin G. Knott, Jr.	0.00							0.	0.	-
Asst. Treasurer (7) Chris Matthai	0.00									0.
(8) Dr. Barbara Fivush, MD	0.00							0.	0.	0.
(9) Adam Cızek Director	0.00							0.	0.	0.
										<u> </u>
										,

rai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)	,			
(A)		(B)			_ (0				(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensatio	- 1	ar	nount	of
		week (list any		Let all	Jao	6010	5.7 a u S		from	from related	- 1		other	
		hours for	Irect				_		the	organizations (W-2/1099-MIS			pensa om th	
		related	eord	tee			sated		organization (W-2/1099-MISC)	(***27 1099-14110	,0,		anızat	-
		organizations	truste	al trus		g	mper	1	(11 2, 1000 111100)			-	d relat	
		below	Individual trustee or director	Institutional trustee	 	Key employee	est co	ĕ					anızatı	
		line)	ۇ	Instil	Officer	Keye	Highest compensated employee	Form						
						<u></u>	<u></u>							
							_							
											$\dashv$			
							$\vdash$	<u> </u>						_
		· <del>-</del>					i							
	Subtotal	l							0.		0.			0.
	Total from continuation sheets to Part VI	I Section A							0.		0.			0.
	Total (add lines 1b and 1c)	i, Section A							0.1		0.			0.
<u>u</u> 2	Total number of individuals (including but n	ot limited to th	088	liete	nd ah	2016	2) wh	10 r		000 of reportable				<u> </u>
2	compensation from the organization	or minica to th	000		, u u		<i>-,</i> •••			,000 01 1000114011	•			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, truste	ee. k	ev e	lame	ove	e. or	hia	hest compensated emp	lovee on	Γ			
_	line 1a? If "Yes," complete Schedule J for s		•	,	•	•	•	_	,			3		Х
4	For any individual listed on line 1a, is the su		le co	mpe	ensa	ition	anc	oti	her compensation from t	the organization				
	and related organizations greater than \$150									-		4		X
5	Did any person listed on line 1a receive or a									dual for services				
	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or si	ich j	oers	son					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										pensa	ition f	rom	
	the organization Report compensation for	the calendar y	ear e	endı	ng w	/ith	or w	thir	n the organization's tax y	/ear				
	(A)				_			-	(B)		C.	(C		_
	Name and business	address	NC	NE	<u> </u>			-	Description of s	ervices		nihe	nsatio	
								$\dashv$						
								$\dashv$						
								$\dashv$						
——								1						
2	Total number of independent contractors (ii	ncludina but n	ot lir	nite	d to	thos	se lis	ted	l above) who received m	ore than				
_	\$100,000 of compensation from the organization						)		, · · · · · · · · · · · · · · · · · ·					
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>							<u></u>		F	orm !	990 (2	2019)

		Check if Schedule O	cont	ains a response	e or note to any lir	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns		1a			- '-	_	
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		1b	-				
S, E		Fundraising events		1c	•				
ar /	d	Related organizations	1d	_					
iii.	е	e Government grants (contributions) 1e		·	]				
rion	f	All other contributions, gifts,	gran	ts, and					
ig e		similar amounts not included	labo	ve 1f	67,389.				
들임	g	Noncash contributions included in	lines	1a-1f 1g \$	•				
ရှိ ပိ	h	Total. Add lines 1a-1f			<b>&gt;</b>	67,389.			
					Business Code				
9	2 a	· · · · · · · · · · · · · · · · · · ·							
ه څ	b				_				
Program Service Revenue	С								
eve	d	l				·			
P. G.	е								
۳	f	All other program service	reve	nue					
	g	Total. Add lines 2a-2f			<u> </u>				
	3	Investment income (inclui	ding	dıvıdends, ınte	rest, and				
		other similar amounts)			<b>&gt;</b>	164,354.			164,354.
	4	Income from investment of	of tax	k-exempt bond	proceeds >				
	5	Royalties			<u> </u>				
				(ı) Real	(II) Personal				
	6 a	Gross rents	6a						•
	b	Less rental expenses	6b						
	С	Rental income or (loss)	6с						<u></u>
	d	Net rental income or (loss	)		<b>&gt;</b>				<u> </u>
	7 a	Gross amount from sales of		(i) Securities	(II) Other	,			
		assets other than inventory	7 <u>a</u>	7,936,566		,			•
	b	Less cost or other basis							
Jue		and sales expenses	7b	6,316,131					
ther Revenue	С	Gain or (loss)	7c	1,620,435		•			
æ	d	Net gain or (loss)			<u>}_</u>	1,620,435.	1,620,435.		<u></u>
Ę	8 a	Gross income from fundraisi	-						
Ö		including \$		of					
		contributions reported on	line	1c) See					J.
		Part IV, line 18		88					
- 1		Less direct expenses		81	)				·
- 1		Net income or (loss) from			<b>&gt;</b>				
ı	9 a	Gross income from gamin	g ac	tivities See					1
		Part IV, line 19		98					<b>,</b>
		Less direct expenses		91	)				
		Net income or (loss) from			<u> </u>				
	10 a	Gross sales of inventory,	less				,		•
	_	and allowances		10					
		Loss cost of goods sold		10	b				
$\rightarrow$	<u>c</u>	Net income or (loss) from	sale	s of inventory	Dunna Cont				
<u> ջ</u>					Business Code				
Miscellaneous Revenue		Class action settle			900099	2,75 <u>5.</u>			2,755.
le la	b								
Re	C								
Σ̈́		All other revenue				2 ===			
		Total. Add lines 11a-11d				2,755.	1 600 405		165 100
	12	Total revenue See instruction	ภาร		<u> </u>	1,854,933.	1,620,435.	0.	167,109.

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											
		(A)	(B)	(C)	(D)							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	( <b>D</b> ) Fundraising							
-	· · · · · · · · · · · · · · · · · · ·		expenses	general expenses	expenses							
1	Grants and other assistance to domestic organizations	505 000	505 000									
	and domestic governments. See Part IV, line 21	525,000.	525,000.	<del></del>	<del></del> -							
2	Grants and other assistance to domestic											
	individuals See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees											
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages											
8	Pension plan accruals and contributions (include											
3	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits											
_												
10	Payroll taxes											
11	Fees for services (nonemployees)											
а	Management											
b	Legal											
C	Accounting											
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees	81,542.		81,542.								
g	Other (If line 11g amount exceeds 10% of line 25,											
	column (A) amount, list line 11g expenses on Sch O.)	22,020.		22,020.								
12	Advertising and promotion											
13	Office expenses											
14	Information technology											
15	Royalties											
16	Occupancy			_								
17	Travel				_							
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest											
21	Payments to affiliates				<del></del>							
22	Depreciation, depletion, and amortization	· · · · · · · · · · · · · · · · · · ·										
23	Insurance		~									
24	Other expenses Itemize expenses not covered											
24	above (List miscellaneous expenses on line 24e If				ĵ							
	line 24è amount exceeds 10% of line 25, column (A)				,							
	amount, list line 24e expenses on Schedule O.)				<del></del>							
а												
b												
С.												
d												
	All other expenses	606 566	F0F 000	100 560								
25	Total functional expenses Add lines 1 through 24e	628,562.	525,000.	103,562.	0.							
26	Joint costs Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)											

Pa	rt X	Balance Sheet	· ·	
		Check if Schedule O contains a response or note to any line in this Part X		
	·1		(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	1	
	2	Savings and temporary cash investments	2	
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	4	
	5	Loans and other receivables from any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 35%		,
		controlled entity or family member of any of these persons	5	
	6	Loans and other receivables from other disqualified persons (as defined		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
ţ	7	Notes and loans receivable, net	7	
Assets	8	Inventories for sale or use	8	
¥	9	Prepaid expenses and deferred charges	9	
	10a	Land, buildings, and equipment cost or other		
		basis Complete Part VI of Schedule D 10a	, ,	-
	b	Less accumulated depreciation 10b	10c	
	11	Investments - publicly traded securities	11	
	12	Investments - other securities See Part IV, line 11	8,751,142. 12	9,977,513.
	13	Investments - program-related See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets See Part IV, line 11	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,751,142. 16	9,977,513.
	17	Accounts payable and accrued expenses	17	
	18	Grants payable	18	
	19	Deferred revenue	19	
	20	Tax-exempt bond liabilities	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	21	
es	22	Loans and other payables to any current or former officer, director,		
Ĭ		trustee, key employee, creator or founder, substantial contributor, or 35%		
Liabilities		controlled entity or family member of any of these persons	22	
_	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable to unrelated third parties	24	
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24) Complete Part X		
		of Schedule D	25	
	26	Total liabilities. Add lines 17 through 25	0. 26	0.
S		Organizations that follow FASB ASC 958, check here		
ĕ		and complete lines 27, 28, 32, and 33.		
Sala	27	Net assets without donor restrictions	27	
Ā	28	Net assets with donor restrictions	28	
Ē		Organizations that do not follow FASB ASC 958, check here		
٥	00	and complete lines 29 through 33.	8,751,142. 29	9,977,513.
ets	29	Capital stock or trust principal, or current funds	8,751,142. 29	
\SS!	30	Paid-in or capital surplus, or land, building, or equipment fund	0.30	0. 0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	8,751,142. 32	9,977,513.
Z	32	Total net assets or fund balances		9,977,513.
	33	Total liabilities and net assets/fund balances	8,751,142. 33	<u> </u>

	990 (2019) Harriet Lane Home Foundation, Inc.	52-	6035784	Pag	e 12
Ра	rt XI Reconciliation of Net Assets			ſ	_
	Check if Schedule O contains a response or note to any line in this Part XI				
			4 05		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,854		
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,56	
3	Revenue less expenses Subtract line 2 from line 1	3	1,226		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,751	L, 14	<u> 12.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7_			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				_
	column (B))	10	9,97	,51	<u>.3.</u>
Pa	t XII Financial Statements and Reporting			г	
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	<del>_</del>
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis			İ	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Aud	t		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audi	t T		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	<b>990</b> (2	019)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Lane Home Foundation

Employer identification number

		Harr	<u>iet Lane H</u>	<u>lome Foundati</u>	on, I	nc.		5	2-6035784
Pa	ırt I	Reason for Public	Charity Status (	All organizations must co	omplete th	ns part ) S	ee instructions	3	
The	organ	ization is not a private found	dation because it is	(For lines 1 through 12, o	check only	one box)			
1		A church, convention of ch	nurches, or association	on of churches describe	d in sectio	on 170(b)(	1)(A)(ı).		V I
2		A school described in sect	tion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 9	90-EZ))			19
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170	D(b)(1)(A)(ı	iı).		•
4		A medical research organiz	zation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)	(ııi). Enter	the hospital's name,
		city, and state							
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental u	nıt describ	ped in
		section 170(b)(1)(A)(iv). (0	Complete Part II)						
6		A federal, state, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A)	(v).		
7		An organization that norma	ally receives a substa	intial part of its support t	from a gov	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t    )				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-	grant college of agric	culture (see instructions)	Enter the	name, city	, and state of	the colleg	e or
		university	<del></del> .						
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	hıp fees, a	nd gross receipts from
		activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of i	ts support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	iired by the org	ganization	after June 30, 1975
		See section 509(a)(2). (Co.	mplete Part III)						
11	$\square$	An organization organized	and operated exclus	ively to test for public sa	fety See	section 50	)9(a)(4).		
12	$\mathbf{x}$	An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2)	See section 5	09(a)(3). C	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete lines	s 12e, 12f, and	l 12g	
а		Type I. A supporting orga	anızatıon operated, s	supervised, or controlled	by its sup	ported org	janization(s), t	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	upporting
		organization You must o	complete Part IV, Se	ections A and B.					
b			anization supervised	for controlled in connec	tion with it	s support	ed organizatioi	n(s), by ha	ving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manag	ge the sup	ported
		organization(s) You mus							
С	LX.	Type III functionally inte						y integrate	ed with,
	_	its supported organizatio	* *	•	•	•	•		
d		Type III non-functionally		- ·			• •	_	• •
		that is not functionally int	-		•		•	an attent	veness
		requirement (see instruct		•					
е		Check this box if the orga					Type I, Type	II, Type III	
_		functionally integrated, or		nally integrated support	ing organi	zation			
f		r the number of supported of	•	4					5
9		ride the following information  ) Name of supported	n about the supporte	(III) Type of organization	(iv) is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi	ng document?	support (see in:	-	support (see instructions)
Tal	hn a	Honleina		above (see instructions))	res	NO	··· `	•	
		Hopkins rens Hospital	52-0595110	7	Х		200	,000.	
		ssionate Care	52-0595110	1			390	,000.	
	_		52-0591656	3		х	40	,000.	
		tric	52-0591656	<u> </u>			40	,000.	
				7			E	000	
		ology Camp All tric Dialysis		1		Х		,000.	
		_		7		•	4.0	000	
	nte:	r Pancreatic		1		X	40	,000.	
				3		v	E /	000	
- <u>T</u> (	ogr	<u>аш</u>		3		X	50	,000.	

Schedule A (Form 990 or 990 EZ) 2019 Harriet Lane Home Foundation, 52-6035784 Page 2 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 (e) 2019 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (f) Tota 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2017 (b) 2016 (a) 2015 (d) 2018 (f) Total Calendar year (or fiscal year beginning in) (e) 2019 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 of for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2019

b 16% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

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

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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 (a) 2015 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) (b) 2016 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated by siness activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five 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. Cómputation of Public Support Percentage Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 % Public support percentage from 2018 Schedule A, Part III, line 15 % 16 Section/D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 % % Investment income percentage from 2018 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2019. 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 - 2018. 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

Schedule A (Form 990 or 990-EZ) 2019

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

Castian	Α	ΛII	<b>Supporting Organizations</b>
Section	м.	ΑII	Supporting Organizations

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

		Yes	No
			٠
	1		X
	2		х
	3a		X
	3b		
	3c		
			37
	<u>4a</u>		<u>X</u>
			:
	4b		
			:
	4c		
	5a		X
	-		
	5b 5c		
		:	
			i
	6		<u>X</u>
			,
	7		X
	,		
	8		X
	9a		X
	9b		X
	0-	-	v
	9c		<u>X</u>
	_		
	10a		<u> </u>
	10b		-
~ ^	90 or 90	)A E 71	2010

4	•			
Sche	edule A (Form 990 or 990-EZ) 2019 Harriet Lane Home Found	ation	Inc.	52-6035784 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must co	-		ın Part VI) See instructions. A
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		•
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1.1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<del></del>	
_6	Multiply line 5 by 035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			, Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		

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

Schedule A (Form 990 or 990-EZ) 2019

5 Income tax imposed in prior year

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Sche Pai	dule A (Form 990 or 990 EZ) 2019 Harriet Lane  t V Type III Non-Functionally Integrated 509			52-6035784 Page 7
Secti	on D - Distributions	<u> </u>		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	· <del></del> <del>-</del>	- Junione roul
2	Amounts paid to perform activity that directly furthers exem		<del>-</del>	
	organizations, in excess of income from activity	p - p p		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			-
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	e	
	(provide details in Part VI) See instructions	,		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(III) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d_	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount		-	
	Carryover from 2014 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D,			
	line 7 \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h	,		
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			,
	and 4c			
88	Breakdown of line 7	-		
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			,
d	Excess from 2018			-
	Evenes from 2010	l		1

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 Harriet Lane Home Foundation, Inc. 52-6035784 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
Harriet Lane Johnson, former first lady under President James Buchanan,
dedicated a generous endowment fund for invalid children at the Johns
Hopkins University in Baltimore, MD. The endowment is managed by a
Board who manage the trust and annually endow to the Johns Hopkins
Hospital Children's Center's Nephrology Unit.
Part IV, Section A, Line 1:
There is a historic, continuing relationship with the Pediatric
Nephrology Department at Johns Hopkins Hospital and the Compassionate
Care Initiative is one of the programs supported by the Department. It
did not exist at the time the governing documents were drafted, but has
been approved by the Board and governing directors.
Part IV, Section E, Line 2a:
The donations to the Pediatric Nephrology Department from Harriet Lane
Home Foundation, Inc. provide support for the activities of the
Nephrology Department.

## **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.

**Open to Public** Inspection

Name of the organization

Harriet Lane Home Foundation

Employer identification number 52-6035784

Pa	rt I Organizations Maintaining Donor Advise		r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	ıferrıng
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (for example, recrea	ation or education)       Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		_2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		L Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv-	ation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	· · · · · · · · · · · · · · · · · · ·
	and section 170(h)(4)(B)(ıı)?		L Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statements	s that describes the
Day	organization's accounting for conservation easements  III Organizations Maintaining Collections o	f Art Historical Transpures or Othe	v Cimilar Acasta
Fai			er Similar Assets.
	Complete if the organization answered "Yes" on Form	<u>=</u>	
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul		erance of public
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95	·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	-	n, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items	
	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

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		Lane Home								Page <b>2</b>
Pa	rt III   Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures	, or Oth	<u>er Simi</u>	lar Asse	ts(contin	ued)
3	Using the organization's acquisition, accessi	on, and other recor	ds, chec	k any of the	following	that make	sıgnıfıcan	t use of its	5	
	collection items (check all that apply)									
а	Public exhibition		d 🔲	Loan or exc	hange pro	gram				
b	Scholarly research	•	е 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	iin how th	ney further t	he organiz	ation's exe	empt purp	ose in Pai	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, h	storical trea	sures, or o	other simila	ır assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?				Yes	No
Pa	rt IV Escrow and Custodial Arran		lete if the	organizatio	on answere	ed "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other	assets no	t included	<u> </u>	_	
	on Form 990, Part X?							Ĺ	_ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table				-		
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for	escrow or c	ustodial ac	count liab	ılıty?		Yes	L No
b	If "Yes," explain the arrangement in Part XIII									
Pa	t V Endowment Funds. Complete	f the organization a	nswered	"Yes" on Fo	orm 990, P	art IV, line	10			
		(a) Current year	(b) F	rior year	(c) Two y	ears back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance								ļ	
b	Contributions									
C	Net investment earnings, gains, and losses				ļ <u>-</u>					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses								<u></u>	
g	End of year balance								<u> </u>	
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd admını	stered for t	the organ	ızatıon		
	by								\\ <u>`</u>	Yes No
	(i) Unrelated organizations								3a(i)	
	(II) Related organizations								3a(ıi)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requ	ired on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		owment :	funds						
Pai	t VI _ Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a S	See Form 9	990, Part X	, line 10			
	Description of property	(a) Cost or o		, ,	or other	, , ,	ccumulat		(d) Book	value
		basis (investi	ment)	basis	(other)	de	preciation	י ו		
1a	Land									
b	Buildings									
С	Leasehold improvements					<u> </u>			· · · · · · · · · · · · · · · · · · ·	
d	Equipment									
	Other									
Total	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X. colun	nn (B), line 1	10c)					0.

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 Harriet Lane Home Foun		<u>52-603</u> 578	4 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	me 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b .		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	5	
Pa	t XII Reconciliation of Expenses per Audited Financial S		es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	-
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			-
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b	1	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	
$\overline{}$	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	rt V, line 4, Part X, line 2, Pai	t XI,
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide			
		•		
	·		· · · · · · · · · · · · · · · · · · ·	
			* ****	
		**************************************		

SCHEDULE 1 (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.

Open to Public

Inspection

OMB No 1545-0047

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

Name of	Name of the organization		יון מין די מין איני ביר די מין איני ביר די מין די מין די מין די מין די מין די מין די מין די מין די מין מין מין	۲ ۲				Employer identification number
Part I	General Information on Grants and Assistance	nd Assistance	י מתווממכדמווי	• > 111				#0/CC00-9C
1 Do	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	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	ition
	criteria used to award the grants or assistance?	stance?						Yes X No
2   De	깘	ocedures for mon	toring the use of grant	t funds in the Unite	d States			
Part II	$\neg$	Domestic Organ	zations and Domesti	ic Governments. C	complete if the orga	anization answered "\	res" on Form 990, Par	t IV, line 21, for any
	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	n be duplicated if addit	tional space is need	ded		-	
1 (a)	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
John Hc	John Hopkins Hospital Children's							
Center	Center Department of the							
Pediati	Pediatrics - 600 N. Wolfe Street -							Support Pediatric
Baltimore,	ore, MD 21201	52-0595110	501c3	525,000.	0	FMV		Nephrology initiatives
2 3 En	Enter total number of section 501(c)(3) and government organizations list Enter total number of other organizations listed in the line 1 table	and government or s listed in the line	tions list	ed in the line 1 table				<b>A A</b>
LHA F	For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 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 (d) Amount of non-cash assistance (c) Amount of cash grant 31 (b) Number of recipients (a) Type of grant or assistance 932102 10-26-19

Page 2

52-6035784

Schedule I (Form 990) (2019)

Part III

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

. . .

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Harriet Lane Home Foundation, Inc.

Employer identification number 52-6035784

Form 990, Part I, Line 1, Description of Organization Mission:
with an annual endowment being donated to the Johns Hopkins Hospital
Children's Center's Nephrology Unit. From August 2005 through June
2020 the Board has enabled \$5.719 million in endowments.
Form 990, Part III, Line 1, Description of Organization Mission:
Johns Hopkins Hospital Children's Center's Nephrology Unit.
Form 990, Part III, Line 4d, Other Program Services:
Funded Pediatric Nephrology Camp All Stars as well as Acute Pancreatic
Program
Expenses \$ 55,000. including grants of \$ 55,000. Revenue \$ 0.
Form 990, Part VI, Section B, line 11b:
The Treasurer reviews the Form 990 before it is filed. A copy of Form 990
is made available to all Directors prior to filing.
Form 990, Part VI, Section C, Line 19:
All such documents are available upon request to the Secretary by any
interested person free of charge.
Form 990, Part VII Contact Addresses for Officers, Directors, Etc:
Frederick S. Koontz - WTP, 7 St. Paul Street, 15th Fl, Baltimore, MD 21202
Dr. Linda C. Mistler - 20707 South Ruhl Rd, Freeland, MD 21053
Susan Kilmartin - 29 Dublin Drive, Lutherville, MD 21093
Douglas Hoffberger - 4851 Holabird Avenue, Baltimore, MD 21224
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)